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## Understanding Unmet Needs & Barriers in Alopecia Areata Care

### Announcer:

You're listening to *DermConsult* on ReachMD. On this episode, sponsored by Lilly, we'll hear from Dr. Natasha Mesinkovska, who's an Associate Professor and Vice Chair for Clinical Research in the Dermatology School of Medicine at the University of California Irvine. She's also the Chief Scientific Officer at the National Alopecia Areata Foundation in San Francisco. Dr. Mesinkovska is here to give us an overview of some common challenges encountered when managing patients with alopecia areata. Let's hear from her now.

### Dr. Mesinkovska:

The prevalence of alopecia areata is thought to be about 2 percent and rising. The rise is thought to go along with the rise of other autoimmune conditions that we're seeing. It is seen worldwide, and it is seen in both men and women. We think that it's equally present in both genders, but as of recent studies, it may be a little bit more common in females. It affects people of all ages, but the average age tends to be around 30 to 36 years old. It is present worldwide, and some continents may have a little bit of a higher incidence and prevalence than others, and that may be true, particularly for Africa and South America. When it comes to the United States, studies from the National Alopecia Areata Foundation registry do show higher prevalence of the condition among African American patients in comparison to Caucasian and Asian Americans.

Some of the most common gaps that clinicians have about this condition is that it's not just a cosmetic condition; it's actually a medical disease that tends to happen with other autoimmune conditions. For example, about 30 to 60 percent of patients will have a comorbidity of atopy. What does that mean? Things like eczema, atopic dermatitis, allergies, and even asthma. And what we're learning is that treating and controlling these may actually lead to better treatment and control of the hair loss associated with alopecia areata. Another thing to really be on the lookout for with patients is that they may have other autoimmune conditions, so that may mean screening for hypothyroid conditions and then being on the lookout for inflammatory conditions of other origins, for example, arthritis, vitiligo, celiac disease, and even diabetes in some patients.

And the last thing, but really very important thing, is just the mental toll this condition can have on patients' well-being. Because it does affect people at the prime of their life, but it honestly can be very devastating at any age. It's very important for one's self-identity and the way one presents to the world. It's very difficult for us as clinicians to measure the severity of hair loss because someone can have a very little hair loss in someone's eyes, but it can be right in front of their head, and that can impact their well-being severely. So that's a very important thing that we should all keep in mind.

So I think the barriers that we now face as clinicians who treat alopecia areata are probably twofold. One is that we have to inform our patients that there are new treatments available on the market. These treatments are gonna be systemic. They are gonna be immunosuppressant, so knowing how they work and knowing the long-term impact on patients and their side effects is something that we have to first understand and then discuss with patients and monitor them closely.

But notifying patients there are treatments is only one of the barriers. The second is gonna be the cost of these medications because they are new. Because they work well for these conditions, we have to make sure that access is there and that they can be affordable. I'm very hopeful for the future of alopecia areata and all the new treatments that are coming out, and hopefully, all of these challenges are going to be something that we can all overcome together.

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