

## **Female pattern hair loss (FPHL)**

**Also known as** Androgenetic alopecia

### **What is female pattern hair loss?**

Female pattern hair loss (FPHL) is the term used to describe genetic hair thinning in females. This condition can affect women of any age but is more common after menopause. Around 40% of women show signs of FPHL by age 50.

### **What causes female pattern hair loss?**

Most women with FPHL have a genetic predisposition to this condition that could be inherited from either or both parents. However, some women with FPHL do not have any paternal or maternal family history of baldness.

At the scalp level, hair follicles are more sensitive to the effects of androgen hormones that are required to drive this condition. This does not imply any underlying hormonal abnormalities. In fact, the vast majority of women with FPHL have normal hormonal profiles. Routine hormonal testing is not required but may be recommended by your doctor if you have other signs of androgen excess such as acne, irregular periods, excessive body hair, etc.

FPHL is not caused by changes to your diet, infections or hair styling practices.

### **What does female pattern hair loss look like?**

FPHL presents as generalised thinning of hair and widening of the scalp parting. Some affected women also experience thinning at the frontal hairline or temples. There may be an increase in hair shedding. These changes usually lead to a reduction of the hair volume that may be evident by a shrinking hair ponytail. Some women get episodic bursts of accelerated hair shedding for a few months in between longer stable periods of little activity.

### **How is female pattern hair loss diagnosed?**

Your doctor can often diagnose FPHL on clinical grounds without a scalp biopsy. However, your doctor may suggest a biopsy to rule out other hair loss conditions that can mimic FPHL.

### **How is female pattern hair loss treated?**

It is important to have realistic expectations when seeking treatment, as results are variable and it is not possible to predict who may or may not benefit from treatment. The main aim is to slow or halt the progression of hair loss. The secondary aim is to try and stimulate some hair regrowth. However, this may not happen for everyone.

The more commonly used treatments include topically applied products (such as minoxidil) or tablets (such as spironolactone and cyproterone acetate or Androcur<sup>®</sup>). There is currently insufficient evidence to recommend laser treatments and platelet-rich plasma injections. The true value of commercially available hair tonics and nutritional supplements claiming to treat FPHL is also dubious.

Cosmetic camouflage techniques are often very useful. Scarves and hats, whilst useful as cosmetic camouflages, also provide good sun protection to the scalp. Some women find synthetic hair fibres (such as Toppik<sup>®</sup>) to be cost effective and easy to use to camouflage the sparser scalp areas.

