THE MODERN MANAGEMENT OF HAIR LOSS IN WOMEN

HAIR LOSS ISN'T JUST A MAN'S DOMAIN, EXPLAINS AUSTRALIAN HAIR LOSS SPECIALIST **DR RUSSELL KNUDSEN**.

The modern approach to treating hair loss involves both medical and surgical management techniques. Whilst the medical management is primarily aimed at stabilising and preventing further hair loss, the surgical management is focused on restoring lost hair to parts of the scalp or face.

MEDICAL MANAGEMENT

The most recent advances in the medical treatment of hair loss in women relate to specific blocking of initiating factors for the most common type of hair loss in women: Female Pattern Hair Loss (FPHL). FPHL is the female version of androgenetic alopecia, and is thought to be caused by a combination of genetic factors and androgen inhibition of hair growth on the scalp.

This type of hair loss can affect women at any age, but is most commonly detected around the time of menopause, when oestrogen hormone levels are in decline. There are also a number of genes that contribute to FPHL and it can be inherited from either side of the family.

The hair loss itself is mostly limited to the upper scalp with a slow, progressive shrinking of affected hair follicles and is often first noticed as a 'widening' of the part-line.

Most women retain their frontal hairline but some might experience thinning in the temples, similar to early temporal thinning in men. This version of FPHL mostly seems to occur in post-menopausal women.

The medical management of FPHL is focused on blocking both the androgen receptor (using the prescription medicines spironolactone or cyproterone acetate) and, more recently, the 5-alpha reductase enzyme (finasteride as an off-label use). Recent advances in genetic testing promise to further customise optimal therapy in women as it appears that some women have a particularly susceptible androgen receptor.

In addition, general stimulatory therapy using minoxidil solutions (Regaine) and, most recently, low level laser therapy (LLLT) may also be of some benefit in specific cases. LLLT is showing some early encouraging results and we await further clinical trials to fully clarify its potential role.

The primary role of medical therapy is to stop further hair loss and the success in strengthening or regrowing stronger hairs is dependent upon the amount of hair loss that exists when the woman is first seen. In cases of minor hair thinning, medical therapy may recover significant hair and might be all that is required. In more advanced cases, however, hair regrowth is unlikely and the patient may need to consider surgical management.

SURGICAL MANAGEMENT

In women affected by FPHL, the hairs in the lower scalp are genetically different to those in the upper scalp, and generally do not shrink. Because these hairs remain strong, they can be used as donor hairs to be transplanted to the upper scalp where hair thinning has occurred. Most women with FPHL have enough healthy hairs on the lower scalp to successfully thicken the thin upper scalp to some extent. As these hair grafts use the patient's own skin tissue, they cannot be rejected when transplanted elsewhere and will grow normally.

Hair transplantation from the occipital scalp (positioned low on the back of the head) to the upper scalp or eyebrow has, in recent years, evolved to become a virtually undetectable art due to the widespread use of Follicular Unit Transplantation (FUT). This technique mirrors the normal distribution of hair on the scalp by only implanting natural groupings of hair (generally one to three hairs). This technique is most commonly employed in women with androgenetic alopecia but is equally useful in other patients with scarring alopecias including post-surgical and burns scarring. It is also suitable for advancing frontal hairlines in women with congenital receded hairlines and for repairing hair loss in front of the ears as a result of facelift surgery. The take-up rate of the grafted hair is generally over 90 per cent with very predictable growth of natural hair patterns.

The exclusive use of natural hair groupings means that often even hairdressers will not be able to notice which hairs are the transplanted hairs. They can be styled normally and will continue to grow.

FUTURE THERAPIES

Whilst medical and surgical management techniques offer patients with FPHL a solution for halting hair loss and replacing lost volume, research into future therapies is ongoing. Stem cell culture techniques, for example, are being trialled; but considerable technical problems remain and this potential therapy is still some way off. **csbm**

BEFORE

AFTER hair transplant surgery by Dr Knudsen using 813 grafts

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