

# Hair loss in primary care - a guide to diagnosis, management and referral

## Key points in history (usually multiple factors)

Shedding/thinning, scalp symptoms, diffuse or focal loss, facial/body hair, previous hair styling, diet, menstrual history, stress, hormonal status, medications, family history (males and females, <50) or autoimmunity

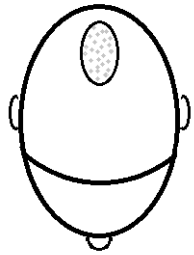
## Examination and initial investigations

(1) Pattern - diffuse vs focal (2) Scarring/non-scarring - patent hair follicles (3) Inflammation - scale, pustules, erythema

### Scarring/inflammation?

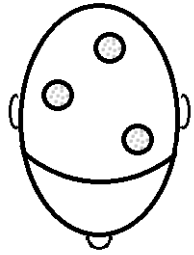
Inflammation, erythema, scale, pustules, loss of hair follicle

For scarring alopecia, review 4 weeks after initiating treatment



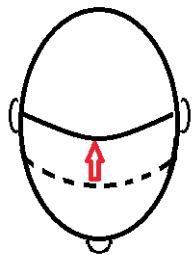
### Central scarring?

CCCA (central centrifugal cicatricial alopecia)  
-minimal inflammation, afrocaribbean, often element of traction  
Mx: topical clobetasol (Dermovate®) 8 weeks, then oral doxycycline 100mg OD 3-6 months, stop traumatic hair styling



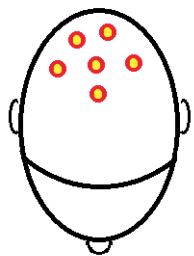
### Perifollicular scale/erythema?

Lichen planus pilaris  
- classic type occurs in patches  
Mx: topical clobetasol 8 weeks, then oral doxycycline 100mg OD for 3-6 months



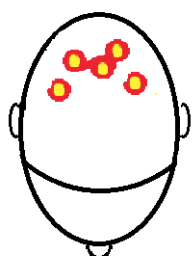
### Perifollicular scale/erythema in frontal hair margin/"alice band"?

Frontal fibrosing alopecia (lichen planus variant)  
-often white perimenopausal women  
Mx: topical clobetasol 8 weeks, then oral doxycycline 100mg OD for 3-6 months



### Pustules?

Folliculitis or folliculitis decalvans  
Mx: Swab pus. Treat with hibiscrub + oral lymecycline 408mg OD or doxycycline 100mg OD for 3-6 months. Refer if severe or no response.



### Abscesses/boils?

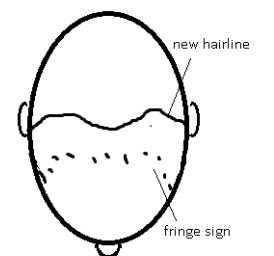
Dissecting cellulitis  
Mx: Swab pus. Treat with hibiscrub + oral lymecycline 408mg OD or doxycycline 100mg OD for 3-6 months. Refer if severe or no response.

### Inflammatory plaques with pigment change?

Discoid lupus.  
Mx: ANA/ENA, topical clobetasol, refer

### Fronto-temporal loss? Traction alopecia

- hx of extensive hair styling, see fringe sign (small hairs not involved with styling preserved)  
-reversible early on, scarring when advanced  
Mx: stop traction, OTC camouflage and topical 5% minoxidil (regain)



### Non-scarring?

Patent hair follicles, clear scalp

### Patterned hair loss?

Genetic alopecia or ♀/♂ pattern balding  
- Loss on crown with preserved hair line ♀  
- Loss on crown +/- receding hair line ♂  
- family history (♀ penetrance less clear)  
- scalp can feel irritated

Mx: OTC topical 5% minoxidil (Regain®)\*, advise takes 1 year before see results, can refer ♀ for finasteride, or antiandrogen treatments such as dianette and spironolactone

Offer leaflet (From British Association Dermatologists website: [www.bad.org.uk](http://www.bad.org.uk) or <https://publicdocuments.sth.nhs.uk/pil1150.pdf>)  
Review in 3 months

### Patchy hair loss? Alopecia areata

- demarcated, circular, exclamation mark hairs  
Mx: clobetasol (dermovate) trial for 8 weeks, if persists or if alopecia barbae refer.  
Consider GPSI for intralesional steroids. If rapid advancement consider referring to GPSI for oral prednisolone at ½ mg/kg reducing by 10mg/week  
Review in 8 weeks

### Diffuse hair shedding?

Bloods: FBC, LFTs, U&Es, vitamin D, B12/folate, TFTs, haematinics, if unusual diet Zn/Mg, if hyperandrogenism hormone profile and TVUS  
~Hormonal - 6 months after pregnancy, perimenopausal (may be brittle/dry), solely progesterone contraceptive  
~Nutritional - aim for ferritin >70  
~Stress/Depression – causes/worsens hair loss  
~Medication – careful timeline  
If bloods all normal or no improvement refer to diagnose diffuse alopecia areata or chronic telogen effluvium  
Review in 3 months (although there may be no improvement for 6 months)

**Helpful** – advise on OTC camouflage, e.g. hair fibres such as nanogen, scalp tattoo, support groups, psychology

### Refer to Homerton Hair Loss Clinic (C&B, fortnightly clinic)

- Inadequate response to treatment  
- Scarring hair loss unless clear diagnosis  
- Diagnostic uncertainty – for biopsy  
- Excessive anxiety

Mx = Management

\*Minoxidil (Regain®) is not prescribable on the NHS but can be bought over-the-counter or prescribed privately for women aged 18-65 years.

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