

Hair Today, Gone Tomorrow?

With the help of two noted Atlanta dermatologists, *TR* gets to the root of the issue.

By JP Thornton

For most unsuspecting men, a receding hairline or thinning scalp provokes a wave of raw emotion. The anxiety associated with hair loss stems from a basic lack of understanding. It isn't because information about the condition doesn't exist (it does), but instead because many men stubbornly refuse to access it—as if, somehow, their hair magically will re-appear on its own. Not likely, guys; in fact, not at all. Even though research and findings have unearthed several facts related to hair loss, more questions surround it—queries men are afraid to ask for fear of the answers. Because hair loss is an uncomfortable topic for many men to openly confront, *TR* turned to two of Atlanta's top dermatologists, Harold J. Brody, M.D., clinical professor of dermatology at Emory University School of Medicine and one-time president of the American Society for Dermatologic Surgery, and Edmond I. Griffin, M.D., of The Griffin Center of Hair Restoration and Research, a recognized dermatologic surgeon who specializes in hair replacement surgery.

CONCERNS

The first question many men ask regarding hair loss is, “What’s normal?” Approximately 100 hairs are lost from the head each day, according to the National Institutes of Health, a statistic that Brody stretches slightly, equating so-called normal loss to between 50 and 250 hairs per day; Griffin places this number at less than 100. Even though the onset of temporal recession may begin in a young man’s teenage years (the balding process can occur any time after puberty), baldness in the average adult male begins somewhere in his mid-20s. To thoroughly understand the mitigating circumstances surrounding hair loss, you must first understand the hair’s individual growth (anagen), recessive (catagen) and rest (telogen) cycle. Hairs do not enter the same phase simultaneously, and, thus, do not fall out all at the same time. Griffin contends that shedding a standard percentage of hairs that are undergoing the normal growth process is natural, and that healthy loss indicates the start of a new cycle—a loss that,

fortunately, is largely unnoticeable. Think of it this way: Running your fingers through your mane produces one or two hairs normally. Shedding 10 or more is cause for concern.

TYPES OF HAIR LOSS

There are several types of temporary and permanent hair loss, but both of the dermatologists surveyed for this article agree that the most common of all is male-pattern baldness (androgenetic alopecia). Bitemporal recessions or crown baldness marks this condition, which may lead to partial or complete baldness over time. Alopecia areata is a form of circular hair loss on the scalp that occurs in patches roughly the size of a quarter, typically brought on by stress and commonly preceded by itching and/or pain. Non-scarring loss (hair loss is either scarring or non-scarring) can occur from cancer chemotherapy, drug reactions and fungal infection.



CAUSES

Common causes of hair loss include, but are not limited to, the following factors:

Chemical-required hair treatments: Processes that require dyeing, highlighting or bleaching.

Hormonal changes: An under- or over-active thyroid gland.

Infection: Ringworm of the scalp or other fungal infections.

Male-patterned baldness: See previous.

Medical treatments: Chemotherapy or radiation, which speeds the development of alopecia.

Medications: Androgens, ace inhibitors, retinoids, beta-blockers and certain psychotropic drugs.

Stress: Emotional or physical.

Trichotillomania: A mental illness that causes sufferers to pull their hair out.

Of course, any serious discussion of hair loss also must include heredity. Contrary to modern myth—if the father of a man’s mother is bald, then he will be, too—baldness is an unpredictable science. “With the presence of androgens in sufficient supply, genetic codes determine the timing and extent of baldness in each individual,” Griffin explains. “The genetic information of both parents must combine to produce the final outcome. Due to variable expression of the genes, prediction of baldness was nearly impossible until recently.” And while a blood test is now available that may aid in the prediction process, it is not fail-safe. The good news is that hair loss, while not 100-percent curable without surgery, is effectively treatable.

CARE

“A man should seek treatment for the most common form of male-patterned hair loss as early as he can, as treatments are more effective when

less loss has occurred,” says Brody, who adds that even though it is harder to treat the frontal hairline than the crown, there are many available treatment options, the effectiveness of which depend on the cause and extent of a man’s hair loss and his individual response to treatment.

FDA-approved medications, largely considered more effective at preventing the loss of hair rather than re-growing it, include Rogaine (available over the counter, Rogaine must be taken twice daily for the rest of a man’s life in order to be successful) and Propecia, which is available with a prescription for men 40 and younger. More controversial treatments include scalp cortisone shots and various creams and ointments, the effectiveness of which remains unproven. Consult with a dermatologist before taking any medication, one who thoroughly explains the overall effectiveness of treatment, possible side effects

and likely (or unlikely) results. Hairpieces are viable options and more convenient than ever before, as many can be worn continuously for three to four weeks before they must be removed for servicing. These hairpieces are usually glued on or attached with virtually undetectable snaps or clips. Beyond increasing a man’s aesthetic advantage and confidence, hairpieces also help guard against skin cancer by providing increased coverage. They do not, however, prevent it.

Among today’s many sophisticated surgical options is follicular grafting, which Griffin says “leads to a much-improved appearance with minimal risks and optimal results.”

Regardless of what stage of hair loss you find yourself in, if you are remotely worried, see a physician who can help. ▶

The Myths (and Truths) about Hair Loss

To confront the biggest myth associated with hair loss—that nothing can be done—*TR* asked Dr. Edmond Griffin to set the record straight. The good doctor obliged, and his findings are listed below.

MYTH: High levels of testosterone produce more baldness.

TRUTH: Androgens are required for baldness to occur; a man’s level of testosterone does not correlate with his level of baldness.

MYTH: A man’s hair-loss pattern is similar to that of his mother’s father.

TRUTH: Current evidence implicates both the father’s and mother’s genetic input. There is now a blood test that may confirm the presence of the balding gene. It does not determine which parent the gene is from, nor if the balding gene will be expressed in the future, but its presence increases one’s odds seven-fold for having baldness.

MYTH: Shampooing the hair daily increases hair loss.

TRUTH: Shampooing removes oils and hairs that would be normally shed for that day, not overall hair loss. No shampoo prevents the onset of male pattern baldness. A controversy still exists if shampoo helps remove the oil that may trap DHT (the breakdown product of testosterone and messenger of baldness), allowing it to be in contact with the skin and hair follicles longer.

MYTH: Conditioners help prevent baldness.

TRUTH: Hair is not living, so conditioners only protect the cuticle of the dead hair shaft.

MYTH: Cortisone shots help male-pattern hair loss.

TRUTH: Alopecia areata is the main indicator for monthly low-dose, under-the-skin injections.

MYTH: Growing hair longer in childhood contributes to hair loss in adulthood.

TRUTH: Folklore told to young boys to discourage them from growing their hair long.

MYTH: Wearing baseball caps or helmets speeds hair loss.

TRUTH: Folklore, again.

MYTH: In males, psychological stress is a common cause of hair loss.

TRUTH: Male-pattern loss is not influenced by stress, but may diffuse hair loss to some extent. This cause, however, is greatly overused for the lack of a better or a definite diagnosis.

MYTH: Hair transplanting prevents the need for prevention.

TRUTH: A surgical procedure does not replace the need for preventive methods, such as oral and topical medications, for men with patterned baldness.

MYTH: Brushing daily leads to beautiful, shiny, healthy hair.

TRUTH: Just the opposite. Over-brushing,

especially using the wrong type of brush, damages dead hair shafts.

MYTH: Poor nutrition/hydration leads to hair loss.

TRUTH: Only the most severe low-protein diets cause hair loss (the patterned type, not diffused type); hydration has not been associated with either healthy shiny hair or hair loss.

MYTH: Nothing can be done.

TRUTH: Clearly, this is not the case. Contact one of the dermatologists featured in this article or another seasoned physician.

Information contributed by Edmond Griffin, M.D. For more information, visit griffincenter.com.

FAST FACTS

Americans spent more than **\$115 MILLION** on hair transplant therapy last year.

25 PERCENT OF MEN begin to bald by the time they reach 30 years old; two-thirds of men are bald or have a balding pattern by age 60.

Approximately **100 hairs are lost** from the head daily.

The average scalp contains roughly **100,000 hairs**.

Information from the National Institutes of Health