No need for hair despair: More treatments coming

For many people, problems with their mane amount to more than just a bad hair day. They could suffer from alopecia areata (hair loss), androgenetic alopecia, including a receding hairline; or hirsutism (extreme hairiness).

These three most common hair disorders were the subject of a presentation on tress distress at the recent 62nd annual meeting of the American Academy of Dermatology (AAD) in Washington, D.C. Jerry Shapiro, M.D., clinical professor, division of dermatology, University of British Columbia, Vancouver, discussed these disorders along with their treatments, many of which can be obtained from the corner drugstore.

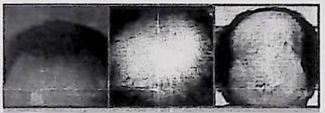
•*Alopecia areata*, affecting nearly five million people in the United States, is an autoimmune disorder that results in the complete loss of hair on the scalp or body. Typically, it starts with hair loss in a small area on the scalp, can progress to the entire scalp, then the entire body. It often begins in childhood and occurs in both males and females. According to Shapiro, the cause of alopecia areata is unknown.

"Even without treatment, most patients will experience full hair regrowth within one year, although recurrences are common," noted Robin Southwood, Pharm.D., assistant professor of pharmacy practice, Wilkes University, Wilkes-Barre, Pa. Since a year is a long time to wait for regrowth, treatment is usually advised.

Initial treatment of alopecia areata consists of topical corticosteroid solutions, such as fluocinonide or clobetasol, applied to the affected area. Another option is monthly cortisone injections into the affected area, in combination with topical minoxidil or anthralin creams. Research is ongoing to discover improved treatments. The Hair Research Center at the University of California, San Francisco, is enrolling patients in a study involving tacrolimus (Protopic, Fujisawa) ointment. Another ongoing study is evaluating the effectiveness of alefacept (Amevive, Biogen) in treating alopecia areata. Tacrolimus and alefacept, immunosuppressive agents, inhibit the T cell-mediated immune response.

•*Androgenetic alopecia* is another common hair loss disorder. Although commonly termed male-pattern baldness, it affects both men and women and is characterized by thinning of the scalp hair.

Many treatment options are available, including medications and surgery. Medications can slow thinning of hair and increase coverage of the scalp by enlarging existing hair. They work best on patients whose hair loss has occurred within the past five years and involve the top of the head rather than the forehead. Medication must be continued indefinitely, or the new hair will be lost in six to 12 months.



Different types of male-pattern baldness offer fertile ground for new product development.

Topical minoxidil, available over the counter, is applied to the scalp twice daily to reduce hair loss. Topical minoxidil will produce significant hair growth in only 20% of patients; a higher percentage will experience a reduction in their rate of hair loss.

Finasteride (Propecia, Merck), available by prescription only, comes in a tablet formulation for once-daily administration. Due to teratogenic effects, finasteride is not approved for use in women.

Surgical treatment options include hair transplantation, scalp reduction, and scalp flaps. In transplantation, small grafts can be moved from areas of the scalp with full hair to areas with thinning. Scalp reduction involves removing sections of bald scalp, then stretching sections of scalp with hair to cover the area. Scalp flaps involve moving sections of scalp with hair to bald areas. These procedures, when successful, offer a more permanent solution than medications.

•Excessive hair growth, known as *hirsutism*, can prove as psychologically devastating as hair loss. In women, abnormally high levels of plasma androgens can result in growth of hair in typically male patterns, such as on the face, chest, and back. Medications, including corticosteroids, phenytoin, minoxidil, diazoxide (Proglycem, Baker Norton), and phenothiazines, can also cause hirsutism. Drug-induced hirsutism is not limited to the androgenetic-sensitive areas.

"The treatment of hirsutism is primarily local since medical treatments do not produce immediate results. Medical treatments require as long as 18 months to exhibit effects," noted Southwood.

Local measures that provide immediate results include bleaching, wax stripping, shaving, plucking, depilatories, and electrolysis. If medical treatment is attempted, spironolactone and finasteride both improve hirsutism through testosterone inhibition, while dexamethasone and estrogen-progestin combination oral contraceptives work through suppression of androgen production.

According to Karen Sideris, senior public relations specialist at AAD, support groups to assist patients in dealing with these challenging disorders can be reached through the AAD Web site at *www.aadassociation.org/patientadvocacy.html*.

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