



HAIR LOSS IN WOMEN

by DAVID SALINGER



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Loss of hair does worry people and when you realise that so many factors can be responsible for hair loss, you can appreciate that it is important and right that you should worry.

The hair loss may be a normal temporary response to something you have experienced, such as an operation or a fever, in which case there is nothing to worry about. The hair loss may be an inherited trait, so you must do the best you can to inhibit or compensate for the loss, or the hair loss may be warning you that there is a medical or nutritional imbalance, and, therefore, the sooner you seek help from a qualified trichologist, the better.

It is important to emphasise that most cases of hair loss relate to internal imbalances, whether nutritional or medical, and whether self-correcting or not. Those with hair loss should not cut down on their frequency of shampooing.

A person with excessive hair loss must find out the reason for this loss.



LONG-TERM DIFFUSE HAIR LOSS UNTIL CAUSE HAS BEEN CORRECTED

Trichologists see more female than male patients and diffuse hair loss is the main problem. Mineral deficiencies are by far the most common cause of long-term diffuse hair loss and trichologists will try to pinpoint if a deficiency is indicated by looking for other signs and symptoms and by asking for blood tests to be run or having a mineral analysis run on your hair.

Iron deficiency, with or without anemia, is a common cause of diffuse hair loss. Other common deficiencies causing diffuse hair loss are zinc, calcium, magnesium and chromium.

High copper can also be a problem, the main source of copper being tap water passing through copper pipes. As copper in the body increases, zinc decreases and this can lead to hair as well as the hair loss.

Poor protein intake, essential fatty acid deficiency, and malabsorption are the other factors to consider as a cause of diffuse hair loss. Redness and scaling of the scalp and eyebrows is indicative of essential fatty acid deficiency whereas indications of malabsorption include bloating, flatulence, burping, nausea, diarrhoea and 'heartburn'.

Poor absorption may result from meals being eaten under stressed conditions or being eaten too quickly. Malabsorption may also occur because of insufficient production of stomach acid or pancreatic enzymes, the improper balance of bowel organisms, or high fibre diets.

Hair loss as a result of nutritional imbalances will continue until about 3 months after the imbalances have been corrected. The hair will then thicken to normal.

Anemia is the most common medical cause of long-term diffuse hair loss and there are several reasons for anemia - not just low iron.

Under-activity of the thyroid gland and blood sugar imbalances are other common causes of diffuse hair loss, and certain medications can also cause long-term diffuse hair loss. However, any body imbalance could cause diffuse hair loss in a specific person; what causes hair loss with one person may not do so with another.

The important thing with long-term diffuse hair loss is to pinpoint the cause and correct it.



Sometimes, hair falls in the growing 'anagen' stage, and microscopic analysis of the hair bulbs confirms whether or not this is happening. One such problem is termed "Loose anagen syndrome" and, although the cause is not known, treatment with silicon dioxide and calcium fluoride can often stop the problem.

Hair loss can be a very stressful experience. Often the main fear for the sufferer is that they are going to go bald, which, fortunately, very rarely happens. Indeed, with diffuse hair loss, it cannot happen. In the extreme, hair loss can take over one's life and greatly affect it. A problem known as Body Dysmorphic Disorder is a disorder whereby a slight problem comes to dominate one's life. It is important for practitioners and the sufferer to recognise this problem so that appropriate action can be taken.



GENETIC THINNING IN WOMEN

Genetic thinning in women (androgenetic alopecia) is a condition characterised by thinning of hair in the front/top areas of the scalp. This thinning does not lead to baldness. What happens is that the growing phase of many of the hairs in the area becomes shorter, producing shorter finer hairs. However, many of the hairs in the front/top areas are untouched by this process so that the general appearance of the scalp is of a thinning in the area in question .

The hair thinning usually begins at the time of menopause or after a hysterectomy. At these times, the change in the sex hormonal balance gives the male sex hormones (androgens) more influence and brings about the hair thinning. But, as with genetic hair loss in men, the hairs in question must have inherited the tendency to regress in response to the hormonal changes.

Occasionally, genetic thinning can be triggered by oral contraceptives or hormone replacement therapy (HRT); progestogens in contraceptives or HRT can have an effect on the hair similar to androgens. They can trigger the thinning in those women with the genetic tendency. Genetic thinning can also be triggered after pregnancy but this must not be confused with the temporary diffuse hair loss than can occur after giving birth.

In the past, women in their twenties or thirties seldom suffered genetic thinning unless a hormonal imbalance was present. However, more younger women with genetic thinning are now being seen and one reason for this increase is the use of oral contraceptives.

Extreme stress can trigger genetic thinning in those women with the predisposition. Stress increases cortisone levels, and these can have the same adverse effect on hair as androgens.

The relative infrequency with which genetic thinning occurs in women suggests that the trait must be inherited by the daughter from BOTH parents in order for her to exhibit it.

Therapy normally involves reducing the effects of androgens on the hair.



ALOPECIA AREATA

The final more common hair loss problem we will discuss is alopecia areata. This is usually characterised by sharply defined circular patches of baldness, which occur quickly. Often, the hair grows back without any therapy but treatments are available for those who need them.

Alopecia areata is an autoimmune problem, which means that one group of white blood cells is attacking something in the skin, leading to the hair loss. Common triggers for autoimmune problems include viral infections, extreme stress and trauma to the scalp but, in theory, exposure to many different substances could trigger an autoimmune problem in a person with the genetic disposition. (Psoriasis is a common scaly skin problem that is also an autoimmune problem.)

When treatment is necessary, it aims to reduce the autoimmune reaction in the skin. The trichologist will easily be able to assess if therapy is necessary; often the hair regrows without any therapy.

OTHER TYPES OF HAIR LOSS

Diffuse hair loss, genetic hair loss and alopecia areata are the most common types of hair loss. Other hair loss problems include ringworm, hair loss caused by traction, trichotillomania (the pulling out of one's own hair), hair breakage (due to many reasons) and patches of baldness whereby the hair follicles are destroyed (often by an autoimmune reaction). Trichologists will sometimes examine your hair microscopically to help establish the cause of the problem.

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