



TELOGEN EFFLUVIUM (a type of hair loss)

What are the aims of this leaflet?

This leaflet has been written to help you understand telogen effluvium. It tells you what telogen effluvium is, what causes it, what can be done about it, and where you can get more information about it.

What is telogen effluvium?

It is normal to shed approximately 30-150 hairs from our scalp daily as part of our hair cycle, but this can vary depending on washing and brushing routines. Hair regrows automatically so that the total number of hairs on our head remains constant. Telogen effluvium occurs when there is a marked increase in hairs shed each day. An increased proportion of hairs shift from the growing phase (anagen) to the shedding phase (telogen). Normally only 10% of the scalp hair is in the telogen phase, but in telogen effluvium this increases to 30% or more. This usually happens suddenly and can occur approximately 3 months after a trigger.

What causes telogen effluvium?

Increased hair shedding in telogen effluvium occurs due to a disturbance of the normal hair cycle.

Common triggers of telogen effluvium include childbirth, severe trauma or illness, a stressful or major life event (such as losing a loved one), marked weight loss and extreme dieting, a severe skin problem affecting the scalp, a new medication or withdrawal of a hormone treatment. No cause is found in around a third of people diagnosed with telogen effluvium.

Is telogen effluvium hereditary?

Telogen effluvium is not inherited, and it can affect all age groups and both genders equally.

What are the symptoms of telogen effluvium?

Most people become aware of losing hair in increased amounts. This is most noticeable after washing or brushing with more hair being found in the plug hole or on the hair brush or comb. Some people will notice increased hair on the pillow in the morning or around the house. Usually there are no symptoms, but occasionally telogen effluvium can be accompanied by tenderness and altered sensations in the scalp known as trichodynia.

What does telogen effluvium look like?

Hair shedding in telogen effluvium is usually from all over the scalp. Hair thickness decreases in the early stages resulting in thinness of hair volume.

How is telogen effluvium diagnosed?

The diagnosis is usually based on appearance and the history of the hair shedding. The hair may be gently pulled to see if an increased quantity of hair is shed (although this test may be falsely negative if the hair has been washed within 48 hours beforehand) and occasionally hairs are plucked from the scalp so that they can be examined under the microscope. Very rarely a skin biopsy may be required.

Can telogen effluvium be cured?

Telogen effluvium usually resolves completely without any intervention as the normal length of telogen is approximately 100 days (3 to 6 months) after which period the hair starts growing again (anagen phase). However, depending on the length of the hair, it may take many months for the overall hair volume to gradually return to normal. Telogen effluvium can return, especially if the underlying cause is not treated or recurs, and would be called chronic telogen effluvium if lasting more than 6 months.

How can telogen effluvium be treated?

There is normally no treatment required for telogen effluvium as the hair will start growing back once the trigger is removed. Medication does not speed up this process.

A blood test may be suggested to rule out other causes of hair loss such as over- or underactive thyroid and iron deficiency.

What if the scalp starts to become visible because of thinning of the hair?

This can happen in severe cases of telogen effluvium, but various options for helping disguise the hair loss can be discussed with your doctor. It is very unusual for hair thinning in patients with telogen effluvium to be severe enough to require the use of a wig.

Other types of hair loss

There are many other causes of hair thinning including female pattern hair loss ([androgenetic alopecia](#)) that may also appear in a similar fashion to telogen effluvium and sometimes there is an overlap of these conditions. Wigs are available with a consultant prescription on the NHS, although a financial contribution may be required.

Self care (What can I do?)

- You may find that joining a patient support group (see below) and meeting other people with telogen effluvium may be helpful for you to adjust to your condition.
- Seek unbiased medical help.
- Consider stopping smoking as heavy metals in cigarette smoke may worsen the hair loss.
- Eating a healthy diet including food that contains iron, protein, fresh fruit and vegetables may be helpful. Consider taking supplements if your diet is restricted.

Where can I get more information about telogen effluvium?

Web links to detailed leaflets:

<http://www.dermnetnz.org/hair-nails-sweat/telogen-effluvium.html>

Links to patient support groups:

Most hair loss support groups focus on alopecia areata but can offer useful advice for all patients affected by hair loss.

Alopecia UK
Tel: 0800 101 7025
Web: www alopecia.org.uk
E-mail: info@alopecia.org.uk

For details of source materials used please contact the Clinical Standards Unit (clinicalstandards@bad.org.uk).

This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Association of Dermatologists: individual patient circumstances may differ, which might alter both the advice and course of therapy given to you by your doctor.

This leaflet has been assessed for readability by the British Association of Dermatologists' Patient Information Lay Review Panel

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