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Alopecia Areata: misperceptions and facts

Announcer:

Welcome to ReachMD.

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Drs. King and Piliang are consultants for Pfizer.

Dr. Brett King:

Hello, everyone, and welcome. I'm Dr. Brett King, associate professor of dermatology at Yale School of Medicine in Connecticut. In a previous episode of this video series called Alopecia Areata: a unique kind of hair loss, we reviewed common types of hair loss with a focus on alopecia areata, especially how it presents and who it affects.

This episode is called Alopecia Areata: misperceptions and facts. I am honored to have Dr. Melissa Piliang with us today to discuss misperceptions and facts about the pathophysiology of alopecia areata and the disease course. Thank you very much, Dr. Piliang, for being here.

Can you tell us about yourself and your background?

Dr. Melissa Piliang:

Hi, I'm Dr. Melissa Piliang. I'm an assistant professor of dermatology and pathology at Cleveland Clinic, where I run an alopecia clinic. I have a strong interest in alopecia areata and alopecia areata patients fill my days. It is my pleasure to join you today.

Dr. Brett King:

We all know that hair loss is common, but alopecia areata is a unique type of hair loss. And it is also common, though not as common as androgenetic alopecia. Can you tell us about what we know about the epidemiology of this disease?

Dr. Melissa Piliang:

Sure, the epidemiological data on alopecia areata is limited, but it is estimated that 147 million people worldwide and 6.8 million people in the U.S. have alopecia areata. This equates to a prevalence of 0.1 to 0.2% of the general U.S. population.

The lifetime prevalence of alopecia areata of any severity is estimated to be 2.1%. So that's 2 out of every 100 people.

Dr. Brett King:

I know that you see a lot of hair loss patients in your clinic. do the majority of them have alopecia areata? Do the majority of them have male pattern or female pattern hair loss?

How do you estimate the relative proportion of your patients with this disease?

Dr. Melissa Piliang:

Yeah. So, for the general dermatologist who's out practicing, alopecia areata is a fairly common part of their practice. These are, primarily, patients with limited, patchy disease that may respond to our first line treatments like topical or intra-regional steroids.

When these first line treatments don't work, or the hair loss advances rapidly, the general dermatologist will refer the patient to a hair specialist such as Dr. King or me. So, in my clinics, alopecia areata is a very common diagnosis, and my patients skew towards more

severe, advanced, hard to treat disease.

Dr. Brett King:

Yeah, I think it's hard to, exactly pin down the exact numbers of patients running around with patchy disease versus more severe patchy disease or, you know, complete scalp and/or body hair loss. But, it's my impression, that more severe disease is more common than we think.

Do you agree with that, or do you think it really is in the kind of 10% or so range of patients with alopecia areata?

Dr. Melissa Piliang:

I agree, I think it's more common than we think. And I think there are patients who 10, 15, 20, 30 years developed alopecia areata and developed universalis, and there were no treatments at that point. And they accepted their disease and kind of removed themselves from the dermatologic care.

So, I think you're right, there are a lot more patients out there with this, with more severe forms that we just don't see.

Dr. Brett King:

So, let's dive in to the common misperceptions about alopecia areata. What are the things that patients hear?

What are the things that, many of us as providers perpetuate?

Dr. Melissa Piliang:

Yeah. There are many misperceptions about alopecia areata. One common one is that it is cosmetic. Another is that it is caused by stress.

There are other misperceptions, too, but in my experience, these are really the big ones that I spend a lot of time reeducating my patients and my colleagues about.

Dr. Brett King:

Yeah, now, there's a lot there, and I kind of like to spend some time talking about each of these things. So, starting with cosmetic. Um, tell me more.

Dr. Melissa Piliang:

Yeah, sure. It is commonly thought that alopecia areata is a cosmetic disease, but that is just completely false; alopecia areata is an autoimmune disease. It's like rheumatoid arthritis or type 1 diabetes or psoriasis. It does cause significant distortion of appearance that can be quite severe and very distressing to patients.

But treating alopecia areata is not about beautification. It's not about enhancement. It's about treating the underlying inflammatory cause.

Dr. Brett King:

Yeah, I agree completely. It's really easy, right? At face value to say, Well, it's just hair loss. And so, it should only be minorly inconvenient, it's just hair loss. But I think it's what you said.

It's a distortion of appearance that I think makes, the hair loss so profoundly negative in terms of its impact on us. What about stress?

Dr. Melissa Piliang:

So that's another common misperception that alopecia areata is caused by stress. Again, alopecia areata is an autoimmune disease that has a genetic basis. Whether or not stress can precipitate a flare of alopecia areata can be debated. But there's strong evidence that stress precedes alopecia areata in only a minority of cases.

And that's really what I see in my clinic. I've seen thousands of patients with alopecia areata and only a handful that had a clear stress trigger or a clear stressful event and shortly thereafter developed the alopecia areata. So few that I can tell you about each one, because it's such a low number of patients in my practice.

Dr. Brett King:

Yeah, I do, I really appreciate that because, it's, right, it's not to say that, in some person or some number of people that there might not be some, you know, really dramatic physiologic response that might set things in motion.

But the truth is, I mean, it's literally almost, I would say, in my practice, 100% of patients have been told that that stress was what precipitated their disease. And I just think, it's an amazing disservice to our patients, to perpetuate things for which there's really very little data, certainly not data to support that it is the cause of the disease.

It really is as you said; it's an autoimmune disease with a genetic basis. We understand all of this quite well now. And it makes me think about something else, too, that I think, something else about the disease that I think is interesting is, and it's related to the stress is, parents in particular often have a sense of guilt, about the disease and their child and, and wanting for their child to get better. And, again, this guilt is, something strange because I don't see it in parents of patients, parents of kids with eczema or parents of kids with psoriasis or with acne. can you tell me more, about this?

Dr. Melissa Piliang:

Yeah, I see that very commonly in my practice also. And specifically, like you say, in patients with alopecia areata. Patients with acne or eczema; their parents don't feel guilty like the patients with alopecia areata do. So, many patients and parents of affected young children do feel guilty or as if they did something to cause the alopecia areata to appear.

An example: I took care of a child who developed alopecia areata while his parents were going through a divorce. The parents blamed, actually blamed each other, that he developed alopecia areata and everyone was very upset, and they thought if they hadn't gotten divorced, that the child might not have developed alopecia areata.

But this is completely false. We know there's nothing that anyone did to cause alopecia areata in any patient, but specifically this patient. And we know that alopecia areata has a genetic and autoimmune basis. But this guilt is real and quite significant.

So, I spend a lot of time educating my patients that alopecia areata is not their fault, it's not their parents fault. And even sometimes with the genetic basis, they feel blame because they pass potentially those genes onto their children.

And I explained to them that they didn't choose what genes, the parents didn't choose what genes they got from the grandparents and the parents didn't choose what genes they passed onto the child. It's just the way nature works. Like, I have one kid who's like, six, five. I said, "You've got the great, tall height genes. You didn't pick that either. It's just the way life works". And try to really remove the guilt from the situation.

Dr. Brett King:

Yeah, it's true, you know, these are conversations. this is not always a quick visit, is it?

Dr. Melissa Piliang:

Right. Really, we really need to spend time with patients and especially families. One of the things you, well, one of the things both of us keep, saying is it's an autoimmune disease.

Dr. Brett King:

How does one's immune system, contribute to the development of alopecia areata?

Dr. Melissa Piliang:

Yeah, so a person's DNA predisposes them to alopecia areata. There are genetic aberrations that can lead to changes in the immune system. So, a normal hair follicle in a growing or anagen phase of the hair cycle has what's considered, what's called immune privilege.

That means it's protected from a physiologically undesirable immune response and has limited immune surveillance. So, the immune system kind of ignores that hair follicle. But the underlying pathophysiology of alopecia areata is related to the breakdown of this immune privilege of the hair follicle.

So, all of a sudden, instead of ignoring the hair follicle, the immune system is like, well, there's this hair follicle there, I need to do something. That alopecia areata is a T-cell-mediated disease involving a variety of cytokines, including IL-15 and interferon-gamma. And these propagate hair loss on the scalp, face, and body.

Dr. Brett King:

Excellent. What I like about the way you explain it is that it's in a way that any of us as dermatologists and not scientists, it's sort of the level of detail that helps us understand it ourselves.

But, also, it's a level of detail that we can share with patients to help them understand their disease so that it becomes less of this, well, you know, to an earlier point, less, I felt stressed, and this happened but, "Oh, no, there are these cells running around in your body and they're making it happen" and you have it because of your DNA, again, not because of the divorce, the job loss, you know, because you can't relax. So, no, thank you so much for that explanation.

So, thank you. And to close this discussion, let's summarize and correct these misperceptions about alopecia areata. Alopecia areata is not a cosmetic disease. It's an autoimmune disease with a genetic predisposition. Alopecia areata is not caused by stress, and the relationship of stress to exacerbations of disease really really and truly debatable.

There's just no high-quality data to support that this is a precipitating factor in a significant number of patients.

Thank you everyone for tuning in to this episode, Alopecia Areata: misperception and facts. It's really been a distinct honor and pleasure to be here with Dr. Melissa Piliang. Thank you so much for taking time out of your busy schedule to be here with us, to share your experience.

Dr. Melissa Piliang:

Thank you so much, it was my pleasure to be here with you. Thank you.

Announcer:

This program was sponsored by Pfizer Medical Affairs. If you missed any part of this discussion, visit Reachmd.com/IndustryFeature. This is ReachMD. Be part of the knowledge.

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