



WHAT ARE THE AIMS OF THIS LEAFLET?

This leaflet has been written to help you understand more about female pattern hair loss. 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) is also known as androgenetic alopecia. It is the most common type of 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 may accompany 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 DOES FEMALE PATTERN HAIR LOSS FEEL AND LOOK LIKE?

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, although some women may report itch.

In females, there is diffuse thinning of the hair, mainly over the top of the scalp, the mid part line becomes more visible and widened. 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.

Hair loss can have significant psychological impact on affected individuals. This can lead to decreased self-esteem and body image concerns. It is important to address your emotional wellbeing with your healthcare professional who can provide appropriate support and treatment options.

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. A skin biopsy may be requested to confirm the diagnosis.

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 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 healthcare professional, 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. 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 4-6 - weeks of treatment, and this usually subsides when the new hairs start to grow.

Minoxidil should be avoided if you are planning on getting pregnant or breast feeding.

Oral treatments (taken by mouth)

Low-dose oral minoxidil

Before being available as a topical treatment, minoxidil was prescribed in tablet form for high blood pressure. During treatment, increases in facial hair were recognised, which prompted development of topical minoxidil. Recent research has shown that low doses of oral minoxidil may be at least as effective as topical and well tolerated, in certain scenarios.

Other oral treatments include spironolactone, cyproterone acetate, flutamide, and bicalutamide. These medicines can block the action of androgens (hormones) on the scalp, which may lead to some improvement in hair loss. These treatments are not licensed for use in FPHL.

What is an unlicensed drug?

An unlicensed drug is one that has not been awarded a Market Authorisation by the UK Medicines Healthcare Products Regulatory Agency (MHRA) for specific condition(s). Drug licences are awarded following a rigorous process of

evaluation by the MHRA, following an application by a pharmaceutical company. Once awarded, the licensed drug can then be marketed and sold in the UK.

In the absence of a licence, the drug may still be prescribed in the UK, provided there is funding available locally to pay for it. Additionally, there must be a clear body of evidence to confirm that the drug is effective for the condition in question and that safety concerns have been adequately addressed. Even after such evidence has been supplied, it is still a matter for the local formulary group (a multidisciplinary group who make decisions on the prescribing of medicinal drugs at a local level) to make a final decision on a case-by-case basis.

What is the off-licence use of a drug?

The off-licence use of a drug is when a doctor prescribes it for a condition that is different from the licence awarded by the MHRA

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 these treatments only work for as long as the treatment is continued.

Other treatment options

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 (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 or pharmacy 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 and 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.

Rich plasma

Platelet rich plasma (PRP) treatment is not offered under the NHS. This can be sought privately. The treatment involves taking a small amount of your blood and then injecting one part of the blood (the plasma) into the area of your scalp with hair loss. Though this treatment has been available for a long time, the research on it is too limited to help us understand when and how this treatment might work.

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 5-FU CREAM?

Patient support groups providing information:

Alopecia UK
Tel: 0800 101 7025
Web: [www. alopecia.org.uk](http://www alopecia.org.uk)
E-mail: info@alopecia.org.uk

Web links to other relevant sources:

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

Jargon Buster:

www.skinhealthinfo.org.uk/support-resources/jargon-buster/

Please note that the British Association of Dermatologists (BAD) provides web links to additional resources to help people access a range of information about their treatment or skin condition. The views expressed in these external resources may not be shared by the BAD or its members. The BAD has no control of and does not endorse the content of external links.



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 and the British Hair and Nail Society: 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

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