Mid-life malady

Hair loss during menopause treatable with proper diagnosis

By Jane Schwanke
Staff Correspondent

quick read

Options for treating hair loss in menopausal women are plentiful, but for the best outcome, physicians first must get the diagnosis right.

Garden City, N.Y. — Dermatologists today have more options for treating hair loss during menopause than ever before. But according to one expert in the field of female hair loss, unless the right diagnosis is made, the treatments might be less than effective.

"We know more about the mechanisms of hair loss than we did a decade ago, and have a wide variety of pharmaceuticals and treatments to choose from," says Theodore J. Daly, M.D., F.A.A.D., director, Garden City Dermatology, Garden City, N.Y. "Getting the diagnosis right can lead you to a successful solution."

Female pattern is the most common form of hair loss during menopause, and affects approximately one in three women during this time of their lives. While gradual hair loss is often the reason for the office visit, getting to the root cause is crucial.

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Other common reasons for hair loss in menopausal women are low thyroid and hormone changes, according to Dr. Daly, who is board-certified in dermatology, pediatric dermatology and dermatopathology.

"Although hair loss during menopause is a serious cosmetic problem for many women, its cause can be systemic or due to nutrient deficits, and those factors aren't apparent with exam only. In fact, a recent study of women with fluctuating hormones showed that a significant percentage of their deficits were detected by lab only."

Diagnosis: Get it right

"Without the lab test, you can miss up to 15 percent of women who have abnormal hormone levels," Dr. Daly says.

"Upon the initial visit, you might not be sure of the diagnosis, so you may need to check other causes with a lab test. If the woman tests abnormal, then it's not a cosmetic problem; it's systemic or a nutritional deficit. Sometimes you just need to replace the missing iron. After that, women feel better and are happy to have been diagnosed, not to mention that their hair begins growing back.

"Sometimes a patient will come in and the diagnosis is not what they expected," Dr. Daly says. "Unless you look at the scalp, you are going to miss some things. Part the hair; look at the scalp and also look at the nails. This is basic, but can change the course of treatment. If your initial diagnosis is off, nothing you do after that will be very effective."

Treatment choices

Once the proper diagnosis is made, treatment for hair loss typically starts with a therapy like topical minoxidil (Rogaine, McNeil-PPC). Other options include Aldactone (spironolactone, Pfizer), finasteride (Propecia, Merck), dutasteride (Avodart, GlaxoSmithKline), laser treatment and transplants.

Dr. Daly says he remembers these as "MOLT" — minoxidil, other pills, laser and transplants.

Laser therapy can be helpful when used as adjunct treatment or when patients can't tolerate other treatments.

"Cold laser such as Revage 670 (Apira Science) as added therapy can result in great improvements," Dr. Daly says.

For some women, hair transplantation might be the answer. An experienced surgeon can provide excellent results with the follicular unit and mini-graft techniques. If all other treatments fail, there are more aggressive treatments that are not standard of practice, as well as wigs and other cosmetic cover-ups.

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While treating hair loss is not a highly reimbursed procedure, it is covered for most cases, especially when the cause is not pattern loss.

Treatment not for everyone

Despite the high number of menopausal women dealing with hair loss, many dermatologists are not interested in treating it, according to Dr. Daly.

"Many fellow dermatologists will refer patients at the onset of

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to harvest individual follicles from the back, which must then be dissected. The follicles are removed from the donor area using a punch of less than 1 mm. According to Dr. Rogers, a vacuum-assisted suction device makes harvesting a little easier for doctors.

"Still, it is operator-dependent in terms of how the hairs are placed in the frontal area and what the final outcome is," Dr. Rogers says. "With this device, a prerequisite to success and a very natural result is its use by an experienced hair transplant surgeon."

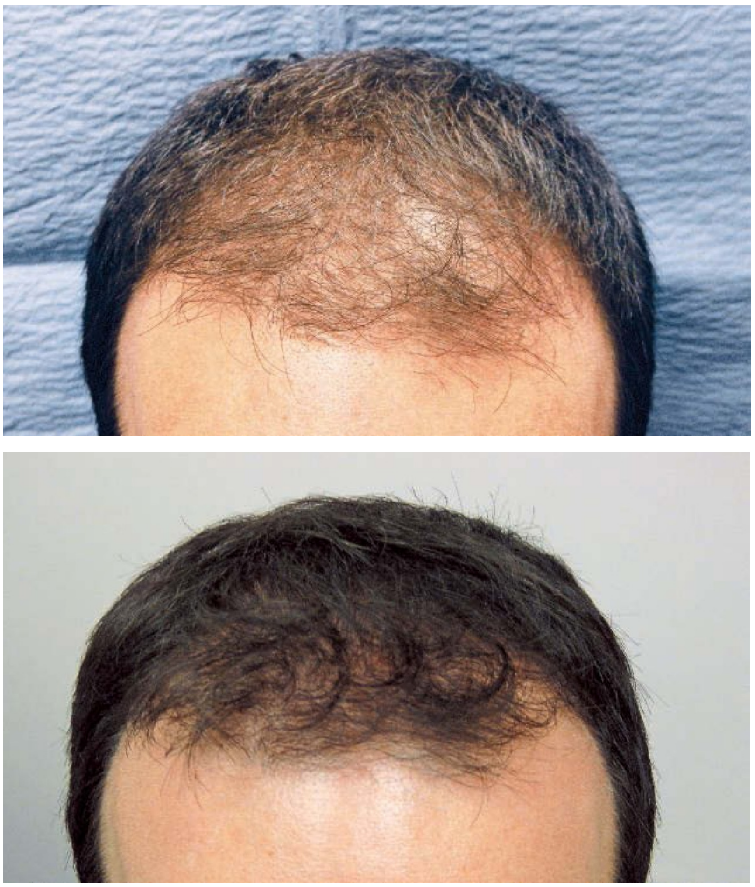
Clinical therapies

Another development is the use of diabetes medication to treat hair loss. According to report published in the December 2009 issue of *Archives of Dermatology*, oral pioglitazone, a peroxisome proliferator-activated receptor (PRAR) gamma, demonstrated improvement in patients with lichen planopilaris, a rare disorder that leads to permanent hair loss.

"Scarring alopecias are irreversible, and you have to make sure there is no evidence of inflammation before you transplant these patients," Dr. Rogers says. "This impact of the medication is exciting, because it gives us another understanding to help conquer a difficult condition."

Patients should be advised of potential side effects with therapy in the form of the agonist of pioglitazone, she says.

"It increases the body's sensitivity to insulin, so theoretically, patients could develop hypoglycemia," Dr. Rogers says. She notes there is also a risk of peripheral edema and congestive heart failure associated with use of the medication.



A 38-year-old male patient is shown before (top) and after hair transplantation along with treatment with Propecia (finasteride, Merck). Improvement is shown with just 500 follicular graft units. (Photos: Nicole Rogers, M.D.)

Another new clue to the etiology of hair loss is the recent identification of a gene in the development of hereditary hypotrichosis simplex, Dr. Rogers says. This gene, which helps researchers to better understand follicular miniaturization, may also be used to understand male and female pattern hair loss. If this development offers solutions to other types of hair loss, patients and physicians alike will be better off. DT

Disclosures: Dr. Rogers reports no relevant financial interests.

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their hair loss or after they have exhausted their treatment options. It involves a lot of mental gymnastics; it's time-consuming and not driven by procedure," he says.

Nonetheless, dermatologists with an interest in the field should acquire "a comprehensive viewpoint of hair loss by reading everything on the subject, including textbooks and attending AAD (American Academy of Dermatology) lectures on the topic," Dr. Daly says. "The field requires a full understanding of hormones, nutritional deficits, and various forms of hair loss, such as central centrifugal cicatricial alopecia and chronic telogen effluvium."

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Dr. Daly currently is researching hair loss by performing biopsies pre- and post-laser treatment. Wellman Laboratories at Harvard Medical School, Boston, is conducting the independent histological analysis in conjunction with Dr. Daly's study. DT