



FEMALE PATTERN HAIR LOSS (ANDROGENETIC ALOPECIA)

What are the aims of this leaflet?

This leaflet has been written to help you understand more about female pattern hair loss (FPHL). It tells you what it is, what causes it, what it looks like, how it is diagnosed, what treatments are available, and where you can get more information about it.

What is female pattern hair loss?

Female pattern hair loss (FPHL) has also been called androgenetic alopecia. It is the most common type of alopecia (hair loss) in women and the severity can vary.

What causes female pattern hair loss?

FPHL is caused by a combination of genetic and hormonal factors. The hairs produced by the affected follicles become progressively smaller in diameter, shorter in length and lighter in colour until eventually the follicles shrink completely and stop producing hair.

FPHL can be associated with conditions in which androgen (a group of hormones) levels are elevated such as polycystic ovarian syndrome (PCOS). Acne, increased facial hair, irregular periods and infertility are all signs of PCOS.

Is female pattern hair loss hereditary?

Yes. It is believed that it can be inherited from either or both parents.

What are the symptoms of female pattern hair loss?

In women, the age of onset is later compared to male pattern hair loss, usually occurring in the 50s or 60s. Occasionally, FPHL in women may start earlier than this, in the 30s or 40s. FPHL is not usually associated with any scalp symptoms. Hair loss can, however, cause psychological consequences and have an impact on quality of life.

What does female pattern hair loss look like?

Patterned hair loss looks different in males and females. In females, there is widely spread thinning of the hair, mainly on the crown of the scalp. The hairline at the front of the scalp often remains normal. Hairs in the affected areas are initially thinner (smaller in diameter), and shorter compared to hairs in unaffected areas, before they become absent.

How is female pattern hair loss diagnosed?

The diagnosis is usually based on the history of gradual thinning of hair or increased hair shedding on the top of the head, the pattern of hair loss and any family history of similar hair loss. The skin on the scalp looks normal on examination. Occasionally blood tests may be carried out.

Can female pattern hair loss be cured?

No, there is no cure for FPHL. However, it tends to progress very slowly, from several years to decades. An earlier age of onset may lead to quicker progression.

How can female pattern hair loss be treated?

Topical and oral treatments:

- Applying 2% or 5% minoxidil solution to the scalp every day may help to slow down the progression and partially restore hair in some women. Only the 2% strength is licensed for women but it is not available under the NHS; the 5% minoxidil solution can be used under the advice of a medical doctor, but it is not available on NHS prescription and is expensive. Minoxidil solution should be applied to the affected scalp (not the hair) using a dropper or pump spray device and should be spread over the affected area lightly, it does not need to be massaged in. Minoxidil can cause skin reactions such as dryness, redness, scaling and/or itchiness at the site of application and should not be applied if there are cuts or open wounds. Minoxidil solution should only be applied to the scalp. Any spillage to the forehead or cheeks should

be cleansed to avoid increased hair growth in these areas. Minoxidil should be used for at least 6 months before any benefit may be noted. Any benefit will only be maintained for as long as the treatment is used. Minoxidil solution may cause an initial hair fall in the first 2-8 weeks of treatment, and this usually subsides when the new hairs start to grow.

- Oral treatments such as spironolactone, cyproterone acetate, flutamide and cimetidine can block the action of dihydrotestosterone (a hormone) on the scalp, which may lead to some improvement in hair loss. These treatments are not licensed for use in FPHL. Spironolactone and cyproterone acetate should be avoided in pregnancy since they can cause feminisation of a male foetus; both should be avoided during breast feeding. Flutamide carries a risk of damaging the liver.

It is important to note that all of these topical and oral treatments only work for as long as the treatment is continued.

Wigs and hair pieces:

- Some affected individuals find wigs, toupees and even hair extensions can be very helpful in disguising FPHL. There are two types of postiche (false hairpiece) available to individuals; these can be either synthetic or made from real hair. Generally, only synthetic wigs are available under the NHS. Synthetic wigs and hairpieces, usually last about 6 to 9 months, are easy to wash and maintain, but can be susceptible to heat damage and may be hot to wear. Real hair wigs or hairpieces can look more natural, can be styled with low heat and are cooler to wear.

Skin camouflage:

- Spray preparations containing small pigmented fibres are available from the internet and may help to disguise the condition in some individuals. These preparations however, may wash away if the hair gets wet (i.e. rain, swimming, perspiration), and they only tend to last between brushing/shampooing.

Surgical treatments:

- Surgical treatment is not offered under the NHS. This can be sought privately. Hair transplantation is a procedure where hair follicles are taken from the back and sides of the scalp and transplanted onto the bald areas.

Self care (What can I do?)

An important function of hair is to protect the scalp from sunlight; it is therefore important to protect any bald areas of your scalp from the sun to prevent sunburn and to reduce the chances of developing long-term sun damage.

You should cover any bald patches with sun block, your wig or a hat if you are going to be exposed to sunlight.

Where can I get more information about androgenetic alopecia?

Web links to detailed leaflets:

www.dermnetnz.org/hair-nails-sweat/pattern-balding.html

www.dermnetnz.org/hair-nails-sweat/female-pattern-hairloss.html

Links to patient support groups:

Alopecia UK

Tel: 0800 101 7025

Web: www.alopecia.org.uk

E-mail: info@alopecia.org.uk

For details of source materials used please contact the Clinical Standards Unit (clinicalstandards@bad.org.uk).

This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Association of Dermatologists: individual patient circumstances may differ, which might alter both the advice and course of therapy given to you by your doctor.

This leaflet has been assessed for readability by the British Association of Dermatologists' Patient Information Lay Review Panel

**BRITISH ASSOCIATION OF
DERMATOLOGISTS
PATIENT INFORMATION LEAFLET
PRODUCED JUNE 2012
UPDATED MARCH 2016
REVIEW DATE MARCH 2019**



