

## Editorial

# Androgenetic alopecia: a trivial condition?

Androgenetic alopecia (AGA, aka male-pattern baldness) is a common condition. Many well-known historical figures, for example William Shakespeare, Winston Churchill were affected by this condition. Typically, in men, the frontal areas and vertex are affected while in women hair thinning affects the vertex, leading to a change in appearance. Being often associated with a family history, it is due to a genetic sensitivity to dihydrotestosterone, resulting in miniaturisation of hair follicles and subsequent loss of hair in the frontal scalp and vertex, leaving the parietal and occipital areas relatively intact. This condition affects all ages, although it is more common with increasing age. Racial variation in the incidence and prevalence of AGA has been reported, with 50-70% and 40% of Caucasian men and women being affected by 70 years of age respectively, with a lower incidence in African-American, Chinese and Japanese populations.<sup>1</sup>

Treatment options for AGA are relatively limited. Non-surgical treatment options in men consist of oral finasteride and topical minoxidil. Treatment response is variable, with a good response in some cases while in others, these agents mainly result in a slowing of hair loss.<sup>2</sup> In women spironolactone may also be used. These medications need to be taken long-term to avoid relapse of hair loss and may lead to side effects such as decreased libido in finasteride, irritation with topical minoxidil while spironolactone can result in hypotension, fatigue, hyperkalaemia, and headache. Low-level light therapy (LLLT) has also been used to treat AGA. It has been

suggested that LLLT improves hair growth by increasing blood flow to the hair follicles and by activation of dormant hair follicles. However, although improvements were seen in hair density and hair diameter, subjects reported no significant difference.<sup>3</sup> For cases who have not responded to non-surgical therapies, hair transplantation may be performed. Being a surgical procedure, this can result in pain, scarring as well as infection and risk of failure of the transplanted area. As a last resort, a hairpiece may be used.

Although not life-threatening, AGA can lead to emotional stress and psychological problems such as anxiety, depression as well as increase self-consciousness and decreased self-esteem, women being affected to a greater extent.<sup>4</sup> This is well-documented in the literature. For example, Gupta et al found that in AGA patients, the main affected parameter was personal relations together with a feeling of humiliation due to AGA and impaired social function. Sawant et al found that, in younger patients, emotions were affected more affected while in older patients experienced more stigmatisation and worse functioning.<sup>5</sup> In this issue, Bilaç et al provide further evidence that the quality of life of AGA cases are significantly affected, leading to anxiety and depression. However, these aspects of AGA are often not considered during a consultation, especially in a busy clinic. Patients are frequently reassured that the condition is not life-threatening. With the current emphasis of today's society on the importance of appearing young and attractive, patients feel under stress. Yet they may be

embarrassed by their condition and may be afraid to openly discuss their concerns. Therefore, in view of these findings, empathy on the part of the clinician is important who should more aware of the psychological aspects of AGA. The emotional feelings of the patient are just as important as the physical aspects of the dermatological condition.

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## References

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