



### WHAT ARE THE AIMS OF THIS LEAFLET?

This leaflet has been written to help you understand more about male pattern alopecia. 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 MALE PATTERN HAIR LOSS?

Male pattern hair loss (MPHL) is the most common type of hair loss in men. It is also known as androgenetic alopecia. It can affect men of any age.

### WHAT CAUSES MALE PATTERN HAIR LOSS?

MPHL is caused by a combination of genetic and hormonal factors. A hormone called dihydrotestosterone (DHT) causes a change in the hair follicles on the scalp. In a process termed "miniaturisation", hairs produced by the affected follicles become gradually thinner and lighter in colour until eventually the follicles shrink completely and stop producing hair.

### IS MALE PATTERN HAIR LOSS HEREDITARY?

Yes. It is believed this can be inherited from either or both parents. Over 190 genes have been identified as contributing, which helps to explain how MPHL affects family members to varying degrees of severity and at different ages.

### WHAT DOES MALE PATTERN HAIR LOSS FEEL AND LOOK LIKE?

Men can become aware of scalp hair loss or a receding hairline at any time after puberty. There are usually no symptoms on the scalp, though some men describe scalp symptoms such as itch.

The usual pattern of hair loss is a receding frontal hairline and loss of hair from the top of the head. The hair at the sides and back of the head are spared. Hairs in the affected areas are initially 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 MALE PATTERN HAIR LOSS DIAGNOSED?

The diagnosis is usually based on the history of scalp hair loss on the front/ top of the head or receding hairline, the pattern of hair loss and a family history of similar hair loss. The skin on the scalp looks normal on examination.

### CAN MALE PATTERN HAIR LOSS BE CURED?

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

### HOW CAN MALE PATTERN HAIR LOSS BE TREATED?

#### *Licensed topical and oral treatments:*

- Applying 5% minoxidil liquid or foam to the scalp may help to slow down the progression of hair loss and acts as a hair growth stimulant. It is not available on an NHS prescription. The liquid or foam should be applied to the affected scalp (not the hair) using a dropper or pump spray device. It should be spread over the affected area lightly and 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. It needs to be used for at least 6 months and possibly up to 12 months before any benefit may be noted. Any benefit is only



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 before subsiding. Though this can be upsetting, it results from shedding of hair that had already come to the end of its life cycle and is being replaced by newly growing hair.

- Finasteride tablets reduce levels of dihydrotestosterone (hormone), which may slow hair loss and possibly help regrowth of hair. Continuous use for up to 14 months can be required before a benefit is usually seen. Decreased libido and erectile problems are recognised side-effects in approximately 2% of patients taking this treatment. The benefits can reduce over time and the process of hair loss restarts after discontinuing therapy.

It is important to note that all 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 very helpful in disguising hair loss. 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, such as a toupee, usually last about 6 to 9 months, are easy to wash and maintain, but can be susceptible to heat damage and may be hot or uncomfortable 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 some pharmacies or clinics. These 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. Surgical treatment includes hair transplantation, a procedure where hair follicles are taken from the back and sides of the scalp, where hair is typically more resistant to miniaturisation by DHT and transplanted onto balding areas.

#### ***Other treatments:***

- Low-dose oral minoxidil
  - Before being made available as a topical treatment, minoxidil was prescribed in tablet form for high blood pressure control. During treatment, increases in facial hair in women were recognised that prompted development of topical minoxidil. Recent research has shown that low doses of oral minoxidil may be at least as effective as topical treatment and with few side effects, in certain scenarios.
- Dutasteride
  - Dutasteride, like finasteride, acts to reduce the production of DHT. Though it has a stronger capacity to do this than finasteride, improvements have not been convincingly shown beyond those of finasteride, while side effects have been reported to be more frequent and longer lasting.
- Platelet rich plasma (PRP)
  - Platelet rich plasma treatment is not offered under the NHS but can be sought privately. Treatment involves taking a small amount of your blood and then injecting one part of the blood (the plasma) into the areas of your scalp with hair loss. Though available for a long period of time, there is only limited research that suggests some benefit, however, this is unpredictable, and considerably more research is required to increase understanding of when and how this treatment might work.



- Microneedling
  - This involves the use of roller devices with very small needles to create tiny micropunctures in the surface of the skin. The resulting inflammation is proposed to stimulate new hair growth. While some have suggested it could have a role in improving the effect of topical treatments, there is very little research to show its value as a safe and effective treatment.
- Low level laser light (LLLL)
  - Low level laser light, typically administered by means of a “comb” or in a cap is commercially available. It is thought to have anti-inflammatory effects and some research has suggested it may improve hair growth. Further research is required in this area.

<http://emedicine.medscape.com/article/1070167-overview>

Jargon Buster:  
[www.skinhealthinfo.org.uk/support-resources/jargon-buster/](http://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.*



## 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?

*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](mailto:info@alopecia.org.uk)

*Web links to further relevant sources:*

[www.dermnetnz.org/hair-nails-sweat/pattern-balding.html](http://www.dermnetnz.org/hair-nails-sweat/pattern-balding.html)

<http://dermnetnz.org/hair-nails-sweat/female-pattern-hairloss.html>

This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Hair and Nail Society and 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**

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