

# Hair Loss in Skin of Color Patients

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Hair loss can be distressing for patients regardless of race, gender, or age. There are unique nuances when diagnosing, treating, and understanding the hair care practices of black patients. Treatment regimens are largely anecdotal for some of the most common types of alopecia affecting those with skin of color. The key to treatment compliance is setting expectations at the beginning of the hair loss investigation journey and developing a partnership with the patient. The treatments and diagnoses discussed herein are not a comprehensive list but represent some of the more common conditions and initial approaches to treatment.

## What does your patient need to know at the first visit?

All patients, regardless of race, gender, or age, are afraid of an alopecia diagnosis. Often, the first thing a patient may say when I enter the examination room is, "Please don't tell me I have alopecia."

The first step to a successful initial visit for hair loss is addressing the angst around the word *alopecia*, which helps to manage the patient's hair-induced anxiety. The next priority is setting expectations for the journey including what to expect during the diagnosis process, treatment, and beyond.

Next is data collection. An extensive hair care practice investigation can begin with a survey that the patient fills out before the visit. Dive into and expand on hair loss history questions, including medical history as well as hair care practices (eg, history of use, frequency, number of years, maintenance for that particular hairstyle) such as braids (eg, individual braids, cornrow braids, with or without added synthetic or human hair), locs (eg, length of locs), chemical relaxers (eg, number of years, frequency, professionally applied or applied at home), hair color, weaves (eg, glued in, sewn in, combination), and more.<sup>1</sup> Include a family history of hair loss, both maternal and paternal.

The hair loss investigation almost always includes a scalp biopsy, hair-pull test, dermoscopy, photographs, and even blood work, if applicable. Scalp biopsies may reveal more than one type of alopecia diagnosis, which may impact the treatment plan.<sup>2</sup> Sending the scalp biopsy specimen to a dermatopathologist specializing in

alopecia along with clinical information about the patient is preferred.

## What are your go-to treatments?

My go-to treatments for patients with skin of color (SOC) and hair loss really depend on the specific diagnosis. Randomized, placebo-controlled clinical trials focusing on treatment are lacking in central centrifugal cicatricial alopecia and traction alopecia, which holds true for many other types of alopecia.

For black patients with central centrifugal cicatricial alopecia, I often address the inflammatory component of the disease with oral doxycycline and either a topical corticosteroid, such as clobetasol, or intralesional triamcinolone. Adding minoxidil-containing products later in the treatment process can be helpful. Various treatment protocols exist but are mainly based on anecdotal evidence.<sup>1</sup>

For those with traction alopecia, modification of offending hairstyle practices is a must.<sup>3</sup> Also, treatment of inflammation is key. Typically, I gravitate to topical or intralesional corticosteroids, followed by minoxidil-containing products. However, a challenge of treating traction alopecia is changing the hair care practices that cause tight pulling, friction, or pressure on the scalp, such as from the band of a tightly fitted wig.

It is important to discuss potential side effects of any treatment with the patient. For the most common side effects, discuss how to best prevent them. For example, because of the photosensitivity potential of doxycycline, I ask patients to wear sunscreen daily. To prevent nausea, I recommend that they avoid taking doxycycline on an

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empty stomach, drink plenty of fluids, and avoid laying down within a few hours after taking the medication.

### How do you keep patients compliant with treatment?

Dermatologists should try to understand their patients' hair. A study of 200 black women demonstrated that 68% of the patients did not think their physician understood their hair,<sup>4</sup> which likely impacts patients' perceptions of their physician, confidence in the treatment plan, and even compliance with the plan. Attempting to understand the nuances of tightly coiled hair in those of African descent is the first step in the journey of diagnosing and treating hair loss in partnership with the patient.

Setting the goal is a crucial step toward patient compliance. It may be going out in public without a wig or weave and feeling confident, providing more coverage so affected areas do not show as much, improving scalp tenderness, and/or preventing further progression of the condition. These are all reasonable outcomes and each goal is uniquely tailored to each patient.

Familiarize yourself with various hair types, hairstyles, and preferred medication vehicles by attending continuing medical education lectures on alopecia in patients with SOC and on nuances to diagnosis and treatment, reading textbooks focusing on SOC, or seeking out mentorship from a dermatologist who is a hair expert in the types of alopecia most commonly affecting patients with SOC.

### What resources do you recommend to patients for more information

For patients with scarring alopecia, the Cicatricial Alopecia Research Foundation (<http://www.carfintl.org/>) is a great resource for medical information and support groups. Also, the Skin of Color Society has dermatology patient education information (<http://skinofcolorsociety.org/>).

For patients who are extremely distressed by hair loss, I encourage them to see a mental health professional. The mental health impact of alopecia, despite the extent of disease, is likely underestimated. Patients sometimes need our permission to seek help, especially in many SOC communities where even seeking mental health care often is frowned upon.

### REFERENCES

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