Alopecia Areata

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Definition

Alopecia areata (ICD-10: L 63, sometimes F 43.2; DSM IV: 316.00, 309.00, 309.40) is an unpredictable, usually patchy, non-scarring hair loss condition. Any hair-bearing surface may be affected. The pathogenesis of alopecia areata is still unknown. Among the many factors that have been under investigation in the pathogenesis of alopecia areata, genetic constitution as well as nonspecific immune and organ-specific autoimmune reactions have been the main areas of research. Clinical symptoms vary from small, hardly visible spots which frequently regenerate spontaneously to long-term forms of complete hair loss (alopecia totalis) which can also affect the entire body (alopecia universalis).

Epidemiology

Alopecia areata occurs all over the world. It accounts for about 2% of new dermatology outpatient attendances in industrial countries. The prevalence in the United States was reported to be 0.1–0.2% of the population. The lifetime risk has been estimated to be 1.7%. The incidence in dermatology clinics has been estimated to be 1–4%. Both men and women as well as all races are affected equally. About 30–60% of patients present with their first patch before the age of 20.

Dermatological Diagnostics

Complete hair status, differential diagnosis of autoimmune diseases, trichogram to exclude trichotillomania (patients with trichotillomania have no telogen hairs).

Psychosomatic Diagnostics

Onset: Although some authors negate the involvement of emotional stress in the onset of alopecia areata [van der Steen et al., 1992], critical life-events or other kinds of psychosocial stress are significantly increased in many cases [Perini et al., 1984; Egle and Tauschke, 1987], and comorbidity with depression, anxiety and social phobia is evident [Koo et al., 1994].

Coping: In severe cases, the disfiguration may cause severe psychic impairment, high levels of social avoidance, disgust and shame. The secondary coping behavior depends on the predominant personality structure and the psychosocial support of the patients.

Diagnostic Measures

It is useful to have a longer conversation with the patient to elicit psychosomatic aspects, and to talk about possible psychosocial influences in the first consultation. Observing carefully the conversation between the dermatologist and the patient helps recognize emotional affects which in turn is a diagnostic aid for the detection of emotional influences on the disease (e.g. feeling of shame and disgust as well as social phobia and depression). Psychometric questionnaires to assess depression or anxiety and impairment of quality of life are helpful [Finlay, 1997].

Sometimes it is difficult to diagnose trichotillomania [Pericin et al., 1996], but it is necessary in order to choose the appropriate therapeutical approach.

Therapy

Dermatological Therapy: Topical treatment with diphencyprone is effective in most of the cases. Other topical treatments which cause an irritation of the skin are possible. Due to frequent spontaneous remissions, treatment strategies should not have too many adverse side effects.

Psychosomatic Therapy: Regular conversations between the dermatologist and the patient, focusing psychosocial impairment and supporting self-confidence.

Indications for Psychotherapy

Relaxation: There are no studies indicating an improvement due to relaxation techniques alone. There is one study about a combination of autogenic training, imagination and low dose immunosuppressive agents (psychoimmunotherapy) leading to an improvement of alopecia areata [Teshima et al., 1991].

Psychodynamic Psychotherapy and Psychoanalysis: In some cases, psychodynamic or psychoanalytic psychotherapy has been effective [Koblenzer, 1987; Willenberg, 1987].

Cognitive Behavior Therapy: There are no studies on the effects of cognitive behavior therapy, still it might be helpful

to promote social competence as well as positive coping strategies, and to decrease social anxieties. For children, family therapy may be helpful.

Hypnotherapy: There are some case reports on hypnotherapy but its effects on hair regrowth are unclear [Harrison and Stephanek, 1991]

Indications for Psychopharmacology

In a double-blind placebo-controlled study by Perini et al. [1994] 5 out of 7 patients benefited from imipramine treatment. Hair regrowth was clinically significant in the treatment group whereas in the placebo control group no effects were observed.

Self-Help Groups

In some countries there are self-help groups for people with alopecia areata. In Germany the following address can be contacted:

Alopecia areata Deutschland e.V.
Postfach 2 45
D-47702 Krefeld

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