

# Alopecia Areata

## Diagnosis and Management in Primary Care



Society for  
Women's Health Research

### 700,000 people

in the United States are affected by alopecia areata

### 147 million people

worldwide have or will develop alopecia areata at some point in their lives

**Alopecia areata** is an autoimmune disease in which the body's immune system attacks its own hair follicles. In most cases, hair falls out in small, round patches on the scalp. Hair loss can also occur in eyelashes, eyebrows, the beard, and other hair-bearing areas of the body. This condition can progress to complete loss of scalp hair (**alopecia totalis**), and in rare cases, total loss of all body hair (**alopecia universalis**).

Hair loss can be unpredictable, and may even regrow without treatment. For some individuals, hair loss may be recurrent, and for others, it may be permanent.



### Common Signs & Symptoms

- Round, smooth bald patches on the scalp
- Nail pitting — dents, ridges, or brittle nails

Despite the loss of hair, the scalp is healthy with no clinical sign of inflammation or sclerosis.

### Risk Factors

The causes of alopecia areata are complex and not well understood; however, researchers agree that there is a genetic component to this autoimmune condition.

- ~20% of individuals with alopecia areata have a family member who is also affected
- Family history of autoimmune disorders such as type 1 diabetes, lupus, or thyroid disease
- Increased risk among individuals with atopic dermatitis, thyroid disease, or another autoimmune disorder, such as vitiligo

The triggers for hair loss in people with alopecia areata vary widely. It is possible that environmental factors, such as emotional stress, physical injury, or illness may provoke an abnormal immune response in people who are at risk.

### Impacts of Alopecia Areata

Alopecia areata occurs in men and women equally, across all racial backgrounds, and at any age. In childhood years, boys are more likely to be diagnosed, whereas girls more often present in adolescence or later. Women also have greater concomitant nail involvement or autoimmune diseases.



**Hair is essential to the identity of many women.** Because femininity, sexuality, and personality are often associated with a woman's hair, hair loss can seriously affect self-esteem and body image.



**Alopecia is more than a cosmetic issue.** Skin diseases, especially hair loss, are often viewed as cosmetic, resulting in under-treatment by clinicians, lack of insurance coverage, and substantial psychological and financial burdens on the affected patient.



**Alopecia patients encounter stigma.** Studies have shown that patients with alopecia areata are more likely to be viewed as ill and unattractive. Such negative attitudes were less pervasive when hair loss was recognized as a medical condition.

Hair loss can be a scary and devastating experience. Providers can offer support and may recommend that a patient work with a therapist, clinical psychologist, or support group; individual and group therapy can help patients cope with their changed appearance and may also provide tips on cosmetic coverings.

# Diagnosis & Treatment

Diagnosis of alopecia areata is based on the appearance of the hair loss. A health care provider should look for characteristic patterns of hair loss, such as smooth patches with short, broken-off hairs around the borders, and examine the patient's nails. A blood test to identify other diseases caused by the immune system (such as thyroid disease) may be recommended; however, a biopsy (the removal of a sample of tissue for study) is usually not necessary.

**There is no cure for alopecia areata, however, treatments can be applied to stimulate regrowth of hair.** Treatments are determined by many factors, including age, amount of hair loss, and location of hair loss.

## Cosmetic Assistance

- Application of false eyelashes or eyebrow makeup
- Semi-permanent tattoos for eyebrow hair loss
- Shaving the head or beard
- Hats, scarves, and headwraps

## Medications

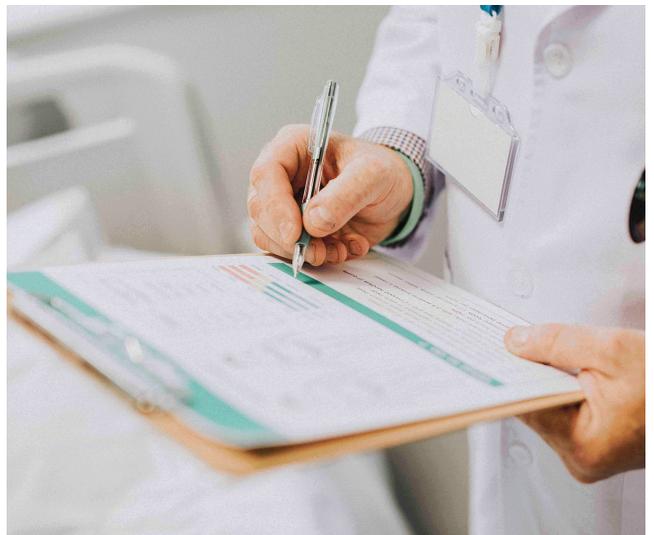
- **Corticosteroids** are anti-inflammatory drugs prescribed for autoimmune diseases
  - Intralesional injections into areas of bare skin for mild cases (<50% scalp hair loss)
  - Topical creams and ointments
  - Oral pills (for more extensive and widespread hair loss)
- **Minoxidil** is a topical drug used to treat pattern baldness that is also applied to alopecia areata
- **Anthralin** was developed to treat psoriasis, but has been found helpful for mild alopecia
- **Topical immunotherapy** applies sensitizers or counter-irritants to skin to cause an allergic reaction to stimulate hair growth
- **Immunosuppressive drugs** (e.g., steroids, methotrexate, cyclosporine) are used for extensive alopecia
- **Investigational treatments** are emerging, such as:
  - Janus kinase inhibitors (e.g., baricitinib, ruxolitinib, tofacitinib)
  - Platelet-rich plasma therapy

## Cranial Prosthesis

Medical therapies can take time, and a cranial prosthesis can provide coverage from hair loss and improve psychosocial well-being of individuals living with alopecia. These hair pieces (or wigs) might also be referred to as a hair or scalp prosthesis. **It is important for health care providers to recognize and articulate that these hair pieces and wigs are not just cosmetic cover-ups, but medical treatment options.**

Many insurance companies do not approve coverage for cranial prosthetics for alopecia areata, but there are ways **physicians can assist their patients** during the claims process:

- Advise patients to call their insurance providers and ask if their policy covers a cranial prosthesis. If so, what is the total coverage amount and at what interval (i.e., yearly, biannual, etc.)?
- Identify the specific terminology required by the insurance provider to administer a prescription for the medical device/prosthetic.
- Provide patients with the specific documentation and necessary justification on official letterhead to submit their claim.



## When to Refer to a Specialist

Patients should be referred to a dermatologist once there is plausible suspicion of alopecia areata. A dermatologist will have the expertise to diagnose, treat, and counsel patients along their alopecia journey.

## References

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- Darwin E, Hirt PA, Fertig R, et al. *Int J Trichology.* 2018;10(2):51-60.
- Hair Loss Types: Alopecia Areata. American Academy of Dermatology Association. <https://www.aad.org/public/diseases/hair-loss/types/alopecia> Accessed 21 Jul 2021.
- Messenger AG. "Patient education: Alopecia Areata (Beyond the Basics)." Published 26 April 2021. <https://www.uptodate.com/contents/alopecia-areata-beyond-the-basics> Accessed 21 Jul 2021.

## Additional Resources

- American Academy of Dermatology: <https://www.aad.org>
- American Autoimmune & Related Diseases Association, Inc.: <http://www.aarda.org/>
- Bald Girls Do Lunch: <https://www.baldgirlsdolunch.org/>
- National Alopecia Areata Foundation: <https://www.naaf.org/>
- National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIH/NIAMS): <https://www.niams.nih.gov/health-topics/alopecia-areata/advanced>
- American Hair Research Society: <https://www.americanhairresearchsociety.org>