



## **MALE PATTERN HAIR LOSS (ANDROGENETIC ALOPECIA)**

### **What are the aims of this leaflet?**

This leaflet has been written to help you understand more about male pattern alopecia. It tells you what it is, what causes it, what it looks like, how it is diagnosed, what treatments are available, and where you can get more information about it.

### **What is male pattern hair loss?**

Male pattern hair loss (MPHL) is the most common type of hair loss in men. It is also known as androgenetic alopecia. It affects about 50% of men over the age of 50.

### **What causes male pattern hair loss?**

MPHL is caused by a combination of genetic and hormonal factors. A hormone called dihydrotestosterone (DHT) causes a change in the hair follicles on the scalp. The hairs produced by the affected follicles become progressively smaller in diameter, shorter in length and lighter in colour until eventually the follicles shrink completely and stop producing hair.

### **Is male pattern hair loss hereditary?**

Yes. It is believed this can be inherited from either or both parents.

### **What are the symptoms of male pattern hair loss?**

Men can become aware of scalp hair loss or a receding hairline at any time after puberty. There are usually no symptoms on the scalp. Hair loss may cause significant psychological difficulties.

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

The usual pattern of hair loss is a receding frontal hairline and loss of hair from the top of the head. Hairs in the affected areas are initially smaller in diameter, and shorter compared to hairs in unaffected areas, before they become absent.

### **How is male pattern hair loss diagnosed?**

The diagnosis is usually based on the history of scalp hair loss on the front/top of the head or receding hairline, the pattern of hair loss and a family history of similar hair loss. The skin on the scalp looks normal on examination. Occasionally blood tests may be carried out.

### **Can male pattern hair loss be cured?**

No, there is no cure. However, it tends to progress very slowly, from several years to decades. An earlier age of onset may lead to quicker progression.

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

Licensed topical and oral treatments:

- Applying 5% minoxidil liquid or foam to the scalp may help to slow down the progression of hair loss and partially restore hair. It is not available on an NHS prescription and is expensive. The liquid or foam should be applied to the affected scalp (not the hair) using a dropper or pump spray device. It should be spread over the affected area lightly and does not need to be massaged in. Minoxidil can cause skin reactions such as dryness, redness, scaling and/or itchiness at the site of application and should not be applied if there are cuts or open wounds. It needs to be used for at least 6 months before any benefit may be noted. Any benefit is only maintained for as long as the treatment is used. Minoxidil solution may cause an initial hair fall in the first 2-8 weeks of treatment, and this usually subsides when the new hairs start to grow.
- For men, finasteride tablets reduce levels of dihydrotestosterone (hormone), which may slow hair loss and possibly help regrowth of hair. Continuous use for 3 to 6 months is required before a benefit is usually seen. Decreased libido and erectile problems are recognised side-effects of this treatment. Any beneficial effects on hair growth will be lost within 6 to 12 months of discontinuing treatment.

It is important to note that all of the topical and oral treatments only work for as long as the treatment is continued.

#### *Wigs and hair pieces:*

- Some affected individuals find wigs, toupees and even hair extensions very helpful in disguising hair loss. There are two types of postiche (false hairpiece) available to individuals; these can be either synthetic or made from real hair. Generally, only synthetic wigs are available under the NHS. Synthetic wigs and hairpieces, such as a toupee, usually last about 6 to 9 months, are easy to wash and maintain, but can be susceptible to heat damage and may be hot to wear. Real hair wigs or hairpieces can look more natural, can be styled with low heat and are cooler to wear.

#### *Skin camouflage:*

- Spray preparations containing small pigmented fibres are available from the internet and may help to disguise the condition in some individuals. These preparations however, may wash away if the hair gets wet i.e. rain, swimming, perspiration, and they only tend to last between brushing/shampooing.

#### *Surgical treatments:*

- Surgical treatment is not offered under the NHS. This can be sought privately. Surgical treatment includes (i) hair transplantation, a procedure where hair follicles are taken from the back and sides of the scalp and transplanted onto the bald areas; and (ii) scalp reduction, where a section of the bald area is removed and the hair-bearing scalp stretched to cover the gap. Tissue expanders may be used to stretch the skin.

#### **Self care (What can I do?)**

An important function of hair is to protect the scalp from sunlight; it is therefore important to protect any bald areas of your scalp from the sun to prevent sunburn and to reduce the chances of developing long-term sun damage.

You should cover any bald patches with sun block, your wig or a hat if you are going to be exposed to sunlight.

## Where can I get more information about androgenetic alopecia?

Web links to detailed leaflets:

[www.dermnetnz.org/hair-nails-sweat/pattern-balding.html](http://www.dermnetnz.org/hair-nails-sweat/pattern-balding.html)

<http://dermnetnz.org/hair-nails-sweat/female-pattern-hairloss.html>

<http://emedicine.medscape.com/article/1070167-overview>

Links to patient support groups:

*Alopecia UK*

Tel: 0800 101 7025

Web: [www.alopecia.org.uk](http://www.alopecia.org.uk)

E-mail: [info@alopecia.org.uk](mailto:info@alopecia.org.uk)

For details of source materials used please contact the Clinical Standards Unit ([clinicalstandards@bad.org.uk](mailto: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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