

# 66th ANNUAL MEETING

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## FOR IMMEDIATE RELEASE

### **DON'T LET HAIR LOSS TANGLE YOU UP: DERMATOLOGISTS CAN IDENTIFY COMMON HAIR DISORDERS AND OFFER SOLUTIONS**

**SAN ANTONIO (Feb. 3, 2008)** – Noticing a few extra hairs in your comb lately? Is your new hairstyle a result of trying to conceal areas of thinning hair rather than a fashion choice? Are you paying more attention to the multitude of advertisements promoting hair growth? If you answered yes to any of these questions, you might be one of the millions of people experiencing some form of hair loss. But to whom should you turn for help? The key to managing the condition is to consult a dermatologist, a physician trained in the diagnosis and treatment of all forms of hair loss.

Speaking today at the 66<sup>th</sup> Annual Meeting of the American Academy of Dermatology, dermatologist Amy J. McMichael, MD, FAAD, associate professor of dermatology at Wake Forest School of Medicine in Winston-Salem, N.C., discussed the most common forms of hair loss, current treatment options and possible futuristic therapies.

“For both men and women, hair loss can be devastating and adversely affect one’s overall quality of life,” said Dr. McMichael. “As with most medical conditions, the key to controlling the hair loss cycle is to seek treatment early. The problem is that most people tend to ignore the first signs of hair loss or delay treatment, hoping that their hair will regrow on its own. Since there are many types and causes of hair loss, it is vital that patients seek a proper evaluation by a dermatologist at the first sign of a problem.”

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### **Androgenetic Alopecia (Pattern Hair Loss)**

The most common form of hair loss, androgenetic alopecia (commonly referred to as male- or female-pattern hair loss) is a hereditary condition that affects men and women. In male-pattern hair loss, a receding hairline is common, as well as hair loss on top of the scalp. Women, on the other hand, typically maintain their frontal hairline but tend to have visible thinning over the front and top of the scalp. However, occasionally a man will experience female-pattern hair loss and a woman will show signs of male-pattern hair loss for reasons unknown to researchers.

A significant amount of research in male-pattern hair loss has identified the enzyme that can be blocked to stop the production of dihydrotestosterone (DHT), which is a byproduct of the male hormone testosterone that is linked to baldness in men. This research has led to the development of finasteride, the FDA-approved medication for treating male-pattern hair loss.

While the cause of female-pattern hair loss is not as clearly understood as male-pattern hair loss, Dr. McMichael discussed several treatment options that work well for many women. Currently, minoxidil 2 percent is the only FDA-approved treatment for female-pattern hair loss. Available over the counter in 2 percent and 5 percent solutions, minoxidil must be applied topically and works on hair follicles to reverse the shrinking process and stimulate new growth on the top of the scalp. Minoxidil also is FDA-approved for use by men.

“There are some cases where dermatologists will use other treatments off-label to treat hair loss in women, such as the anti-androgens spironolactone and flutamide that work by blocking the male hormone testosterone at the cellular level of the hair follicle,” said Dr. McMichael. “Even higher doses of finasteride have been used in women to regrow hair. But it is important that women – and especially younger women – see their dermatologist for hair loss, especially if other symptoms such as acne or abnormal menstrual cycles also are present. In some cases, hair loss along with these other symptoms may indicate a more serious medical condition, such as a tumor or polycystic ovary disease.”

Another proven technique for men and women looking to restore their hair is hair transplantation. Dr. McMichael noted that the technology involved in this surgical procedure has improved significantly over the years, with tiny hair grafts now being implanted through various new techniques to create a natural look that is virtually undetectable. However, Dr. McMichael cautioned that hair transplants are simply filling in lost hair and should still be used in conjunction with a topical or oral medical therapy to prevent further hair loss.

Recently, a new light treatment based on the technology of Low Level Laser Therapy (LLLT), also known as Laser PhotoTherapy, was approved by the FDA to regrow hair. This technology was developed after it was noted that some patients undergoing laser hair removal would experience increased hair growth in spots surrounding the treatment area. As such, the concept of scattering light to generate hair growth was born – albeit with only a small percent of patients undergoing the light procedure actually growing more hair. However, Dr. McMichael believes more studies need to be done to validate its effectiveness. “Unfortunately, I don’t think the new light therapy lives up to its promise of regrowing hair for most patients,” said Dr. McMichael. “But as we gain a better understanding of this technology, it is possible that we can refine it to be more effective in the future.”

### **Telogen Effluvium**

Typically triggered by a event – such as an illness, child birth, loss of a loved one or surgery – telogen effluvium is a form of hair loss that occurs as a result of the body’s natural physiologic response to a stressor. As a result, there is a sharp increase in the amount of hair that is shed. Dr. McMichael noted that patients might not link an event to their hair loss, since hair typically doesn’t shed for about three months after a stressful event due to the slow hair loss cycle.

“In about 75 percent of patients experiencing hair shedding, we can link the cause to a past event,” said Dr. McMichael.

While in most cases, hair will fully regrow on its own in a few months without any medical intervention, Dr. McMichael adds, “In other cases, iron

deficiency, a thyroid problem or even improper nutrition may be the source of this type of hair loss, which is why it is important to see a dermatologist for proper diagnosis and treatment.”

### **Alopecia Areata**

Alopecia areata is an autoimmune condition in which the body makes antibodies to its own hair, causing patches of complete hair loss on the scalp or other parts of the body. Specifically, the white blood cells attack the hair follicles and put them in a sleeping state, causing the hair to fall out. While it cannot be predicted who will develop alopecia areata, the condition is thought to have some component that is genetically inherited. Patients with another autoimmune disease or a family history of a known autoimmune disease seem to be prone to this form of hair loss.

Despite the lack of FDA-approved treatments for alopecia areata, Dr. McMichael said that dermatologists may use combination therapies off-label such as injectable steroids, topical steroids or minoxidil 5 percent to regrow hair in affected areas. In limited cases, potent oral corticosteroids can be used to slow hair loss and jumpstart hair regrowth.

In addition, dermatologists use two other forms of treatment to restore hair growth which involve the deliberate manipulation of the body's white blood cells. In irritant treatment, dermatologists trick the immune system into sending white blood cells to the scalp to get in the way of those white blood cells that are trying to cause hair loss. In contact sensitization, dermatologists apply irritants to the scalp to create a small allergic reaction. When this happens, white blood cells are again tricked into rising to the surface of the scalp to fight this inflammation – in essence diverting their attention away from the hair follicles.

### **Central Centrifugal Scarring Alopecia**

A common form of hair loss that affects mostly African-American women is known as central centrifugal scarring alopecia. This type of hair loss is characterized by hair loss on the top of the scalp and is commonly accompanied by hair loss in the area in front of the ears, which is called traction hair loss. In Dr. McMichael's practice, the African-American patients she treats for this

condition are between 25 and 65 years of age. Many patients delay treatment for this condition as they think their hair loss will be temporary and not a sign of a more serious and potentially permanent condition. Unfortunately, this delay in treatment can lead to progressive hair loss that, in some cases, is irreversible.

“Even though we are seeing more and more cases of central centrifugal scarring alopecia in our practices, there are very few published studies on the condition and its treatment,” said Dr. McMichael. “Once diagnosed, we can use anti-inflammatory medications, such as steroids and oral antibiotics, to reduce the inflammation. Topical minoxidil also works in some cases to stimulate hair growth in unscarred hair follicles.”

Dr. McMichael added that she expects more novel therapies to be used in the future to reverse or prevent hair loss, which may include alternative medicines, nutritional supplements and new combination therapies.

“There is interesting cellular biology research taking place throughout the world in which researchers are figuring out how to grow human hair cells in a lab so they can be produced from one or two cells and transplanted into patients,” said Dr. McMichael. “In the meantime, we have many effective treatments that we can use once a patient’s hair loss is properly diagnosed.”

Headquartered in Schaumburg, Ill., the American Academy of Dermatology (Academy), founded in 1938, is the largest, most influential, and most representative of all dermatologic associations. With a membership of more than 15,000 physicians worldwide, the Academy is committed to: advancing the diagnosis and medical, surgical and cosmetic treatment of the skin, hair and nails; advocating high standards in clinical practice, education, and research in dermatology; and supporting and enhancing patient care for a lifetime of healthier skin, hair and nails. For more information, contact the Academy at 1-888-462-DERM (3376) or [www.aad.org](http://www.aad.org).

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