Transcript Details
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Practical Dermatology Roundtable: Alopecia Areata Burden, Ch. 2

Dr. Mesinkovska: We've seen people, that patch will be right here. And both of you, actually, all three of us were part of making the scale and the severity, and I know that we all fought.

Because I think what the audience may not realize is that back in the day, which is probably like 10, 15 years ago, severe alopecia areata was considered like 90% or more. So some of the pioneers in the field, they still held onto that, whereas here come the different waves of people and trying to push the narrative.

So Dr. Senna, what are your thoughts on severity of alopecia, patchy, extent, and some of the other variables that we have put in as a group to help people convey that better to insurance, to patients, and to each other?

Dr. Senna: Yeah. So I think the Alopecia Areata Scale, the scale that you're alluding to that we all worked on, really I think drives down on what I think most of us agree upon as how we kind of assess severity.

So you first start with the percent scalp hair loss as one feature where you have sort of zero to 20 maybe being mild, and then 20 or more, 30 or more being sort of moderate, and then 50 or more being severe, just hair loss alone.

But then if they have any of the following features, including major impact on wellbeing, psychosocial wellbeing, eyebrow, eyelash loss, I'd probably include beard loss for men, or lack of response to other treatments that they've tried, or just the fact that they're in your office and like, yeah, they have 20% hair loss right now, but you know in a week from now it's all shedding, it's all going to be gone, any just one of those things increases their level of severity by one. So if you're moderate, so you have 30% scalp hair loss, now you're a severe, or 20% scalp hair loss, you become a severe.

And that's really important because we know that first intervening earlier is better. We know that waiting until patients are the old definition of severe, 95 or more percent hair loss, they don't respond as well to treatments, we want to catch them earlier.

And we see all the time that when people have... You know, I say to my patients, yeah, people who don't understand this, I would like for them to go and lose 20% of their scalp.

Dr. Kindred: Oh, right.

Dr. Senna: Right? And then see how they feel-

Dr. Kindred: Exactly.

Dr. Senna: ... and see if they would want to treat it and see how severe they might think it is. So kind of thinking about it around those parameters, I think, is important.

Dr. Kindred: And what I hope our colleagues realize is that's actually based on how we practice.

So as was mentioned earlier, some of us lost this battle. A bunch of us presented different ways of creating a scale, and I looked at how I treat. We look at, for me, 10% or less is mild in my practice. I lost that battle, and my colleagues doubled it. So I wanted 10% to be mild and greater than 30% to be severe, but the numbers didn't work out that way.

But then if someone has no hair, they're severe regardless. If they have one patch and it's driving them crazy, it's affecting their livelihood, that's not mild. That bumps up to moderate.

So I want our colleagues to recognize this is how we're all practicing anyway. When we decide if it's mild, moderate, or severe, we just

put actual definitions behind. It's really not a complicated scale at all.

Dr. Mesinkovska: Because when we go out there and we talk to our colleagues, I don't know if this is something you doctors encounter, but people will say, "Well, you know, patient is not severe enough." And I'm like, "No, no, no. The scalp may be moderate presentation, but then," everybody heard right now from the two of you, "you have factors you can upgrade, eyebrow, eyelash, beard, psychosocial."

And no, they don't have to be examined by a psychiatrist. We're doctors. We can say this person is affected-

Dr. Kindred: Impacted, yeah.

Dr. Mesinkovska: ... and these people... because now we have treatments. So it's an exciting time and waiting actually can hurt our patients.

Dr. Senna, any thoughts on-

Dr. Senna: I was just going to add one other little nuance that I think is really important, sometimes gets overlooked unless you see a lot of these hair loss patients like we do.

Particularly in the case of women who tend to wear their hair longer or even in men who wear their hair long, if that's your identity, wearing your hair long, you lose your hair, to get your hair to just below shoulder-length is like five years.

So it's not just that you have hair back on your head. It's that you have hair back on your head that is in keeping with how you present yourself to the world. So how many of us see patients who will regrow hair and still will wear a wig until their hair gets to a certain length?

So another reason why if people are losing hair, you don't want to wait too long to intervene and treat. Because the more they lose their hair, especially if they wear their hair longer, it's going to take them forever to feel like themselves again.

Dr. Kindred: Right.

Dr. Mesinkovska: It's a great point.

Dr. Kindred: Fully agree.

Dr. Mesinkovska: Stakes are high. Stakes are very high, so playing back and forth.