

Alopecia areata:

Understanding this unpredictable condition

By Dr. Jeff Donovan

Alopecia areata (AA) is a common condition, with about 500,000 people developing it in their lifetime. Most of the people with this condition developed it before age 40, and about half developed it in childhood or adolescence. Other autoimmune conditions can be associated with AA. For example, about 40 per cent will have eczema, and 10–20 per cent will have thyroid abnormalities.

6 tips from alopecia areata patients

1. Acknowledge all the positives in your life.
2. Meet other AA patients via CANAAF or in an online group like [skinergy.ca](#).
3. Invest in an eyebrow pencil the colour of your hair, or get your eyebrows tattooed by a professional.
4. Wear colourful scarves, hats, headbands and wigs. They're a quick and fun way to cover up!
5. To keep wigs lasting, rub Moroccan oil in at the ends and mid-way up.
6. For strength: remember to laugh, and surround yourself with great friends.

Note: For more tips and to connect with other AA patients, contact [CANAAF.org](#).

Forms of alopecia areata?

In most individuals with AA, hair loss appears in one or more round or oval areas. Although hair loss is usually asymptomatic, a few individuals will notice a sensation of itching or burning prior to developing hair loss.

A small proportion of individuals will lose all of their scalp hair—a condition called *alopecia totalis*. More rarely, individuals may lose all of the hair on their entire body—a condition called *alopecia universalis*. The “*ophiasis*” pattern of AA refers to hair loss at the back and sides of the scalp. The “*diffuse form*” refers to an uncommon form where affected patients experience sudden reduction in their overall hair density rather than developing well-defined circular areas.

What is the cause?

The exact cause of AA is still unknown. Current research suggests it is an autoimmune condition, which means an individual's own immune system is incorrectly targeting the hair follicle. It appears that the responsibility is partly genetic. However, even in identical twins (where the genetic makeup is 100 per cent identical), the chance of the other twin developing AA is only 50–60 per cent. This tells us that other factors are influential. In some individuals, high levels of stress can trigger AA.

Will the hair grow back?

Hair regrowth is difficult to predict. However, about 60–80 per cent of those with only one or two small areas of hair loss will grow back their



hair in one year, even without treatment. Individuals with more extensive loss are less likely to spontaneously grow back their hair. Some patients have only one episode of hair loss in their life, while others have multiple episodes. Full or partial regrowth with each episode is possible.

What are the treatments?

Although there is no cure, there are many treatments. The most common, in cases of one or more patches of hair loss, are steroid injections and topical steroid lotions to stop the inflammation. For patients with more extensive hair loss, treatments such as diphencyprone, squaric acid or anthralin can be applied. These create irritation on the scalp and prompt hair regrowth. Occasionally, immunosuppressive pills are prescribed.

Hair loss can have a profound psychological impact on both patients and their families, and emotional support is recommended. The Canadian Alopecia Areata Foundation ([www.canaaf.org](#)) is a charitable organization that provides support and resources. Meetings are held periodically across Canada. **CS**

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