Common Causes of Hair Loss

Hair loss (alopecia) is categorized as scarring (with permanent destruction of hair follicles) or nonscarring.

Nonscarring alopecia is the most common form of hair loss and can be classified as patterned, diffuse, or focal, based on the distribution of hair loss.

What Is Patterned Hair Loss?
Patterned hair loss involves progressive symmetric thinning of hair, most prominently at the front, top, and sides of the scalp. Thinning of the hairline in these areas occurs in both sexes; however, pronounced recession of the hairline is primarily seen in men. The most common form of patterned hair loss worldwide is androgenetic alopecia, which is a hereditary condition caused by exposure to the male sex hormone dihydrotestosterone, with onset after puberty.

What Is Diffuse Hair Loss?
Diffuse hair loss involves loss of hair evenly across the scalp. The most common form of diffuse hair loss is telogen effluvium, which results in loss of more than 200 scalp hairs per day. It typically develops after an acute event, such as a severe illness, major surgery, thyroid disease, pregnancy, iron-deficiency anemia, malnutrition or rapid weight loss, or vitamin D deficiency. Other causes of telogen effluvium include use of certain medications (such as lithium, valproate, fluoxetine, warfarin, propranolol, retinooids, and isoniazid) or cessation of estrogen-containing oral contraceptive pills. Hair shedding usually starts about 2 to 4 months after an acute inciting event and typically resolves within 6 to 9 months.

What Is Focal Hair Loss?
Focal hair loss involves loss of hair in patches on the scalp and sometimes the face and body. The most common form of focal hair loss is alopecia areata, an autoimmune disorder that often develops in childhood but can affect individuals of any age, sex, or race and ethnicity. It is associated with asthma, allergic rhinitis, and atopic dermatitis and other autoimmune disorders such as type 1 diabetes. Spontaneous hair regrowth may occur in up to 30% of people with milder forms of alopecia areata.

Nonsurgical Treatments for Hair Loss
Some individuals with androgenetic alopecia experience hair regrowth with topical application of minoxidil solution or foam to the affected areas of the scalp. In addition, an oral medication that blocks the production of dihydrotestosterone (finasteride) can lead to hair regrowth or slowing of hair loss. However, this drug may cause fetal abnormalities so it should not be taken by individuals capable of becoming pregnant. Low-level laser light therapy with devices that emit low-frequency red light may also increase hair density.

Individuals with telogen effluvium should be treated for any correctable underlying cause (such as iron supplementation for iron deficiency, vitamin D supplementation for vitamin D deficiency, management of thyroid disease, and cessation of medications that can cause telogen effluvium). Patients with telogen effluvium and patterned hair loss may benefit from topical minoxidil to improve the density of hair regrowth.

For alopecia areata, injection of a corticosteroid medication into patchy areas of hair loss may promote hair regrowth. Other possible treatment options include topical administration of corticosteroids, minoxidil, contact irritants (such as anthralin), and contact allergens (such as squaric acid dibutyl ester and diphenylcycloprenone). A class of oral medications called Janus kinase inhibitors may benefit individuals with severe alopecia areata.

FOR MORE INFORMATION
American Academy of Dermatology Association
www.aad.org/public/diseases/hair-loss/causes/18-causes

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