Hair loss in primary care - a guide to diagnosis, management and referral

Key points in history (usually multiple factors)
Shedding/thinning, scalp symptoms, diffuse or focal loss, facial/body hair, previous hair styling, diet, menstrual history, stress, hormonal status, medications, family history (males and females, <50) or autoimmunity

Examination and initial investigations
(1) Pattern - diffuse vs focal (2) Scarring/non-scarring - patent hair follicles (3) Inflammation - scale, pustules, erythema

For scarring alopecia, review 4 weeks after initiating treatment

Scarring/inflammation?
Inflammation, erythema, scale, pustules, loss of hair follicle

Central scarring?
CCCA (central centrifugal cicatricial alopecia)
- minimal inflammation, Afro-Caribbean, often element of traction
Mx: topical clobetasol (Dermovate®) 8 weeks, then oral doxycycline 100mg OD 3-6 months, stop traumatic hair styling

Non-scarring?
Patent hair follicles, clear scalp

Patterned hair loss?
Genetic alopecia or ♀/♂ pattern balding
- Loss on crown with preserved hairline ♀
- Loss on crown +/- receding hairline ♂
- Family history (♀ penetrance less clear)
- Scalp can feel irritated
Mx: OTC topical 5% minoxidil (Regain®)*, advise takes 1 year before see results, can refer ♀ for finasteride, or antiandrogen treatments such as Diane-35 and spironolactone
Offer leaflet (From British Association Dermatologists website: www.bad.org.uk or https://publicdocuments.sth.nhs.uk/pil1150.pdf) Review in 3 months

Patchy hair loss?
Alopecia areata
- demarcated, circular, exclamation mark hairs
Mx: clobetasol (Dermovate) trial for 8 weeks, if persists or if alopecia barbae refer.
Consider GP/IS for intralesional steroids. If rapid advancement consider referring to GPIS for oral prednisolone at 1/2 mg/kg reducing by 10mg/week Review in 8 weeks

Diffuse hair shedding?
Bloods: FBC, LFTs, U&Es, vitamin D, B12, folate, TSH, haematins, if unusual diet Zn/Mg, if hyperandrogenism hormone profile and TVUS
- Hormonal - 6 months after pregnancy, perimenopausal (may be brittle/dry), solely progesterone contraceptive
- Nutritional - aim for ferritin >70
- Stress/Depression – causes/worsens hair loss
- Medication – careful timeline
If bloods all normal or no improvement refer to diagnose diffuse alopecia areata or chronic telogen effluvium Review in 3 months (although there may be no improvement for 6 months)

Perifollicular scale/erythema?
Lichen planus pilaris
- classic type occurs in patches
Mx: topical clobetasol 8 weeks, then oral doxycycline 100mg OD for 3-6 months

Perifollicular scale/erythema in frontal hair margin/“alice band”? 
Frontal fibrosing alopecia (lichen planus variant)
- often white perimenopausal women
Mx: topical clobetasol 8 weeks, then oral doxycycline 100mg OD for 3-6 months

Pustules?
Folliculitis or folliculitis decalvans
Mx: Swab pus. Treat with hibiscrub + oral lymecycline 408mg OD or doxycycline 100mg OD for 3-6 months. Refer if severe or no response.

Abscesses/boils?
Dissecting cellulitis
Mx: Swab pus. Treat with hibiscrub + oral lymecycline 408mg OD or doxycycline 100mg OD for 3-6 months. Refer if severe or no response.

Inflammatory plaques with pigment change?
Discoid lupus
Mx: ANA/ENA, topical clobetasol, refer

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Fronto-temporal loss? Traction alopecia
- hx of extensive hair styling, see fringe sign (small hairs not involved with styling preserved)
- Reversible early on, scarring when advanced
Mx: stop traction, OTC camouflage and topical 5% minoxidil (regain)

Helpful – advise on OTC camouflage, e.g. hair fibres such as nanogen, scalp tattoo, support groups, psychology

Refer to Homerton Hair Loss Clinic (C&B, fortnightly clinic)
- Inadequate response to treatment
- Scarring hair loss unless clear diagnosis
- Diagnostic uncertainty – for biopsy
- Excessive anxiety

Mx = Management

* Minoxidil (Regain®) is not prescribable on the NHS but can be bought over-the-counter or prescribed privately for women aged 18-65 years.

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