EXCALIBUR
MEDICAL EDUCATION



## HANDLING THE HARD QUESTIONS:

# WHAT OUR PATIENTS ARE ASKING US ABOUT ALOPECIA AREATA

# THE PURPOSE OF THIS DOCUMENT

Patients with alopecia areata (AA) often ask challenging questions about their disease and how to effectively manage it. In order to help patients reach this goal, healthcare providers need to be able to address these questions effectively and appropriately. This pocket guide provides concise, evidence-based answers to some of the most common—and challenging—questions asked by patients with AA. We hope you find it useful for your professional development.

# CONTENTS


**How do you know my hair loss is due to alopecia areata and not some other cause?** ..... **3**

**Why did I get alopecia areata? Is there something I did to cause it?** ..... **5**

**Why am I losing hair on some parts of my body but not others?** ..... **7**

**Is my hair ever going to grow back?** ..... **9**

**Can I still style my hair the way I want to? Are there hair products I should avoid using?** ..... **11**

**What should I do when I go out in public so I don't feel embarrassed about the way I look?** ..... **13**

**Are there prescription medications that can help my hair grow back?** ..... **15**

**What about over-the-counter products or changing my diet? Could that help?** ..... **17**

**Is this something my children are going to inherit?** ..... **19**

**Is there anyone I can talk to who has gone through what I'm experiencing?** ..... **21**





# HOW DO YOU KNOW MY HAIR LOSS IS DUE TO ALOPECIA AREATA AND NOT SOME OTHER CAUSE?

Alopecia areata (AA) is primarily diagnosed by performing a clinical examination and evaluating your individual and family medical history.[1,2] In some cases, a small scalp biopsy may be examined, but this is not always necessary. AA does not cause specific changes in a patient's bloodwork, so there are no specific lab tests for it.[3]

In AA, the scalp typically looks normal and healthy, with no inflammation, redness, scaling, or scarring.[1,2] Loss of hair is usually rapid, not gradual. Many patients have one or more distinct patches of hair loss, although some have more widespread loss, such as a band or loss of hair all over the head or the head and body. A hair pull test—a gentle pull on the hair near a patch of hair loss—will cause the hair to easily fall out.

In some instances, we may use a dermatoscope—a special kind of magnifying glass—to examine your scalp for black dots where hairs have broken off, yellow or white dots where empty hair follicles have filled with keratin (a type of protein), hairs that look like exclamation marks because the base is narrower than the tip, and/or short, fine (vellus) hairs.[1,4] All of these are signs of AA.

Many patients with AA can recall a prior episode of hair loss, often a single patch that grew back over time. AA can run in families—as many as 20% of patients with this condition have been found to have an affected family member.[5] Many patients also have a personal or family history of other autoimmune diseases, such as thyroid disease, eczema, type 1 diabetes, psoriasis, vitiligo, and/or systemic lupus erythematosus (also known as lupus).[6] However, some patients have no relevant personal or family history.

# HOW DO YOU KNOW MY HAIR LOSS IS DUE TO ALOPECIA AREATA AND NOT SOME OTHER CAUSE?



## REFERENCES

1. Sibbald C. Alopecia areata: an updated review for 2023. *J Cutan Med Surg*. 2023;27(3):241-259.
2. Pratt CH, King LE Jr, Messenger AG, et al. Alopecia areata. *Nat Rev Dis Primers*. 2017;3:17011.
3. AAFP. Don't routinely order laboratory tests for patients with alopecia areata in the absence of signs and/or symptoms of the diseases in question. Available at www.aafp.org/pubs/afp/collections/choosing-wisely/470.html. Accessed November 27, 2024.
4. Al-Dhubaibi MS, Alsenaid A, Alhetheli G, et al. Trichoscopy pattern in alopecia areata: A systematic review and meta-analysis. *Skin Res Technol*. 2023;29(6):e13378.
5. Blaumeiser B., van der Goot I., Fimmers R., et al. Familial aggregation of alopecia areata. *J Am Acad Dermatol*. 2006;54:627-32.
6. Huang KP, Mullangi S, Guo Y, et al. Autoimmune, atopic, and mental health comorbid conditions associated with alopecia areata in the United States. *JAMA Dermatol*. 2013;149(7):789-94.





# WHY DID I GET ALOPECIA AREATA? IS THERE SOMETHING I DID TO CAUSE IT?

No, you did not do anything specific to cause your condition. Studies suggest that AA is an autoimmune condition with a genetic basis.[1,2] Normally, the hair follicles have something called immune privilege, which is like a "do not disturb" sign telling the immune system to leave the hair follicles alone. In AA, this "do not disturb" sign gets lost, and the immune system attacks the hair follicles, causing your hair to fall out.

The exact reason for loss of immune privilege in people with AA is not fully understood. This condition can run in families, which is why genetic factors are thought to play an important role.[3,4] Some environmental factors also have also been implicated, such as infections with certain viruses (Epstein-Barr virus, hepatitis B and C viruses, and swine influenza), as well as some types of vaccines.[1,5] However, most people who get these viruses or vaccines never develop AA.

# WHY DID I GET ALOPECIA AREATA? IS THERE SOMETHING I DID TO CAUSE IT?



## REFERENCES

1. Sibbald C. Alopecia areata: an updated review for 2023. *J Cutan Med Surg*. 2023;27(3):241-59.
2. Petukhova L, Duvic M, Hordinsky M, et al. Genome-wide association study in alopecia areata implicates both innate and adaptive immunity. *Nature*. 2010;466(7302):113-7.
3. Agre K, McCarthy Veach P, et al. Familial implications of autoimmune disease: Recurrence risks of alopecia areata and associated conditions in first-degree relatives. *J Genet Couns*. 2020;29(1):35-43.
4. Ho CY, Wu CY, Chen JY, et al. Clinical and genetic aspects of alopecia areata: a cutting edge review. *Genes (Basel)*. 2023;14(7):1362.
5. Genco L, Cantelli M, Noto M, Battista T, et al. Alopecia areata after COVID-19 vaccines. *Skin Appendage Disord*. 2023;9(2):141-3.



WHAT OUR PATIENTS ARE ASKING US ABOUT ALOPECIA AREATA

# WHY AM I LOSING HAIR ON SOME PARTS OF MY BODY BUT NOT OTHERS?

Remember that the hair follicles normally have immune privilege—a biological "do not disturb" sign protecting them from autoimmune attacks.[1,2] If immune privilege only breaks down on certain areas of the head and/or body, the remaining hair follicles are spared. Why this happens is not fully understood, but it may be due to properties of the local immune system or the hair follicles themselves.

Depending on the pattern of immune system attack, you likely have one of the following hair loss conditions:[3,4]

- **Patchy alopecia areata:** One or multiple distinct regions of hair loss, usually on the head
- **Ophiasis alopecia areata:** A continuous band of hair loss, usually around the back and sides of the head
- **Sisaipho alopecia areata:** One large area of hair loss centered at the top of the head (the pattern of hair loss is the inverse of ophiasis alopecia areata, which is why "sisaipho" is "ophiasis" spelled backward)
- **Alopecia totalis:** Total or near-total loss of hair on the scalp
- **Alopecia universalis:** Total or near-total loss of hair on both the head and body
- **Mixed pattern of hair loss:** For example, ophiasis plus several smaller and distinct patches of hair loss

In some cases, patients will start out with patchy AA that progresses to a more severe form such as alopecia totalis or alopecia universalis. Severe AA is more common in people who have had a milder version of hair loss for at least 1 year.[5,6] Nail pitting, ridging, brittle nails, and other changes in the fingernails and/or toenails are also more common in people with severe AA.

# WHY AM I LOSING HAIR ON SOME PARTS OF MY BODY BUT NOT OTHERS?

WHAT OUR PATIENTS ARE ASKING US ABOUT ALOPECIA AREATA

## REFERENCES


1. Sibbald C. Alopecia areata: an updated review for 2023. *J Cutan Med Surg*. 2023;27(3):241-59.
2. Petukhova L, Duvic M, Hordinsky M, et al. Genome-wide association study in alopecia areata implicates both innate and adaptive immunity. *Nature*. 2010;466(7302):113-7.
3. Lintzeri DA, Constantinou A, Hillmann K, et al. Alopecia areata - current understanding and management. *J Dtsch Dermatol Ges*. 2022;20(1):59-90.
4. Fonda-Pascual P, Vano-Galvan S, et al. Alopecia areata sisaipho: clinical and therapeutic approach in 13 patients in Spain. *Int J Trichology*. 2016 ;8(2):99-100.
5. You HR, Kim SJ. Factors associated with severity of alopecia areata. *Ann Dermatol*. 2017;29(5):565-70.
6. Akhyani M, Hasan S, Zahra H, et al. Correlation between the severity of alopecia areata and its risk factors. *Iran J Dermatol*. 2011;14(1):6-11.





# IS MY HAIR EVER GOING TO GROW BACK?

Hair loss in patients with AA is caused by white blood cells attacking the bulbar region (base) of the hair follicles, which causes the hair to fall out.[1] Because the follicles are not permanently damaged, the hair can potentially grow back. However, it is not possible to predict if or when this will happen, or how much hair will grow back.[2] In the placebo (ie, untreated) groups of clinical trials, only about 6-7% of patients with AA had significant hair regrowth over the first 6 weeks to 12 months after the start of the trial.[3] However, patients who do receive medical treatment for their AA have considerably better odds of seeing hair regrowth. Regrowth appears to be more likely if someone has only a few patches of hair loss rather than more severe AA.[4]

Unfortunately, even patients whose hair regrows are at risk for further episodes of hair loss. In studies, more than half of patients with long-term (chronic) AA had recurrent episodes of hair loss and regrowth over their lifetimes.[5] Regrowing hair may first appear pale or white before returning to its usual color.[6] Sometimes, one patch will regrow, but new patches of alopecia will appear. In other instances, recurrent episodes of hair loss progressively worsen until a patient develops alopecia totalis or universalis. Unfortunately, there is currently no way to predict who will develop these forms of AA.

# IS MY HAIR EVER GOING TO GROW BACK?



## REFERENCES

1. Whiting DA. Histopathologic features of alopecia areata: a new look. *Arch Dermatol*. 2003;139(12):1555-9.
2. National Alopecia Areata Foundation. Alopecia areata. Available at www.naaf.org/alopecia-areata/. Accessed November 26, 2024.
3. Han JJ, Desai S, Li SJ, et al. Placebo group regrowth rate in alopecia areata clinical trials: A systematic review and meta-analysis. *J Am Acad Dermatol*. 2022;87(2):389-90.
4. American Academy of Dermatology Association. Hair loss types: alopecia areata overview. Available at www.aad.org/public/diseases/hair-loss/types/alopecia. November 27, 2024.
5. Cranwell WC, Lai VW, Photiou L, et al. Treatment of alopecia areata: An Australian expert consensus statement. *Australas J Dermatol*. 2019;60(2):163-70.
6. Asz-Sigall D, Ortega-Springall MF, Smith-Pliego M, et al. White hair in alopecia areata: Clinical forms and proposed physiopathologic mechanisms. *J Am Acad Dermatol*. 2023;89(4):758-63.





# CAN I STILL STYLE MY HAIR THE WAY I WANT TO? ARE THERE HAIR PRODUCTS I SHOULD AVOID USING?

AA is an autoimmune condition. It is not caused by hairstyles, hair products, or styling tools. Cutting or styling your hair in a certain way will not worsen (or improve) your AA.

However, it's a good idea for everyone, **regardless of whether they have AA**, to choose styling practices that do not damage their hair. For example, it is best to avoid harsh chemical treatments (such as products that contain bleach) and not to overuse heated styling tools (such as flat irons). You can also either modify or avoid hairstyles such as tight ponytails, braids, locks, weaves, and extensions that may stress and damage healthy hair follicles and eventually cause hair to fall out. The accompanying table lists some of these styles, as well as modifications that may make them gentler on your hair.[1,2] Again, this advice is true for everyone, whether or not they have a hair loss condition.

Finally, you can help your healthy hair follicles by "giving them a break" from these styles—leaving ponytails, braids, locks, weaves, and extensions in place for no more than 2-3 months.[1]

# CAN I STILL STYLE MY HAIR THE WAY I WANT TO? ARE THERE HAIR PRODUCTS I SHOULD AVOID USING?

| Hairstyles | Ways to make them gentler on hair |
|---|---|
| **Weaves** | • Avoid using bonding glue—choose a sew-in weave option<br>• Decrease the volume and length of the weave to reduce tension on the hair follicles |
| **Tight, heavy, or long braids** | • Leave edges out when getting hair braided (edge control balm can be used to style edges)<br>• Ask the stylist to loosen the braid if it causes pain or stinging when placed<br>• Avoid updos when styling braids, or gently loosen the braids near the front of the head to decrease tension after a hair tie is placed<br>• Consider twists instead of braids |
| **Ponytails, buns, and updos** | • Replace rubber bands with hair bands or hair ties that do not contain metal<br>• If a sleek appearance is desired, use alcohol-free gels and hairstyling creams instead of pulling the hair tightly back<br>• Satin scarves can be used to help set hair and control frizz |
| **Dreadlocks and sisterlocks** | • Choose shorter locks, which are lighter and cause less damage to the hair follicles<br>• Avoid combining locks along the front hairline<br>• Loosen locks at the front hairline after styling |
| **Wigs that rub the front hairline** | • Use a satin wig cap or velvet wig band to protect the hair and hairline<br>• Avoid cotton and nylon, which may cause friction and absorb moisture |
| **Tips for chemically relaxed or straightened hair** | • Avoid combining chemically relaxed hair with weaves, braids, or extensions<br>• If this is not possible, decrease the volume and length of the hairstyle and remove the style sooner<br>• Consider wearing natural hair on most days and styling with a temporary blow-out or thermal method if straight hair is desired |

## REFERENCES


1. Mayo TT, Callender VD. The art of prevention: It's too tight—loosen up and let your hair down. *Int J Womens Dermatol*. 2021;7(2):174-9.
2. Haskin A, Aguh C. All hairstyles are not created equal: What the dermatologist needs to know about black hairstyling practices and the risk of traction alopecia (TA). *J Am Acad Dermatol*. 2016;75(3):606-11.





# WHAT SHOULD I DO WHEN I HAVE TO GO OUT IN PUBLIC SO I DON'T FEEL SO EMBARRASSED ABOUT THE WAY I LOOK?

Many people with AA feel self-conscious about their appearance, and understandably so. Fortunately, there are a variety of things you can do to help you feel more confident when going out in public. Some will depend on the amount and location of your hair loss and some on your personal preferences.[1,2]

Here are some suggestions for you:

- **Hats, caps, scarves, and bandanas** cover up areas of hair loss and help protect from the sun, rain, and cold. Consider having a range of these items for different seasons and (if you wish) outfits.
- **Wigs or hairpieces** can create a natural look and provide full head coverage. In one study, wearing wigs was associated with positive psychological and social outcomes in patients with severe AA.[3]
- **Hair-colored powders, crayons, and creams** can help disguise small patches of hair loss by reducing the contrast between bare scalp and surrounding hair.
- **Artificial eyelashes, brow pencils, brow pens, and brow fillers** may help restore the look of these features. Artificial eyelashes must be applied carefully to avoid glue getting in the eyes. To protect your eyes, use high-quality artificial lashes, avoid those with glitter or rhinestones, and never wear them while sleeping.
- **Glasses and sunglasses** can minimize the appearance of thinning or absent brows and eyelashes. If you do not need glasses but like their look, many clear glasses (without a correction) are now available.
- **Creative hairstyles** may help minimize patches of hair loss. Some stylists have

# WHAT SHOULD I DO WHEN I HAVE TO GO OUT IN PUBLIC SO I DON'T FEEL SO EMBARRASSED ABOUT THE WAY I LOOK?

experience creating these styles by using fades or hairpieces. Videos on these stylings are available online and can be shown to hair professionals who want to learn and work with you.[4,5]

- **Scalp micropigmentation**, also known as a hair tattoo, is a form of long-term cosmetic tattooing in which a sterile needle is used to deposit medical-grade pigment on the scalp.[6] The dots vary in size, depth, and angle to create a hairlike look. No anesthesia is needed, and side effects are usually minimal. Risks include allergic reaction to the pigment, infection from unsterilized needles, and dissatisfaction with the cosmetic outcome. To minimize these risks, choose a licensed scalp micropigmentation technician, ask to see photos of their work, and let them know about any known allergies.

## REFERENCES


1. NIH Medline Plus Magazine. 5 tips for living with alopecia areata. Available at magazine.medlineplus.gov/article/5-tips-for-living-with-alopecia-areata. Accessed November 29, 2024.
2. NIH. Questions and answers about alopecia areata. January 2012. Available at www.govinfo.gov/content/pkg/GOVPUB-HE20-PURL-gpo49742/pdf/GOVPUB-HE20-PURL-gpo49742.pdf. Accessed November 29, 2024.
3. Park J, Kim DW, Park SK, et al. Role of hair prostheses (wigs) in patients with severe alopecia areata. *Ann Dermatol*. 2018;30(4):505-7.
4. Jason Paten. Impossible transformation: How to fade alopecia areata. Available at www.youtube.com/watch?v=rwSyfxUXJUI. Accessed November 27, 2024.
5. The HairGuru Carla. This is how I blend alopecia hairstyles, for a realistic finish/perspective. Available at www.youtube.com/watch?v=71vcP_9jjRY. Accessed November 27, 2024.
6. Cleveland Clinic. Scalp micropigmentation. Available at my.clevelandclinic.org/health/treatments/22719-scalp-micropigmentation. Accessed November 29, 2024.





# ARE THERE ANY PRESCRIPTION MEDICATIONS THAT CAN HELP MY HAIR GROW BACK?

Yes, there are several prescription medications that can help hair regrow in people with AA.[1-3] Their effectiveness varies depending on the severity and duration of your disease. Our team can work with you to choose an appropriate treatment plan.

It is important to recognize that not all treatments work for all patients, and if a treatment works, hair loss may eventually recur after treatment ends. For this reason, some patients with AA may need different therapies or multiple treatment courses throughout their lives.

## Corticosteroids

***Intralesional (locally injected) corticosteroids*** are often used as a first-line treatment for small to medium-sized patches of hair loss. They are injected directly into the affected area(s) every 6-8 weeks. Intralesional corticosteroids are used more frequently in adults than children due to concerns about side effects. They are sometimes used along with a systemic (ie, oral) therapy.

***Topical corticosteroids*** are formulated as gels or creams and are applied directly to the scalp. They may be less effective than intralesional injections but are sometimes used, particularly in children or as an add-on treatment.

***Systemic corticosteroids*** often are given as oral pulse (intermittent) therapy. They are a common first-line treatment for moderate to severe AA in adults and may be combined with topical corticosteroids.

## JAK Inhibitors

These newer oral medications are approved for use in patients with severe AA. They may be used as first- or later-line treatment and are sometimes combined with intralesional corticosteroids. The JAK inhibitors approved by the U.S. Food and Drug Administration for treating severe AA include the following:

- **Baricitinib:** Approved for use in patients aged 18 and older

# ARE THERE ANY PRESCRIPTION MEDICATIONS THAT CAN HELP MY HAIR GROW BACK?

- **Ritlecitinib:** Approved for use in patients aged 12 and older

- **Deuruxolitinib:** Approved for use in patients aged 18 and older (as of December 2024, deuruxolitinib is not available in the United States)

### Minoxidil

Minoxidil is mainly used for other types of hair loss but is used off-label for treating AA in adults and children, sometimes in combination with other treatments. Both oral and topical forms are available; these are sometimes combined.

***Topical minoxidil*** is usually reserved for patients with milder AA. ***Oral minoxidil*** administered at a low dose is an option for treating moderate to severe AA. It also is sometimes used as an add-on to a JAK inhibitor.

### Topical Immunotherapy

Topical immunotherapy may be used off-label for treating people with extensive, chronic AA, such as hair loss that has lasted for 2 years or longer. Current options include **diphenylcyclopropenone (DPCP)**, **squaric acid dibutylester (SADBE)**, and **dinitrochlorobenzene (DNCB)**. While topical immunotherapy is used rarely in patients with AA, it may be a consideration for some patients.

### Anthralin

Anthralin is an alternative to topical immunotherapy that appears to work by causing contact irritation to stimulate hair regrowth. It tends to have fewer side effects than other commonly used AA therapies and is therefore used most often in children. It is usually applied to areas of hair loss at night before sleep.

## REFERENCES


1. Lintzeri DA, Constantinou A, Hillmann K, et al. Alopecia areata - Current understanding and management. *J Dtsch Dermatol Ges*. 2022;20(1):59-90.
2. Alhanshali L, Buontempo MG, et al. Alopecia areata: burden of disease, approach to treatment, and current unmet needs. *Clin Cosmet Investig Dermatol*. 2023;16:803-20.





# WHAT ABOUT ANY OVER-THE-COUNTER PRODUCTS OR CHANGES TO MY DIET? WILL THAT HELP?

To date, there is no evidence showing that over-the-counter products or complementary medical therapies effectively reverse or prevent AA. Interventions such as platelet-rich plasma, acupuncture, essential oils, herbal lotions, cryotherapy (cold therapy), and light therapy have not demonstrated significant benefits.[1]

The role of diet in alopecia areata remains unclear, although a healthy diet is vital to overall health. A "Mediterranean" diet—which is rich in vegetables, fruits, legumes, whole grains, fish, and olive oil, while being low in red meat, high-fat dairy products, processed foods, and sugar—may reduce inflammation.[2,3] Getting enough sleep, exercising regularly, and participating in stress-reduction activities may also help improve your overall health and assist you in managing any stress associated with living with AA.

As far as supplements, studies show that many North Americans are deficient in vitamin D, iron, and zinc.[4-6] Studies also show that people with AA often have lower levels of vitamin D, iron, and some other micronutrients compared with the general population.[7-9] If you have a confirmed deficiency of a micronutrient, our team may recommend a supplement to bring your level(s) up to the recommended range. While this is unlikely to directly affect your AA, it can help support your hair and overall health. It is important to take supplements as directed and not to overdo them.

# WHAT ABOUT ANY OVER-THE-COUNTER PRODUCTS OR CHANGES TO MY DIET? WILL THAT HELP?



## REFERENCES

1. Abdel Fattah NS, Atef MM, Al-Qaradaghi SM. Evaluation of serum zinc level in patients with newly diagnosed and resistant alopecia areata. *Int J Dermatol*. 2016;55(1):24-9.
2. Guasch-Ferré M, Willett WC. The Mediterranean diet and health: A comprehensive overview. *J Intern Med*. 2021;290(3):549-66.
3. National Alopecia Areata Foundation. Emotional wellness and mental health. Available at www.naaf.org/emotional-wellness-and-mental-health/. Accessed November 29, 2024.
4. Tawfik YMK, Billingsley H, Bhatt AS, et al. Absolute and functional iron deficiency in the US, 2017-2020. *JAMA Netw Open*. 2024;7(9):e2433126.
5. Reider CA, Chung RY, Devarshi PP, et al. Inadequacy of immune health nutrients: intakes in US adults, the 2005-2016 NHANES. *Nutrients*. 2020;12(6):1735.
6. Almohanna HM, Ahmed AA, Tsatalis JP, Tosti A. The role of vitamins and minerals in hair loss: a review. *Dermatol Ther (Heidelb)*. 2019;9(1):51-70.
7. Yongpisarn T, Tejapira K, Thadanipon K, et al. Vitamin D deficiency in non-scarring and scarring alopecias: a systematic review and meta-analysis. *Front Nutr*. 2024;11:1479337.
8. Thompson Jm, Mirza Ma, Park Mk, et al. The role of micronutrients in alopecia areata: a review. *Am J Clin Dermatol*. 2017;18(5):663-79.
9. National Alopecia Areata Foundation. Other alopecia areata treatments. Available at www.naaf.org/other-treatments/. Accessed November 29, 2024.





# IS THIS SOMETHING THAT MY CHILDREN ARE GOING TO INHERIT?

Having a parent with AA seems to slightly increase a child's risk of the disease. Specifically, studies show that the lifetime risk of AA is about 2% in the general population and about 3-8% in first-degree relatives (including children) of affected family members.[1-4] However, even though AA sometimes runs in families, most people with AA do not have an affected parent, and most parents with AA do not have an affected child. Nonetheless, if your child develops hair loss and has a first-degree relative with AA, this information should be shared with our team. This may help speed up diagnosis and treatment. The risk of second-degree relatives, such as nieces, nephews, and half-siblings, developing AA is about the same as the general population.[4]

As of now, the inheritance patterns of AA are not well understood. In some people, a single genetic mutation (also known as a pathogenic variant) seems to play a role in the development of the disease.[5] In most cases, however, more than one gene seems to be at play, and individual risk factors and environmental exposures also have an impact.[3] This is an area of ongoing research, and studies may tell us more about the genetics and inheritance of AA in the future.

# IS THIS SOMETHING THAT MY CHILDREN ARE GOING TO INHERIT?



## REFERENCES

1. van der Steen P, Traupe H, Happle R, et al. The genetic risk for alopecia areata in first degree relatives of severely affected patients. An estimate. *Acta Derm Venereol*. 1992;72(5):373-5.
2. Kim HJ, Kazmi SZ, Kang T, et al. Familial risk and incidence of alopecia areata among first degree relatives-A nationwide population-based study in Korea. *J Am Acad Dermatol*. 2021;85(5):1360-2.
3. Jabbari A, Petukhova L, Cabral RM, et al. Genetic basis of alopecia areata: a roadmap for translational research. *Dermatol Clin*. 2013;31(1):109-17.
4. Buket Basmanav F, Betz RC. Recent advances in the genetics of alopecia areata. *Med Genet*. 2023;35(1):15-22.
5. Englander H, Paiewonsky B, Castelo-Soccio L, et al. Alopecia areata: A review of the genetic variants and immunodeficiency disorders associated with alopecia areata. *Skin Appendage Disord*. 2023;9(5): 325-32.





# IS THERE ANYONE I CAN TALK TO WHO HAS GONE THROUGH WHAT I'M EXPERIENCING?

Yes, there are many options for people with AA to find peer support.

The **National Alopecia Areata Foundation** (NAAF) hosts free online and in-person support groups and webinars for people with AA to share personal experiences and information.[1,2] NAAF staff facilitate these groups and also offer one-on-one telephone support.[3] In addition, NAAF organizes an annual conference where people with AA can connect and support each other.[4] The Canadian Alopecia Areata Foundation also offers one-on-one mentoring.[5]

**Facebook groups** are another way to learn from peers, share experiences, and find support. Some of these groups are private (only members can see posts and profiles), while others are public (anyone can see posts and members). Two of the largest private Facebook groups are the World Alopecia Community and the International Alopecia Community.[6,7] More information can be found by searching Facebook groups for the phrase "alopecia areata."[8] Most of these groups are moderated by individuals with AA, but some are moderated by organizations such as NAAF. **Other social media platforms such as Instagram and TikTok** also offer opportunities for peer-to-peer learning and connection.[8-10]

It is important to remember that you are not alone in this journey. Along with support from our team, these peer communities can provide emotional support, practical advice, and a sense of belonging as you navigate life with AA.

# IS THERE ANYONE I CAN TALK TO WHO HAS GONE THROUGH WHAT I'M EXPERIENCING?

## REFERENCES


1. National Alopecia Areata Foundation. Events. Available at www.naaf.org/events/?events_type=support-groups. Accessed December 2, 2024.
2. National Alopecia Areata Foundation. Watch and learn. Available at www.naaf.org/watch-learn/?watch_learn_type=webinar&search=. Accessed December 2, 2024.
3. National Alopecia Areata Foundation. Support contacts. Available at www.naaf.org/support-contacts/. Accessed December 2, 2024.
4. National Alopecia Areata Foundation. NAAF Conference. Available at www.naaf.org/naaf-conference/. Accessed December 2, 2024.
5. Canadian Alopecia Areata Foundation. CANAAF Mentorship Program. Available at www.canaaf.org/mentorship/. Accessed December 2, 2024.
6. Facebook. Alopecia areata [private group]. Available at www.facebook.com/groups/alopecia.areata/. Accessed December 2, 2024.
7. Facebook. International Alopecia Community [private group]. Available at www.facebook.com/groups/InternationalAlopeciaDay. Accessed December 2, 2024.
8. Instagram. #alopeciacommunity. Available at www.instagram.com/alopeciacommunity/. Accessed December 2, 2024.
9. TikTok. Alopecia areata women. Available at www.tiktok.com/discover/alopecia-areata-women. Accessed December 2, 2024.
10. TikTok. #alopeciaareata. Available at www.tiktok.com/tag/alopeciaareata. Accessed December 2, 2024.

*This resource is supported by an independent educational grant from*
***Pfizer, Inc.***

EXCALIBUR
MEDICAL EDUCATION

**www.excaliburmeded.com**

*Excalibur Medical Education offers this resource for educational purposes only. Healthcare professionals are expected to employ their own knowledge and judgment during discussions with, or treatment of, their patients.*

*Copyright © 2025*