

### Introduction Erin Barrett MD Dr. Erin Barrett (Wei) is a dermatologist with expertise in hair loss, autoimmune bullous diseases, and clinical research. She trained under world-renowned hair loss experts Drs. Antonella Tosti and Mariya Miteva. A graduate of MIT and Harvard Medical School, she has received numerous accolades for her research and patient care. Currently, she serves in multiple leadership roles at the University of Nebraska Medical Center, advancing dermatologic innovation and education.

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### | Introduction | Ronald J. Sulewski, Jr., MD| | Medical school – Loyola University Stritch School of Medicine | Internship – Resurrection Medical Center (Chicago) | | Residency – University of Miami (Dr. Phillip Frost Department of Dermatology and Cutaneous Surgery) | | Private Practice – Chicago for ~ 10 years | | UNINC/Nebraska Medicine - Assistant Professor/Director of Laser and Aesthetic Dermatology since April 2020 | | Disclaime: The material provided in this presentation is for informational purposes only and is not intended as medical advice. If you have specific questions regarding your own health, encluding whether you should be enabled by a precision please conting your own health, encluding whether you should be enabled by a precision please conting your own health, encluding whether you should be enabled by a precision please conting your own health are provided.

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  care provider.

### **Learning Objectives**



- 1. Identify **common patterns** of hair loss
- 2. Explore **effective treatment option**s for managing common hair loss conditions
- 3. Differentiate **common treatments** for different types of hair loss

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### **Part I: Hair Basics**

### **Hair Cycle**

Hair growth cycle consists of **three** main phases:

- 1. Anagen
- 2. Catagen
- 3. Telogen



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 Lin X, Zhu L, He J. Morphogenesis, Growth Cycle and Molecular Regulation of Hair Follicles. Frontiers in Cell and Developmental Biolog 2022;10:899095. doi:10.3389/fcell.2022.899095. PMID: 36334174.

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### Anagen

- Active growth phase where the hair follicle is rapidly producing new hair
- Lasting from 2 to 6 years (determines length)
- About 85% of hair follicles at any given time
- Natarelli N, Gahoonia N, Sivamani RK. Integrative and Mechanistic Approach to the Hair Growth Cycle and Hair Loss. Journal of Clinical Medic
- Lin X, Zhu L, He J. Morphogenesis, Growth Cycle and Molecular Regulation of Hair Follicles. Frontiers in Cell and Developmental Biology 2022;10:899095. doi:10.3389/fcell.2022.899095. PMID: 36334174.

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### Catagen

- Short transitional period, during which the hair follicle undergoes apoptosis-driven regression
- · Lasting about 2 weeks
- Natarelli N, Gahoonia N, Sivamani RK. Integrative and Mechanistic Approach to the Hair Growth Cycle and Hair Loss. Journal of Clinical Medicine 2023;17(3):803. doi:10.3300/jcm12030803\_PMID: 38802385
- Lin X, Zhu L, He J. Morphogenesis, Growth Cycle and Molecular Regulation of Hair Follicles. Frontiers in Cell and Developmental Biolog 2022;10:899095. doi:10.3389/fcell.2022.899095. PMID: 36334174.



rapunzel-aliia-nasyrova-holds-the-guinness-worldrecord-for-the-longest-hair-on-a-living-female-5504045

### Telogen

- Resting phase, where the hair follicle is inactive and hair shedding occurs before the cycle restarts
- Lasting from 1 to 4 months
- When you brush, telogen hair falls out (analogous to dead
- Natarelli N, Gahoonia N, Sivamani RK. Integrative and Mechanistic Approach to the Hair Growth Cycle and Hair Loss. Journal of Clinical Me. 2023;1(3):893. doi:10.3390/jcm102036983. PMID: 386902385.
   Lin X, Zhu J, Lei J. Morphogenesis, Growth Cycle and Molecular Regulation of Hair Follicles. Frontiers in Cell and Developmental Biology. 2022;10:899095. doi:10.3389/fcell.2022.899095. PMID: 38334174.

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### **Definitions: Shedding vs. Thinning**



Hair shedding refers to the natural process of losing hair, typically up to 80 to 100 hairs per day



Hair thinning involves a reduction in hair density, often due to factors like androgenetic alopecia or chronic telogen effluvium.



- McDonald KA, Shelley AJ, Colantonio S, Beecker J. 'Hair Pull Test: Evidence-Based Update and Revision of Guidelines.' Journ American Academy of Dermatology 2017; 76(3):472-477, PMID: 28088373 Wilhing DA. 'Chronic Telages Elliburus increased Scalaj Hair Shedding in Middle-Aged Women.' Journal of the American Acad Dermatology 1996; 35(6):899-906, PMID: 8904454.

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### **Pregnancy and Hair**

- During pregnancy, **hair sheds LESS** primarily due to hormonal changes, particularly the increased levels of estrogen
- Estrogen **prolongs the anagen** (**growth**) phase of the hair cycle, resulting in a higher proportion of hair follicles remaining in this phase and fewer transitioning to the telogen (resting) phase
- Hormonal effect typically reverses postpartum, leading to an increase in hair shedding known as postpartum telogen effluvium



Gizlenti S, Ekmekci TR. "The Changes in the Hair Cycle During Gestation and the Post-Partum Period." Journal of the European Academy of Dermatology and Venereology 2014; 28(7):878-81, PMID: 25041094, doi: 10.1111/jidv.12188.

### Post Partum Telogen Effluvium

- Occurs 2-5 months after childbirth oDue to sudden drop in hormone levels, particularly estrogen, causing large number of hair follicles to enter the telogen (resting) phase simultaneously, leading to noticeable hair shedding
- Self-limiting and resolves within 6-12 months without specific treatment.
- Breastfeeding may influence the severity and duration of postpartum TE
- Gizlenti S, Ekmekci TR. The Changes in the Hair Cycle During and the Post-Partum Period. *J Eur Acad Dermatol Venereol*. 2014;28(7):878-81. doi:10.1111/jdv.12188. PMID: 24033943.



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### **Disorder of Increased Shedding**

- · Telogen effluvium is a condition characterized by excessive hair shedding due to a higher number of hair follicles entering the telogen (resting) phase of the hair

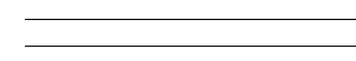
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### **Pull Test**

growth cycle

- · Pull test involves selecting 50 to 60 hairs and gently pulling them to see how many hairs are shed
- · A positive test, indicating abnormal hair shedding, is defined by the removal of more than 10% of the hairs in each bundle: 5-6 hair
- Help differentiate between normal shedding and conditions like telogen effluvium or anagen effluvium







- · Thyroid functional changes
- Nutritional Deficiency: Low Vitamin D, Ferritin, and B12
- Excess Vitamin A supplementation or Vitamin A Derivatives
- · Hormonal Changes and Childbirth
- Stress (psychological, physiological)
- 1. Chien Yin GO, Siong-See JL, Wang ECE. "Telogen Effluvium A Review of the Science and Current Obstacles." Journal of Dermatologic
- Pate Mariano, S. Sinclair R. "Drugs and Hair Loss." Dermatologic Clinics 2013; 31(1):67-73, PMID: 23266111, doi:10.1016/j.cent.2013.00.000

### What does NOT cause increased shedding



- · Increased brushing
- · Increased washing
  - If you don't wash one day, the hair comes out next time you do
- Running finger through hair

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### Hair Breakage vs Hair Shedding



- Typical complaint is hair does not grow out or cannot have long hair
- · Due to external processing, such as heat or hair dye

Prevention	of Hair	Brea	kage
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- · Shampoo the scalp, not the hair
- Brush out while conditioner is in the hair (while in shower)
- Limit heat or only dry 85%

### **Part I Take Home**



- Increased shedding and thinning are distinct
- Pregnancy is a time when shedding is less than normal; post partum this reverses
- Increase shedding is typically reversible except in rare cases
- Normal shedding is 100 hair per day, and increased if you do not wash or brush that day
- Hair washing and brushing does NOT cause increased shedding; breaking is NOT shedding

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Part II. Types of Hair Loss (and most common hair loss)

<b>Broad</b>	<b>Types</b>	of	Hair	<b>Thinn</b>	ing
<b>Disord</b>	ers				

Scarring hair

loss (cicatricial alopecia) involves permanent destruction of hair follicles due to inflammatory processes, leading to irreversible hair loss and scarring.

Non-scarring hair loss (non-cicatricial alopecia) such is characterized by temporary hair shedding without follicular destruction, allowing for potential hair regrowth.

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### **Scarring Alopecia**

- 1. Lymphocytic Scarring Alopecias
- Chronic cutaneous lupus erythematosus (discoid lupus erythematosus)
- · Lichen planopilaris
- Frontal fibrosing alopecia
- · Graham-Little syndrome
- Pseudopelade of Brocq
- Central centrifugal cicatricial alopecia (CCCA)

### 2. Neutrophilic Scarring Alopecias • Folliculitis decalvans

- Dissecting cellulitis

### 3. Mixed Scarring Alopecias

- Acne keloidalis nuchae
- Folliculitis (acne) necroticaErosive pustular dermatosis

Bolduc C, Sperling LC, Shapiro J. 'Primary Cicatricial Alopecia: Other Lymphocytic Primary Cicatricial Alopecias and Neutrophilic and Mixed Primary Cicatricial Alopecias." Journal of the American Academy of Dermatology 2016; 75(6):1101-1117, PMID: 26769213, doi: 10.1016/j.jaad.2015.01.056.

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### **Non-Scarring Alopecia**

- · Telogen Effluvium
- · Androgenetic Alopecia
- · Alopecia Areata
- Trichotillomania
- Traction Alopecia





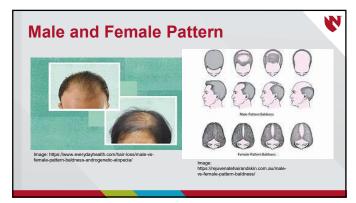




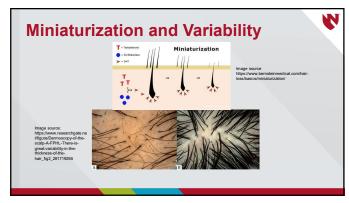
### **Androgenetic Alopecia**

- **Definition**: AGA, also known as **male or female pattern hair loss**, is a common hereditary condition causing progressive hair thinning.
- Cause: Driven by genetics and DHT (dihydrotestosterone), which shortens the hair growth cycle and shrinks hair follicles.
- - Men: Receding hairline, thinning at the crown.
    Women: Widespread thinning, usually at the part line.
- Prevalence: Affects 50% of men by age 50 and 40% of women by age 70.
- Key Fact: AGA is gradual but treatable with early intervention!

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<b>Treatment</b>	for	And	roge	neti	C
Alopecia					



- · Topical Minoxidil
- Oral Finasteride inhibits type 2 alpha reductase
  - o Dutasteride study shows non-inferiority
  - o Spironolactone anti-androgen option in women
- PRP
- Hair Transplant Surgical option

### **Topical Treatments**



- Minoxidil 2 and 5% (or compounded 7%)
  - o Solution or Foam
- · Prolongs Anagen phase, enlarges hair shaft diameter
- · Risks irritation
- · Long term must continue using to maintain benefits

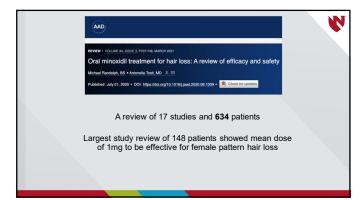
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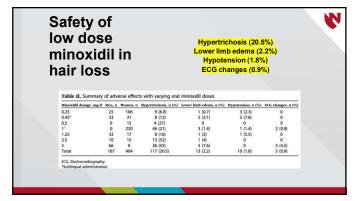
### **Oral Minoxidil**



- •Opens potassium channels to improve blood flow to hair follicles
- •Stimulates VEGF production, promoting hair growth
- •Suppresses androgen receptor functions and modulates hormonal pathways involved in AGA.









### How PRP Works: Rich in stem cells & growth factors to stimulate hair growth Procedure: 4 sessions, every 4-6 weeks, then maintenance every 6 months Minimal Side Effects: Mild pain, headache, swelling, bruising Cold air (Zimmer forced cryo) used to reduce discomfort







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### Sidenote of over-the-counter treatments

### Nutrafol

- Botanical extracts that target:
  - InflammationOxidative stress

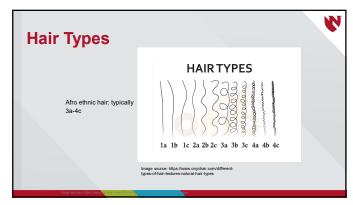
  - Hormonal imbalances
     Intermediary signaling pathways
- Ney ingredients:
  Saw palmetto: Inhibits dihydrotestosterone (DHT).
  Curcumin: Anti-inflammatory properties.
  Marine collagen and hyaluronic acid: Support hair structure and hydration.
  Clinical studies show increased hair counts and reduced hair shedding in perimenopausal, menopausal, and postmenopausal women.
- Caveat: trials mostly funded by companies
- Ablon G, Kogan S, A Randomized, Double-Blind, Placebo-Controlled Study of a Nutraceutical Supplement for Promoting Hair Growth in Perimenopausal, Menopausal, and Postmenopausal Women With Thinning Hair. J Drugs Dermatol. 2021;20(1):55-61. doi:10.36849/JDD.5701.

### Sidenote of over-the-counter treatments Red Light Therapy (RLT) for Hair Regrowth Also known as low-level laser therapy (LLLT). Primary mechanism: Activates the Wntβ-catenin signaling pathway for hair follicle growth. Specific wavelengths (e.g., 655 nm) enhance β-catenin expression, promoting hair shaft elongation. Reduces catagen transition and stimulates cellular activity in hair follicles. Increases proliferation of: Dutter root sheath keratinocytes Dermal papilla cells Mediates ERK phosphorylation and upregulation of fibroblast growth factor 7 (FGF7). Modulates reactive oxygen species (ROS) and nitric oxide (NO) production, aiding hair follicle regeneration. Caveat: OTC have variable strength

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## Part II Take-home • First-Line Treatments • Topical Minoxidil (2% & 5%) – Prolongs hair growth, requires continuous use. • Oral Finasteride – Blocks DHT to slow hair loss (men only). • Oral Dutasteride – More potent DHT blocker (off-label use). • Alternative Treatments • Spironolactone – Anti-androgen option for women. • Oral Minoxidil – Enhances blood flow & growth, low-dose use. • In-Office Procedures • PRP Therapy – Growth factor injections stimulate regrowth. • Hair Transplant – Permanent solution for advanced cases. • Key Considerations • Results take 3-6 months. • Continuous treatment required to maintain effects. • Combination therapy often yields the best results.

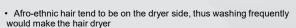




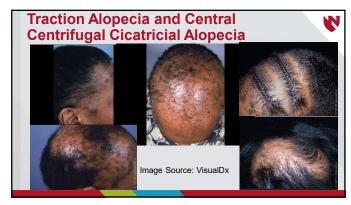


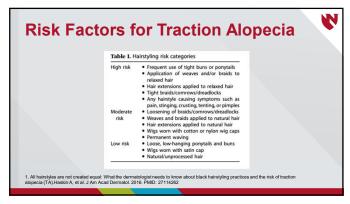
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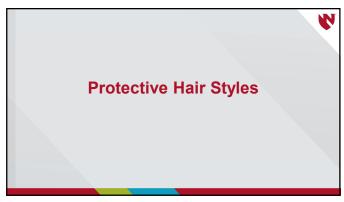
### Differences in grooming practices



- AAD recommend washing <u>every other week to every week</u> to prevent build up of products, but hair washing frequency varies widely patient to natient.
- Afro-ethnic hair products are typically **more protein rich** because of biologic differences in porosity
- Many patients will prefer oils vs non-SOC patients who prefer solutions or foams







### **Dreadlocks**

### Why Dreadlocks Are a Protective Hairstyle:

- Minimal Manipulation: Once formed, dreadlocks require little to no daily manipulation, which can prevent damage from frequent combing, brushing, or styling.
- Reduced Breakage: Dreadlocks can help protect the hair from breakage by keeping it compact and reducing the stress that comes from hair tangling or pulling.
- Moisture Retention: The hair is "locked" into a specific shape, which can help retain moisture and natural oils, leading to healthier hair.
- Protection from Environmental Factors: Dreadlocks can protect the hair from sun exposure, pollution, and other environmental elements that might otherwise cause damage.

Top Image source: https://www.dreads-expert.com/en/creation-dreadlocks-naturelles/ Bottom Image source: https://locextensions.com/blogs/news/sisterlocks

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# Twist Hairstyle What is a Twist Hairstyle? - A protective hairstyle where sections of hair are twisted together. - Popular in natural hair care for its versatility and ease of maintenance. In the survive byte for the section of the section of

### **Twists**

### **Types of Twist Hairstyles:**

- Two-Strand Twist: Simple and classic, with two sections of hair twisted together.

  Senegalese Twists: Tight, sleek twists made using added hair extensions.
- Havana Twists: Larger, voluminous twists often created with thicker extensions.
- Flat Twists: Twists that are braided flat against the scalp for a different look.

### Benefits:

- Protective: Minimizes damage and promotes hair growth.

  Versatile: Can be styled in various ways (updos, buns, or left
- loose).

  Low-maintenance: Ideal for reducing daily styling time.
- Image source from top:

  1. https://www.byrute.com/ail-about-bisisto-r-bivo-strand-bisist-hairstyles-400274

  2. https://www.byrute.com/ail-about-bisist-4693475

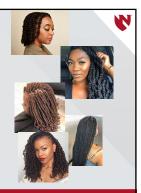
  3. https://aif-about-bio-om/productst-marley-bisist-princy-bisist-



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### **Twists**

- Reduces chemical damage by avoiding harsh treatments like relaxers or color.
- · Retains moisture and minimizes breakage, promoting healthier hair growth.
- Protective styles like braids or twists safeguard hair from environmental stressors and daily manipulation.
- byrdie com/all-about-twists-or-two-strand-twists-hairstyles-400274 byrdie com/havana-twists-4693475 uuch com/products/marley-twist-pring-twist-braids uuch com/products/senegalese-twist byrdie com/passion-twists-4705310



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### **Natural Hair**

<u>Wash and go's</u>: Usually washing hair and allowing to dry in natural curl pattern

<u>Twist-outs:</u> a natural hairstyle that involves dividing hair into sections, twisting, and then unraveling to create

<u>Braid-outs</u>: A braid-out is a hairstyle that involves unraveling cornrows, or plaits.

Afros: a large, bushy shape of tight curls that form a ball shape. Afros can be created by combing out natural kinky hair,

- age sources (top to bottom): <a href="https://iberaturallyhocked.com/natural-hair/my-easiest-and-fastest-wash-and-go-https://www.youtube.com/watch?apprdesktop&vy\_UNuMDTMyds https://www.youtube.com/watch?apprdesktop&vy\_UNuMDTMyds https://www.youtube.com/watch?apprdesktop&vy\_UNuMDTMyds</a>



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### Other recommendations

- **M**
- Alternate hairstyle as much as possible; avoid up-do
- · Decrease use of thermal and chemical relaxer
- When possible take break from all styling processes

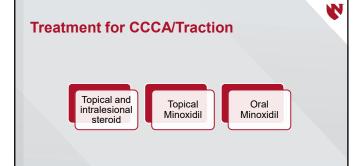
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### Treatment

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• Similar to androgenetic alopecia PLUS topical or intralesional steroids

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### Part III. Take Home

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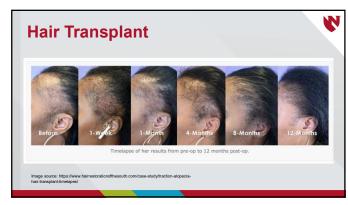
- •Afro-ethnic hair has oval/elliptical shape, lower porosity, slower growth, and tends to be drier with uneven sebum distribution.
- •Washing frequency should be kept to every other week to avoid dryness and buildup; varies by individual needs.
- •Hair products for Afro-ethnic hair are typically protein-rich to accommodate its low porosity.
- •Common **protective hairstyles** include dreadlocks, sister-locks, twists, braids, and afros to minimize damage.
- •Hair care tips include limiting chemical and thermal styling, alternating styles, and using treatments like Minoxidil for conditions like CCCA and traction alopecia.

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### **5 Key Take Aways**



- Hair loss can be temporary (non-scarring) or permanent (scarring); early diagnosis improves treatment outcomes.
- 2. Normal hair shedding is 80-100 hairs/day; increased shedding is often reversible except in scarring alopecia.
- 3. Common causes of hair loss include hormonal changes, stress, nutritional deficiencies, and certain medications.
- 4. Effective treatments include topical (Minoxidil), oral (Finasteride, Spironolactone), PRP therapy, and hair transplants.
- Afro-ethnic hair requires specialized care—less frequent washing, moisture retention, and protective styling to prevent breakage and traction alopecia.

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