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Assessing Alopecia Areata: Key Considerations & Clinical Conversations

Announcer:

Welcome to ReachMD.

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Drs. King and Shapiro are consultants for Pfizer.

Dr. Brett King:

Hello everyone, and welcome to Alopecia Areata isn't just scalp deep - Clinical conversations. I'm Dr. Brett King and I am an associate professor of dermatology at the Yale School of Medicine. I specialize in inflammatory skin diseases, including alopecia areata and other forms of alopecia too.

This is a series featuring discussions between me and other leaders in dermatology who specialize in alopecia areata or AA. The objective is to raise awareness of AA as an autoimmune disease and enhance our understanding of the diagnosis and evaluation of AA.

We also cover other important clinical considerations that impact patients, including the psychosocial burden of AA and managing AA in different populations. I am honored to have Dr. Jerry Shapiro, a world-renowned hair loss expert.

Dr. Shapiro, welcome. Can you start by telling us something about yourself, your background, and describe your clinical practice?

Dr. Jerry Shapiro:

Well, I'm a professor of dermatology at New York University, Grossman's School of Medicine. I received my medical degree from McGill University in Montreal, Canada, then went to the University of British Columbia, did my residency, and then I was invited by New York University to come and work as a director of the disorders of hair clinics that we have.

Dr. Brett King:

So now thinking about alopecia areata; who gets the disease? Are there differences between sexes, age of onset, racial differences? How do you think about this?

Dr. Jerry Shapiro:

All ethnicities get alopecia areata. I don't feel that there's a predilection for one particular type of ethnicity. And I don't feel that there's a difference, a gender difference, as well. I think that it's equal worldwide, although some people think it may be more common in Japanese or, you know, or in Asian cultures, it's hard to say.

I would say it's uniform. It's all over the world, and it affects children, it affects adults, of course, and we see them all in our clinic, you know?

And it can be very stressful for so many families when a child has this and many times a child who's, let's say, four years old doesn't even care. It's the parents and the grandparents that are very much distraught over this. And we have to learn how to manage this and manage, you know, the psychologic effect that this condition has on patients.

Dr. Brett King:

But it, definitely, can affect both children, adults and it can even start very late in life too; it's unpredictable. The only predictable thing about alopecia areata is that it's unpredictable.

Yeah, that line is one that I use commonly when I'm talking about alopecia areata either with patients or with dermatologists. The only thing that is predictable about alopecia areata is that it is unpredictable. I think that that's, it's so important to communicate that the unpredictability is one of the things that really drives us crazy.

We want to have control over this thing which is, by nature, very unpredictable. And another point that you raise, which I think is really important, is that it can affect, it can have onset later in life.

We are used to thinking about it as being a disease that presents early in life in the first three or four decades, but it can present later in life, and it's still the same disease when it presents in a 60-year-old or a 70-year-old, as when it presents for the first time in the first decade of life.

Dr. Jerry Shapiro:

These are all really important points. Have you noticed any differences between men and women in terms of how they're affected by the disease, either the disease presentation, or just how they are personally affected?

Well, everyone is devastated to some extent. Men can do a few more things that are a little more acceptable. They can like shave their head, ok? So that that gives them a cosmetic acceptability type of thing. If it's a very severe condition, just basically shaving off what little they have left can make a difference. The beard becomes a problem in men, especially for certain religious groups.

The beard is so important in certain ethnicities, and so, sometimes that's all they want us to focus on; is getting that beard back, particularly before a wedding or some religious event. So, I think that, for men, it's different to some extent. For women, you know, there are many, for women their whole, many times, their persona, their signature is their hair.

It's been their signature for years, ok? And, you know, and it's been their pride and joy, their crown and glory.

And we as physicians have to be very sympathetic on how it affects them emotionally and address those concerns. I always ask every patient: Do you cry about your hair? I'll ask men too, okay? And you wouldn't believe how many say, yes, I do.

Dr. Brett King:

All important points. And that, one again, we can't assume that men are not affected by this. We can't assume that just because it may be easier for a man to get by, because he can shave his head, that he's going to embrace it.

So, we have to be... we have to be aware of the impact. Thinking about your clinical experience, the countless cases that you've seen; how does alopecia areata typically present? And then, how does it, you know, present more unusually?

Dr. Jerry Shapiro:

Okay, there is patchy hair loss; it can be just one patch, or it can be multifocal, there can be several patches, and that's just patchy alopecia areata. Then, it can also progress to totalis, where somebody has total loss of the hair on their head.

Now, there are different figures as to the percentage of alopecia areata develops into totalis.

Some say 15%, some say more. It's debatable how many actually become, let's say, a totalis or a universalis, where they've lost hair everywhere; eyebrows, eyelashes, and, you know, they have not a single hair on their body. And, you know, it can present in this kind of way.

Then there are certain patterns, there's a pattern called ophiasis, which means serpent. And what it is, it's like you've got this serpent of hair loss around the periphery of the scalp, ok? And that is not an uncommon presentation of alopecia areata, is this ophiasis which is more sluggish to treatment.

It can definitely do well with treatment, but it's a little slower than somebody who just has patches all over the place. And then there's something called sisaipho, which is the opposite of ophiasis, which I don't see that much of, but it does exist, where it retains the hair at the sides and back, and they just lose their hair on the top and it can mimic male pattern hair loss. Sometimes you have to do a biopsy to rule it out.

Dr. Brett King:

So, I want to explore the presentation a little bit more. We talked about patchy disease involving the scalp ophiasis, sisaipho pattern, of course, you know, near complete. But then tell us more about eyebrows involvement, eyelashes involvement, beard involvement and also nail involvement. How should, how might these different hair bearing sites or keratinoid structures be involved together or without

scalp involvement?

Definitely we need to examine the eyebrows and eyelashes because they can be part of this condition as well, and they can be very detrimental. I mean, you need eyelashes to protect your eyes, you need eyebrows to prevent the sweat from going down. Also, your appearance changes so differently when you lose eyebrows. And the beard, of course, in certain cultures, is so important.

Dr. Jerry Shapiro:

And when it's patchy, it looks kind of, it looks odd. And many patients, if it's so patchy, will just shave it off, ok? And, so, there are other areas and, of course, nails; I tell every resident to check the nails, look for pitting, look for ridging. Some patients, one of the most difficult things, is their nails and it looks like a fungus. And if they're with the public, the public is scared of catching something from them. But it's not a fungus. It's a mimicker of a fungus, but it's not, it's an autoimmune reaction against the nail. And so, we look at these areas and don't forget also nasal hairs, nasal hairs tend to filter out pollution. If they're gone, it can be difficult for a patient as well.

Dr. Brett King:

I think, too often, think of alopecia areata as being, you know, almost kind of a one-dimensional condition. But it really has a multitude of presentations; ranging, as you pointed out, from spots on the scalp, could be a spot on the eyebrow, could be eyelashes loss, a spot on the beard. And then, of course, right ranging from that to complete loss of hair across all hair bearing sites on the body.

And then the nails can be involved. And, in an upcoming episode, we will be discussing further details on the presentation and diagnosis and clinical practice.

Oh, thank you so much, again, to have you a part of this, to hear your insights is, you know, it's just enormously helpful to all of us. Thank you so much for your time and for sharing, Dr. Shapiro.

Dr. Jerry Shapiro:

Thank you very much for having me.

Announcer:

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