



Review Article

Hair camouflage: A comprehensive review

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ABSTRACT

Hair is venerated, cherished, and desired in societies throughout the world. Both women and men express their individual identities through their hairstyles. Healthy hair contributes to successful social assimilation, employment, and overall quality of life. Therefore, hair loss can have detrimental effects on almost every aspect of a person's life. In this review, we discuss the myriad of options that aid in concealing and camouflaging hair loss to facilitate a healthier-appearing scalp. Camouflage options for patients who suffer from hair loss include full or partial wigs, hair extensions, concealing powders and sprays, surgical tattoos, and hair transplants. We describe these modalities in detail and discuss their respective advantages and disadvantages.

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Introduction

Hair is often associated with an individual's identity, and its significance reaches beyond the surface. Hair has psychological, social, and sometimes spiritual meaning. Therefore, hair loss can lead to multidimensional issues that affect a patient's well-being. Fortunately, individuals who suffer from hair loss have a plethora of options available to improve the appearance of their hair. In this comprehensive review, we explore the cultural and psychosocial impacts of hair, discuss hair complements and products, and review more permanent solutions.

Historical significance of hair

Hair has cultural and historical importance that varies from era to era. For example, European value on hair and hairstyles continually changes throughout time. Wealthy women in Western Europe between 1770 and 1790 wore their hair in elaborate arrangements with decorations that sometimes included birdcages (Weitz 2004). During this time, capitalism became more important; therefore, men gained a higher status with a wife who had the time and funds

required to maintain such ornate hairstyles. During the nineteenth century, while women of lesser means had less time and money to spend on their hair and wore simple hairstyles, wealthier white women would braid their hair overnight and use flat irons to straighten uncurled parts the next morning. With the twentieth century came the popularity of the "bob" haircut. Hair dying in the 1900s was risqué and usually done in secret. Until the 1940s, hair salons even had separate entrances and private booths for women who wanted to dye their hair.

Hair and quality of life

People value hair for different reasons, but value it nonetheless. Therefore, loss of hair may have psychological consequences. A recent study evaluated the prevalence of psychological disorders in 40 participants with alopecia areata (Figs. 1 and 2) and 40 random control group participants who were matched in age and sex (Aghaei et al. 2014). Participants were given three psychological tests: Beck Depression Inventory, Beck Anxiety Inventory, and Eysenck Personality Questionnaire. A significant difference between the case and control groups existed in the prevalence of depression ($p = .008$), anxiety ($p = .003$), and neuroticism ($p = .05$). No significant difference was appreciated between the duration of the disease, age at disease onset, number of relapses, and intensity of disease. While the case

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Fig. 1. Example of patient with patchy alopecia areata.

group had a significantly higher prevalence of certain psychological illnesses, it is unclear whether the psychological disorders caused/contributed to the alopecia or if the dermatologic disease negatively impacted the patients' psychological wellbeing. Further research to explain this relationship is needed.

Health-related quality of life in patients with alopecia areata was analyzed from data of 532 patients in the National Alopecia Areata Registry (Shi et al. 2013). The study found that risk factors for poor



Fig. 2. Example of patient with severe alopecia areata, alopecia universalis subtype.

health-related quality of life included age less than 50 years, female sex, hair loss of 25% to 99%, family stress, and job change. Quality of life is related to emotional wellbeing. In a Canadian study of 35 androgenetic alopecia patients and 42 alopecia areata patients, both groups scored similarly on an emotions assessment, indicating that these patients were less motivated to pursue personal interests and experienced difficulty in coping with stress compared to the controls (Monselise et al. 2013).

In addition to affecting emotions, hair loss may also influence the job market. The Canadian Hair Research Foundation conducted a study among 1,502 men and women to assess the effect of hair loss on employment (Tischer 2000). Of the responders, 1 in 8 believed hair loss to be a barrier to getting hired. Most of those surveyed (81%) believed that physical appearance affects career advancement. Thus, hair loss can shape a person's wellbeing in deeply meaningful ways.

The psychological effects of hair loss significantly impact patients with cancer who undergo chemotherapy. Among 47% of female cancer patients participating in a study, the most distressingly anticipated aspect of chemotherapy was alopecia (Münstedt et al. 1997). Another study found that the most burdensome part of chemotherapy treatment in women with early stage breast cancer was alopecia (Baxley et al. 1984). An estimated 8% of patients with cancer may be at risk of avoiding treatment due to the consequential hair loss (de Boer-Dennert et al. 1997). A study involving patients with gynecological malignancies reported that 13% of participants anticipated they would be rejected by their significant others as a result of hair loss secondary to treatment (Münstedt et al. 1997). Chemotherapy-induced alopecia can lead to anxiety, depression, reduced quality of life, and decreased self-esteem (Hesketh et al. 2004).

Hair complements

Hair loss can affect a patient's quality of life. Fortunately, patients have a variety of options available to camouflage, ranging from temporary to nearly permanent. Wigs may be one of the first items that come to mind to conceal hair loss. Patients may be uncomfortable approaching the topic of wigs for alopecia, but the subject deserves discussion, especially with the array of new options available. Wigs are fixed to one of two foundations: wefted, which is the most common and least expensive; or net, the more expensive but more natural-looking option (Donovan et al. 2012).

Wefted foundations have a base of synthetic hair rows that range in price from \$60 to \$300. Net foundations are a mesh base with synthetic or human hair knotted by hand, which is a more expensive option at \$300 to \$1,000. For both foundation types, many high-end wigs also have a monofilament cap, which is a fine, transparent nylon lace material (Fig. 3). Hair strands are individually handtied in the lace, allowing for more natural hair movement and styling flexibility. The hairline section of the cap is made in an irregular fashion to resemble the natural pattern of human hairlines (Banka et al. 2012). These wigs generally come with a more expensive price tag of \$200 to \$2,000. An additional option, lace front wigs place a thin lace material across the frontal hairline (Fig. 4). The lace piece is trimmed and shaped according to the patient's wishes and can be temporarily glued onto the frontal scalp and/or forehead to achieve a secure hold with every wear.

The most expensive types of wigs are custom-made wigs with vacuum bases (Donovan et al. 2012). The vacuum base is first made by creating a custom plaster mold of the individual's scalp. The mold is used to form a silicone or polyurethane vacuum base, a process that can take up to 6 months to do properly.

Wigs can be made either from synthetic or real human hair. Synthetic wig fibers can be machine or hand sewn in the cap, with the latter being more natural-looking but more expensive. Human hair

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