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Female Pattern Hair Loss

The most common type of hair loss seen in women is androgenetic alopecia, also known as female pattern alopecia. Alopecia means baldness, but just as in men, it does not have to be complete hair loss. This is seen as hair thinning predominantly over the top and front of the head. It affects approximately one-third of all susceptible women, but is most commonly seen after menopause.

In female pattern hair loss some excess loss of hair is noted, but gradual thinning is what usually brings the woman to a dermatologist. Normal hair shedding is approximately 100-125 hairs per day. A lower number of hairs lost would apply to those whose hair is already thin. Hair loss occurs when the daily hair loss exceeds 100 hairs. In female pattern hair loss, when the affected hair is shed, the root grows one in its place that is shorter. Eventually it becomes invisible "peach fuzz". Genetically, hair loss can come from either parent's side of the family.

Female pattern hair loss may begin as early as puberty. In these cases if there are signs of hormone imbalance, such as excess facial or body hair, a hormone evaluation should be done. Hormonal changes are a common cause of female hair loss.

Many women do not realize that hair loss can occur after pregnancy or following discontinuation of birth control pills. It may also follow any sudden physical or psychological stress to the body. These types of hair loss are "Telogen Effluvium" and are usually temporary. It is important to remember that the hair loss may be delayed by up to three months following the change. Up to 8 months will be required for regrowth to be fully achieved.

Treatment often starts with Rogaine (topical minoxidil 2%), along with accepting and learning to live with hair loss. Rogaine is the only FDA approved medication currently available for female pattern hair loss. The other hair loss medication, Propecia, just doesn't work in women at all. Aldactone (spironolactone) pills help many women, especially whose hair loss starts before menopause but takes many months. Hormone replacement pills, such as Prempro, plus Aldactone are better after menopause. Experienced hair transplant surgeons can often achieve excellent results in women with the new follicular unit and minigraft techniques. You have to be a qualified candidate and have realistic expectations.

If treatment fails, or is not desired professional counseling might be of help. Perms, dyes and other cosmetic options can be used to give a fuller appearance to hair. Contrary to common wisdom, shampooing doesn't increase real hair loss. Some salons specialize in the modern forms of hair additions; these have also made recent improvements in simulating a natural appearance. A consultation with a skilled specialist to discuss your options is advised.

Chronic telogen effluvium is recently recognized and not uncommon. It often occurs in women who previously had very thick hair in their teens and twenties and still have an apparently normal head of hair to a casual observer. It affects the entire scalp with no obvious cause apparent. It usually affects women of 30 to 60 years of age, starts suddenly and has a tendency to fluctuate for a period of years. The degree of shedding is usually severe in the early stages and the hair may come out in handfuls. It does not cause complete baldness and does appear to be self-limiting in the long run.