



What is alopecia areata? Alopecia areata is a common autoimmune disease that results in the loss of hair on the scalp and elsewhere. It usually starts with one or more small, round, smooth patches. It occurs in males and females of all ages and races, but onset most often occurs in childhood. It is estimated that approximately two percent of the population will be affected at some point in their lives, or over 4.5 million people in the United States.

In alopecia areata, the affected hair follicles are mistakenly attacked in groups by a person's own immune system (white blood cells), resulting in the arrest of the hair growth stage. These affected follicles become very small, drastically slow down production, and grow no hair visible above the surface for months or years. The scalp is the most commonly affected area, but the beard or any hair-bearing site can be affected alone or together with the scalp.

Some people develop only a few bare patches that regrow hair within a year. In others, extensive patchy loss occurs, and in a few, all scalp hair is lost (referred to as alopecia totalis) or, hair is lost from the entire scalp and body (referred to as alopecia universalis). No matter how widespread the hair loss, the hair follicles remain alive and are ready to resume normal hair production whenever they receive the appropriate signal. In all cases, hair regrowth may occur even without treatment and even after many years.

What is the signal that triggers the disease to start or stop? Current research suggests that something triggers the immune system to suppress the hair follicle. It isn't known what this trigger is, and whether it comes from outside the body like a virus, or from inside. Recent research indicates that some persons have genetic markers that increase both their susceptibility to develop alopecia areata, as well as the degree of disease severity.

Is alopecia areata hereditary? Yes, heredity plays a role. In one out of five persons with alopecia areata, someone else in the family also has it. Those who develop alopecia areata for the first time after the age of thirty years have less likelihood that another family member will have it. Those who develop their first patch of alopecia areata before the age of thirty have a higher possibility that other family members will also have it.

Alopecia areata often occurs in families whose members have had asthma, hay fever, eczema, or other autoimmune diseases such as thyroid disease, early-onset type I diabetes, rheumatoid arthritis, lupus erythematosus, vitiligo, pernicious anemia, or Addison's disease.

Does the hair ever grow back? Yes, the hair definitely can grow even after years of extensive hair loss. It can also fall out again.

Is there a cure for alopecia areata? At present, there is no cure for alopecia areata, although the hair may return by itself. There are various treatments, which are most effective in milder cases, but none are universally effective.

Are treatments available? There are several available treatments; choice of treatment depends mainly on a person's age and the extent of their hair loss.

Alopecia areata occurs in two forms: a mild patchy form where less than 50 percent of scalp hair is lost, and an extensive form where greater than 50 percent of scalp hair is lost. These two forms of alopecia areata behave quite differently, and the choice of treatment depends on which form is present.

For limited areas of involvement, use of corticosteroids is most common, either topically or as local injection into the affected areas. Use of a topical minoxidil solution (eg: Rogaine) may also be helpful to stimulate hair growth.

Current treatments do not turn alopecia areata off; they stimulate the follicle to produce hair again, and treatments need to be continued until the disease turns itself off. Treatments are most effective in milder cases. Unfortunately, there is no way to prevent the hair loss. The goal of treatment is to stimulate the return of hair already lost.

Additional information available from the National Alopecia Areata Foundation website at www.naaf.org