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Pfizer Medical Affairs

Alopecia areata: which patients require referral to secondary care?

What is alopecia areata?

Alopecia areata (often abbreviated to AA) is an immune-mediated disease leading to non-scarring hair loss.[1,2] The disease is a chronic, inflammatory condition predominantly impacting the scalp, but with potential implications for other hair-bearing areas i.e., eyebrows, eyelashes, facial, and body hair.[2] While AA often results in patchy hair loss, advanced forms can cause complete hair loss on the scalp, alopecia totalis (AT) or the entire body, including the face and scalp, alopecia universalis (AU).[2] AA can occur at any age, with onset peaking at 25 to 29 years old.[1,2]

Research conducted by the Centre for Appearance Research shows the associated burden of mental health conditions in AA, and General Practitioners (GP) should be aware of the impact of the condition on patients.[3]

70%
experienced depression[4]

21%
reported being signed off work[4]

65%
experienced anxiety[4]

A guide to effective differentiation and identification of AA

Relevant patient and family history

Personal history of atopy or severe hair loss have been associated with poor prognosis.[5]

Ask your patient:

- Have you experienced any hair loss previously?[6]
- Do you have a history of hair loss in your family?[6]
- Do you or your family have a history of eczema, asthma, hay fever or autoimmune disease?[6]

Perform a clinical assessment

Assessment of a patient with suspected AA should include:

- Extent and severity of hair loss[6]
- Nail changes and hair loss in other sites (beard, eyelashes, and eyebrows)[6]
- Examine the scalp skin for loss of follicular openings, scale or inflammation which may suggest an alternative diagnosis[6]

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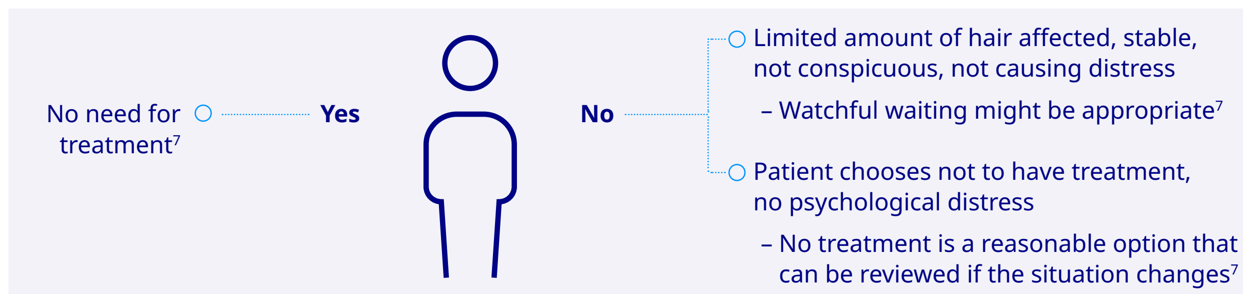
How should I manage my patients with AA?

If a person presents with suspected AA in primary care, it is important to:

Provide information about the condition[7]	Provide information on sources of advice and support[7]	Include a mental health assessment in your AA review[2,3,7]
Between 50-80% of AA patients that present with mild hair loss experience full regrowth within a year[8] It is uncommon for AA to result in total hair loss	Advise on the use of sunscreen or a hat to protect hair loss patches from sun damage Signpost to: • Alopecia UK • Changing Faces Information leaflets: • NHS patient leaflets • British Association of Dermatologists (BAD)	• How does the hair loss make you feel?[6] • Does the hair loss make you socialise less?[6] • Do you have a suitable support network?[6] There may also be a need for referral to additional support, such as counselling or cognitive behavioural therapy[7]

Does your patient have evidence of regrowth?



When should you offer a referral to a dermatologist?[7,9]

Patients should be advised that there may be treatment options that are not available in primary care.[8] GPs should arrange referral to a dermatologist or seek specialist advice before starting treatment in primary care, if the:

- Diagnosis is uncertain[7]
- Hair loss is rapidly progressing[9]
- Disease is extensive (≥50% hair loss)[9]
- Disease is chronic[9]
- Patient is in severe distress[9]
- Patient is pregnant or breastfeeding[7]
- Patient is a child[7]
- Patient is eligible for an NHS wig[7]

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