DAWES FRETZIN DERMATOLOGY

Hair loss

WHAT CAUSES HAIR LOSS?

Hair thinning can have numerous causes. The most common cause of non-scarring hair loss is androgenetic alopecia, also known as male or female pattern hair loss. This common condition has genetic and hormonal triggers and is present to some degree in nearly 50% of people. Additional non-scarring types of hair loss include telogen effluvium and alopecia areata, or can be caused by underlying medical conditions such as iron-deficiency and thyroid disease, or by medications. Scarring types of hair loss are more permanent and associated with certain patterns of inflammation around hair-follicles. Partial regrowth can sometimes be obtained.

HOW IS THE TYPE OF HAIR LOSS DIAGNOSED?

The type of hair loss is most often made through observation and clinical assessment by a provider. Occasionally, a biopsy may be necessary. Depending on the pattern of hair loss, your provider may also order blood testing to rule out an internal cause.

WHAT ARE THE TREATMENTS FOR HAIR LOSS?

Depending on the type of hair loss, your provider may recommend a number of different treatments:

- **Topical steroids or steroid injections** may be given if inflammation is playing a role in the hair loss
- **Minoxidil (e.g. Rogaine)** is beneficial for most types of hair loss. Women are often advised to use 5% solution once daily, while men are advised to use 5% twice daily.
- **Oral medications**
    - **Hair, skin & nails vitamins** such as ***Viviscal*** may be helpful if nutrition is contributing to the hair loss. Supplements such as ***Nutrafol*** may also help some patients.
    - **Propecia (finasteride)** and **dutasteride** inhibit testosterone-related hormones that contribute to androgenetic alopecia. It is used most commonly in men and post-menopausal women.
    - **Spironolactone** may work through a different anti-androgen hormonal mechanism to slow hair loss in women. Anti-androgens should not be taken by women who may be pregnant.
    - **Oral minoxidil** has been used in low doses with success, although it can cause excess hair growth elsewhere and lower blood pressure.
- **Laser/ light treatment**
    - Various low level laser therapy and red light devices have shown benefit for decreasing hair shedding and causing regrowth. We prefer the **Theradome PRO helmet**, which has proven beneficial when used only twice weekly for 20 minutes. You can read more at www.theradome.com.
- **PRP (Platelet Rich Plasma) Injections**
    - PRP is a regenerative medicine approach to hair regrowth that uses your body's own growth factors to signal hair follicles to move into a more robust and longer growth phase.
    - The patient's blood is drawn and the tube is spun in a centrifuge to separate the components. The PRP layer is isolated and drawn up into syringes, then injected into the scalp at the level of the hair follicles.
    - Initially, 3 treatments are administered one month apart, then a maintenance phase is entered with ongoing treatments every 3-6 months.

WILL I HAVE TO TREAT FOR HAIR LOSS FOREVER?

The answer depends on the type of hair loss and its prognosis. Androgenetic alopecia is a genetic lifelong tendency, and as such, will require ongoing treatment to avoid progression. Stopping treatment will *not* result in more severe hair loss than would have otherwise occurred, but will lead to eventual progression and loss of improvement. Hair loss caused by a specific trigger, such as iron deficiency, that can be corrected or reversed may not require lifelong treatment. Telogen effluvium usually corrects on its own within about a year.