Patient information from BMJ

Last published: Apr 25, 2022

Alopecia areata

Alopecia areata is a condition that causes patches of hair to fall out. But it doesn't destroy the hair follicle, so there is always the chance for regrowth, which often happens.

We've brought together the research about alopecia areata and talked to experts about the best ways to treat it. You can use our information to talk to your doctor and decide which treatments are best for you.

What is alopecia areata?

"Alopecia" is the technical name for hair loss. Alopecia areata (pronounced al-oh-PEE-shah air-ee-AH-tah) is a type of hair loss that's thought to be caused by an **autoimmune disease**.

If you have an autoimmune disease, the cells in your body that normally fight infection (white blood cells) attack some of your own cells by mistake.

In alopecia areata, the white cells gather around hair follicles, which are the sacs from which individual hairs grow. This causes inflammation (swelling) around the follicles. This stops the hair from growing, makes it fall out, and stops it growing back.

Fortunately, the hair follicles aren't permanently damaged, so your hair still has the potential to grow back. Most people have one or a few patches of hair loss on their scalp, but some lose a significant amount of their hair.

But some people lose all the hair on their scalp (called alopecia totalis) or all the hair on their scalp and body (alopecia universalis).

Alopecia areata is fairly common. It affects about 2 in every 100 people, and it can happen to people of all backgrounds and ages. And some people with alopecia areata have more than one episode of hair loss. Many people get it first as a child or young adult.

Doctors don't know why some people get alopecia areata and others don't. But about 20 in 100 people with alopecia areata have a family member who also has it.

You may also be more likely to get it if you or someone in your family has another type of autoimmune disease, such as type 1 diabetes, thyroid disease, or vitiligo (a condition that causes white patches on the skin).

What are the symptoms?

Most people get patches of hair loss over a few weeks. The patches are usually coin-sized and round or oval. The scalp without hair is smooth and looks normal (it's not red or inflamed). Some people say they have tingling or very minor pain in the affected area.

You may have short hairs (around 3 millimeters long) at the edges of these patches. Doctors call these exclamation mark hairs.

Alopecia areata can also affect any part of your body that has hair, including your eyebrows, eyelashes, beard area (in men), armpits, and genitals. Some people also get nail pitting. This is when your nails appear rough or slightly dented.

What treatments work?

There is no cure for alopecia areata, but treatments can help the hair to grow back. We’ve described the most common treatments below. You can use this information to talk to your doctor about your treatment options.

However, it's worth noting that many people with alopecia areata have regrowth without any treatment, especially if their hair loss is mild. As a result, some people choose not to have any treatment.

Mild to moderate hair loss

If you have mild to moderate hair loss, your doctor may suggest using steroid injections or medications you put on your skin.

The steroids used to treat alopecia are similar to chemicals your body makes to reduce inflammation. Their full name is "corticosteroids." They're not the same as the anabolic steroids used by some bodybuilders and athletes.

Having **steroids injected** directly into the site of the hair loss is the best treatment for areas of patchy alopecia, with regrowth usually starting in one to six months. But they don't work for everyone, and they aren't usually used for children.

Steroids can be injected into any area with hair loss, including your scalp, eyebrows, and beard area. The doctor may first numb your skin by putting a pain-relieving cream on it (called a topical anesthetic). Depending on the size of the area being treated, you may need several injections.

You will probably need to have injections more than once. These are spaced four to six weeks apart.

Injections can sometimes cause thinning of the skin (called mild indentation) but this is usually temporary. Acne (pimples) and redness at the site of the injections are other possible side effects.

Steroids also come as gels, liquids, creams, and lotions that you put directly on areas of hair loss. Doctors call these **topical steroids**. What type you use will depend on where your hair loss is (liquids and gels, for example, may be easier to apply to your scalp).

Topical steroids are less likely than steroid injections to cause side effects, and they can be used in children.

Doctors sometimes prescribe **steroid pills** if someone is having rapid hair loss. This can help stop or slow their hair loss. But the improvements may only be temporary, as steroid pills can only be used for a short amount of time.

This is because they can cause many side effects, including high blood pressure, increased appetite, stomach irritation (gastritis), a change in mood and sleep patterns, and worsening of blood sugar control in people with diabetes.

Minoxidil is a treatment many men use to regrow hair if they are going bald naturally. It is also sometimes used for alopecia, although it's not yet clear how well it works. It comes as a liquid and a foam.

You may get some skin irritation when using minoxidil. Sometimes minoxidil treatment and topical steroids are used together.

If a treatment hasn't worked after six months, your doctor will probably recommend trying a different one.

Widespread hair loss

If your hair loss is severe, steroid injections and medications you put on your skin are less likely to work. But there are other treatments you can try.

Topical immunotherapy (also called contact sensitization treatment) involves making you allergic to a substance and then regularly applying a weak version of it to keep your skin mildly irritated (inflamed). This can stimulate hair regrowth, although researchers don't know exactly why.

This treatment can have side effects, including blistering, itching, and enlarged glands in your neck. Your skin color in the treated area may also become lighter or darker.

Coping with hair loss

Understandably, many people have a hard time dealing with their hair loss. It can be especially devastating for children and teenagers, who may already be struggling with their self-esteem.

Be sure to tell your doctor if you're having difficulty coping or feeling depressed. Your doctor can provide support, and may recommend talking to a counselor or attending a support group. Meeting other people with alopecia areata can be a huge help.

People often wear wigs, hats, scarves, and other coverings to disguise their hair loss. Colored scalp powders, sprays, or pastes can also help.

Many men (and some women) opt to shave their head until their hair starts to regrow. But if your scalp is uncovered, make sure you wear sunscreen to prevent sun damage.

Make-up and temporary tattoos are options for hiding lost eyebrows.

What will happen to me?

If your hair loss is mild, you have a very good chance of full regrowth. Your hair may be white or fine when it first grows in, but it should return to its normal color and texture.

If your hair loss is more widespread, full regrowth is less likely. Most people with alopecia areata have more than one episode of hair loss in their lifetime.

Up to 10 in 100 people get severe, ongoing alopecia areata. But no matter how severe your hair loss, you still have the potential to regrow hair, since your hair follicle is not permanently damaged. Some people even regrow hair after many years.

However, if you have had no regrowth for a long time, or if your hair loss is severe, it's less likely that your hair will grow back. But remember, alopecia areata is an unpredictable condition, and no one can say for sure how it will affect you.

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