

# Experts in Skin & Hair

## Male Pattern Hair Loss

### What is male pattern hair loss?

Male pattern hair loss refers to hair thinning and decreased hair density that occurs after puberty. It is also known as androgenetic alopecia.

### What causes male pattern hair loss?

The cause of male pattern hair loss is likely to be due to genetic susceptibility that leads to the follicle being more sensitive to the male hormone dihydrotestosterone. Most men do not have an excess of male hormones (androgens) but these hormones are responsible for male pattern hair loss. Men castrated before puberty do not develop male pattern hair loss.

### Is male pattern hair loss hereditary?

A family history of hair loss is common, which supports inheritance. A number of genetic locations have been identified that are linked to male pattern hair loss. The androgen receptor gene is located on the X chromosome (inherited from the mother) and is of particular interest.

### What are the symptoms?

Most men become aware of recession of the frontal hairline and hair thinning on top of the head. Hair shedding is not usually apparent and usually there are no symptoms.

### What does male pattern hair loss look like?

The density of hair decreases and individual hairs become finer. The first area involved is the frontal hairline, often with bitemporal recession. As the condition progresses the crown becomes involved and the bald areas can join up to leave a horseshoe area of hair around the sides and back.

### Can it be cured?

Whilst there are a number of treatments that can slow the process or partially reverse it, complete reversal to pre-puberty density is not achievable with medical treatments.

### How can male pattern hair loss be treated?

Male pattern hair loss can be treated with solutions applied to the scalp, tablet treatments aimed at decreasing male hormones, or camouflage treatments aimed at disguising the thinned areas. Hair transplantation can improve hair density at the front of the head by moving follicles from unaffected areas at the back of the head.



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## **Minoxidil solution**

Minoxidil tablets were originally developed to treat blood pressure but were found to cause unwanted hair growth. This led to the development of minoxidil solution specifically for genetic hair loss. This is available over the counter and is licensed at 2% and 5% strength for men. The lotion should be applied twice daily to the scalp. Treatment is long term.

## **Low dose oral Minoxidil**

Minoxidil was originally used as a tablet for blood pressure. Very small doses are used as a treatment for pattern hair loss. The main side effect is unwanted hair at other sites, such as the face, arms and hands. Other side effects are light headedness, dizzy spells, the heart racing (tachycardia), palpitations or ankle (and rarely facial) swelling. Treatment is long term.

## **5 $\alpha$ reductase inhibitors**

Finasteride inhibits the conversion of testosterone to the more active dihydrotestosterone and is licensed at low strength to treat male pattern hair loss. Most people tolerate treatment with no side effects. Potential side effects include decreased libido, impotence and breast tissue tenderness. Side effects are infrequent and reversible on stopping treatment. Treatment works best when started early before hair loss is advanced. Treatment needs to be continued long term.

## **Physical therapies**

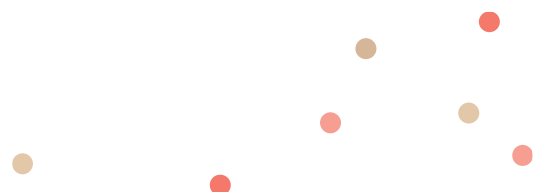
There are a number of non-drug based treatments for pattern hair loss. These include PRP (platelet rich plasma), microneedling, low level laser light, exosomes and Tricopat. These can often complement medical therapies or can be used when tablet and lotions do not have the desired effect.

## **Hair transplantation**

Hair follicles can be harvested from the non-hormone dependent hair at the back of the head and transplanted to areas of hair loss in the frontal area.

## **What can I do?**

- Seek unbiased medical help and be sceptical of the latest online miracle cure!
- Try active treatment for a minimum of 12 months



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## **Topical Steroids**

Potent topical steroids in the form of lotions, gels or mousses can manage localised disease. Injection of a steroid may be an option if only a small area is involved.

## **Systemic Steroids**

Short courses of oral steroids can be used to try and switch off the attack, but side effects limit the long-term use of oral steroids.

## **Hydroxychloroquine**

Although slow to act, this member of the anti-malarial family can be very useful in this condition.

## **Ciclosporin**

This is a powerful immunosuppressive drug most commonly used in patients who have had a kidney transplant. It can be beneficial but the condition frequently relapses on stopping treatment.

## **Tetracycline antibiotics**

These antibiotics are commonly used in the treatment of acne. They are occasionally used to treat lichen planopilaris.

## **Mycophenolate mofetil**

This is a powerful immunosuppressive drug most commonly used in patients who have had a kidney transplant.

## **JAK inhibitors**

There are a number of case series using JAK inhibitors licensed for other conditions, such as alopecia areata or eczema, being beneficial in Lichen Planopilaris. The evidence is still weak and these can be expensive medications and determining treatment success can be very challenging.

## **Physical Therapies**

There are a number of non-drug based approaches. These may include PRP (Platelet Rich Plasma), low level laser light, UVB laser or LED, or Tricopat as a drug delivery system of triamcinolone.

## **What if I need a wig?**

Some individuals who have extensive hair loss from lichen planopilaris will choose to wear a wig. These can either be bought privately or obtained through the NHS (although a financial contribution is required) with a consultant's prescription.

