ALOPECIA IN WOMEN

Rochelle Torgerson, MD, PhD

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DISCLOSURES

Relevant Financial Relationships
• None

Off-Label Uses
• Minoxidil (tablets)
• Finasteride and dutasteride
• OCPs
• Spironolactone
LEARNING OBJECTIVES

After this talk you will be able to:

• Define alopecia
• Identify scarring vs non scarring alopecia
• Offer treatment options to women with:
  • androgenetic alopecia
  • telogen effluvium

#transformWH
ALOPECIA = HAIR LOSS
NON SCARRING

- Androgenetic Alopecia
- Telogen Effluvium
- Alopecia Areata

SCARRING

- Lichen Planopilaris
- Central Centrifugal Scarring
- Lupus
- Neutrofilic Forms
Scarring Alopecia

Scalp symptoms
- Burning
- Itching
- Tenderness

Perifollicular erythema and scale
Crusted plaques
Shiny and smooth – follicles gone
SCARRING ALOPECIA

Refer to a dermatologist
NON SCARRING

• Androgenetic Alopecia
• Telogen Effluvium
• Alopecia Areata

SCARRING

• Lichen Planopilaris
• Central Centrifugal Scarring
• Lupus
• Neutrofilic Forms
FEMALE PATTERN THINNING (ANDROGENETIC ALOPECIA)
HAIR MATTERS

WORDS MATTER
FEMALE PATTERN THINNING

NOT FEMALE PATTERN BALDNESS

NOT MALE ANYTHING IN A WOMAN
FEMALE PATTERN THINNING-- WHY?

• Genetic predisposition
• Hormonal factors - complex
• A slow miniaturization over time
  • Follicular miniaturization – finer hair
  • Shorter growth cycle - shorter hairs
  • Longer latent period – delay before new hair appears

Not usually an abrupt shed!
FEMALE PATTERN THINNING
WHO? WHEN? WHAT?

• 50+% of women
• Can begin in teens
• Usually not androgen excess
• What did you first notice?
  • Ponytail smaller
  • Part wider
  • See scalp on vertex
FEMALE PATTERN THINNING WORK UP

• Menstrual and pregnancy history
• Nothing?
• Laboratory
  • TSH
  • CBC
  • Ferritin
  • ?PCOS
FEMALE PATTERN THINNING TREATMENT

TOPICAL

Minoxidil 5% foam once daily
FEMALE PATTERN THINNING TREATMENT
SYSTEMIC

• Younger woman
  • OCP with drospirenone
  • Spironolactone 100-200 mg daily

• Minoxidil 2.5 mg daily
• Finasteride 5 mg daily
• Dutasteride 0.5 mg daily

• Light wand or cap?
SUCCESS = MAINTENANCE

NO CHIA PETS
FEMALE PATTERN THINNING HAIR CARE

• Expensive shampoos - a waste of money
• Shampoo for fine hair/extra body
• Condition purposefully
• Do whatever you want
  • Style (avoid central part)
  • Perm
  • Color
• Powders
• Hair pieces or wigs
TELOGEN EFFLUVIUM

• Look to your right
• Look to your left
• Look in a mirror

Evenly distributed thinning
TELOGEN EFFLUVIUM – HAIR CYCLE

• Anagen – growing 2-8 yrs at 6 in/yr

• Catagen – resting 2-4 weeks

• Telogen – shedding 2-4 months
TELOGEN EFFLUVIUM—WHY?

Triggers (often)
- Thyroid
- Rapid weight loss
- Significant illness
- Anesthesia
- Malnutrition
- Rare medications
- Pregnancy/delivery

Usually an abrupt shed!
FEMALE PATTERN HAIR LOSS
WHO? WHEN? WHAT?

• Anyone
• Any age

• What did you first notice?
  • Hair in brush
  • Hair on clothing
  • Hair on floor
  • Hair clogging the drain
TELOGEN EFFLUVIUM WORK UP

• Questions about possible triggers
• Triggers not always identified
• Laboratory
  • TSH
  • CBC
  • Ferritin
  • ?Nutritional
TELOGEN EFFLUVIUM TREATMENT

- Avoid triggers
- Time away from triggers
- Patience
SUCCESS = RETURN TO NORMAL HAIR CYCLE
RARELY CHRONIC
SUPPLEMENTS FOR ALOPECIA

- Weak Evidence
  - Nutrafol
  - Pumpkin seed oil
  - Viviscal
  - Zinc

- No evidence
  - Biotin – nice nails (thyroid and troponin testing errors)
WOMEN WITH FEMALE PATTERN THINNING USUALLY HAVE?

a) Thinning over the occiput
b) Normal hormone levels
c) Strong frontal hairline
d) Significant sudden onset shedding
e) Hair shaft fragility with excessive breakage
48 YEAR OLD WOMAN WITH SLOW THINNING OVER THE VERTEX SCALP. HOW DO YOU TREAT?

a) Inject intralesional triamcinolone
b) Recommend a wig
c) Biotin supplementation
d) Minoxidil 5% foam daily
e) Change hair care products
QUESTIONS & ANSWERS

Torgerson.Rochelle@mayo.edu