Evaluation and Management of the Hair Loss Patient in the Primary Care Setting

Isabella Ahanogbe, MD[a], Alde Carlo P. Gavino, MD[b,*]

KEYWORDS

• Dermatology • Systemic disease • Skin findings • Rheumatologic conditions
• Gastrointestinal conditions

KEY POINTS

- Alopecias are broadly classified as noncicatricial and cicatricial, the main difference being that cicatricial alopecias destroy and lead to the permanent loss of hair follicles.
- Although usually reversible, if they run a protracted course and are left untreated, noncicatricial alopecias may also eventuate into permanent hair loss.
- The evaluation of a hair loss patient should include a comprehensive clinical history and physical examination; appropriate laboratory testing; and if indicated, a scalp biopsy.
- Treatment methods vary depending on the type of alopecia, and include watchful waiting, topical and systemic formulations, surgery, and treatment of any underlying or associated conditions.
- Early diagnosis and the timely institution of appropriate treatment are extremely helpful and comforting to those affected by this disease.

INTRODUCTION

Alopecia (hair loss) is a common presenting problem in the primary care setting and is a source of great emotional angst for most patients. It affects men and women of all ages and can affect all hair-bearing areas of the body. Alopecia can be a primary process, or can be a manifestation of an underlying medical condition. Hair loss is classified as noncicatricial (nonscarring) or cicatricial, the main difference being that cicatricial alopecias lead to destruction, and usually permanent loss, of hair follicles. Noncicatricial alopecias include male and female androgenetic alopecia (male and female pattern hair loss), alopecia areata, telogen effluvium, tinea capitis, traction

[a] Manning Regional Health Care Center, Manning, IA 51455, USA; [b] Department of Dermatology, Dell Medical School, The University of Texas at Austin, 601 East 15th Street, Austin, TX 78701, USA
* Corresponding author.
E-mail address: cgavino.md@gmail.com

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alopecia, and trichotillomania. Although alopecias can usually be diagnosed with a good clinical history and physical examination, laboratory examinations are often used to aid in the diagnosis, and to determine if there is an underlying condition causing or contributing to the hair loss. When the diagnosis is not clear on clinical grounds, a scalp biopsy is a powerful tool that not only can clinch the diagnosis, but can also provide valuable prognostic information. Although some forms of alopecia resolve spontaneously with watchful waiting, topical and systemic therapies are available for the treatment of others.

The lifespan of human hair follicles is spent asynchronously cycling through a period of growth (anagen), a transitional period (catagen), and a period of rest (telogen) (**Fig. 1**). Scalp hair follicles spend most of their time in anagen, which lasts approximately 2 to 6 years.[1,2] At any given time, less that 1% of hair follicles are transitioning from growth to rest in the catagen period, which lasts about 3 weeks on the scalp.[1,2] The resting phase lasts about 2 to 3 months at the end of which exogen, the shedding of hair, occurs. The duration of each period varies with the location and kind of hair. On average, humans shed 50 to 150 hairs per day.[3]

CLASSIFICATION OF ALOPECIAS

Alopecias can be classified into two major categories: noncicatricial alopecias and cicatricial alopecias. Noncicatricial alopecias (**Table 1**) are a result of a process that affects the growth cycle without destroying the hair follicle. Noncicatricial alopecias include male and female pattern alopecia, alopecia areata, telogen effluvium, tinea capitis, traction alopecia, and trichotillomania. Cicatricial alopecias destroy the hair follicles and cause irreversible damage and permanent hair loss. Of note, noncicatricial alopecias may run a protracted course, and if left untreated, may lead to permanent hair loss.

Noncicatricial Alopecias

Androgenetic/pattern alopecia

Androgenetic alopecia, also known as pattern hair loss, is mainly caused by genetic influences that can be traced through family lines. In some women, the cause may

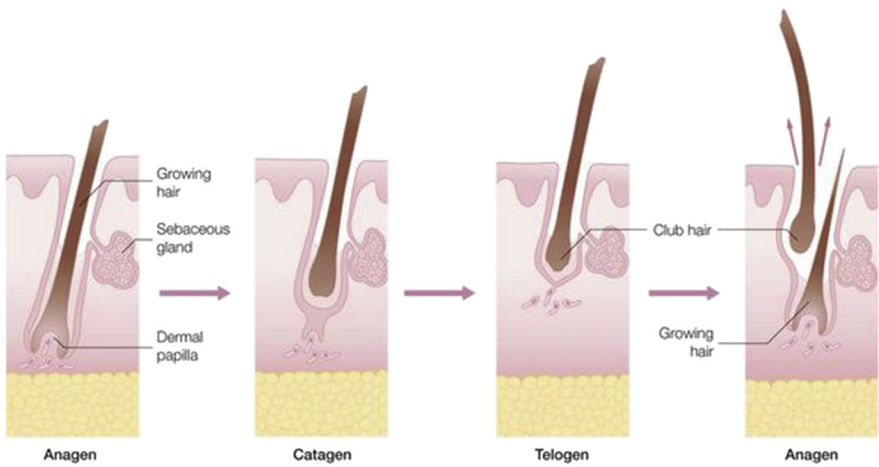

Fig. 1. The hair follicle goes through a growth phase (anagen), resting phase (catagen), and shedding phase (telogen). (*From* James WD, Berger T, Elston DMD. Andrews' diseases of the skin. 11th edition. Philadelphia: Saunders; 2011; with permission.)