

Female pattern baldness

Definition

a typical pattern of loss of hair in women, caused by hormones, aging, and genes.

Alternative Names

Alopecia in women; Baldness - female; Hair loss in women; Androgenic alopecia in women .

Causes

A hair grows from its follicle at an average rate of about 1/2 inch per month. Each hair grows for 2 to 6 years, then rests, and then falls out. A new hair soon begins growing in its place. At any time, about 85% of the hair is growing and 15% is resting. Baldness occurs when hair falls out but new hair does not grow in its place. The cause of the failure to grow new hair in female pattern baldness is not well understood, but it is associated with genetic predisposition, aging, and levels of endocrine hormones (particularly androgens, the male sex hormones).



Changes in the levels of androgens can affect hair production. For example, after the hormonal changes of menopause, many women find that the hair on the head is thinned, while facial hair is coarser. Although new hair is not produced, follicles remain alive, suggesting the possibility of new hair growth. Female pattern baldness is usually different from that of male pattern baldness. The hair thins all over the head, but the frontal hairline is maintained. There may be a moderate loss of hair on the crown, but this rarely progresses to total or near baldness as it may in men.

Special points of interest:

- * **Definition of the disease.**
- * **Causes .**
- * **Symptoms .**
- * **Treatment .**

Inside this issue:

- **Female Pattern Baldness.**
- **Unconsciousness - first aid.**



Symptoms

- Thinning of hair over the entire head.
- Hair loss at the crown or hairline, mild to moderate.

Treatment

The hair loss of female pattern baldness is permanent. In most cases, it is mild to moderate. No treatment is required if the person is comfortable with her appearance.

The only drug or medication approved by the United States Food and Drug Administration (FDA) to treat female pattern baldness is minoxidil, used on the scalp. For women, the 2% concentration is recommended. Minoxidil may help hair to grow in 20% to 25% of the female population, and in the majority it may slow or stop the loss of hair. Treatment is expensive, however, and hair loss starts again when minoxidil use is stopped.

Hair transplants consist of removal of tiny plugs of hair from areas where the hair is continuing to grow and placing them in areas that are balding. This can cause minor scarring in the donor areas and carries a modest risk for skin infection. The procedure usually requires multiple transplantation sessions and may be expensive. Results, however, are often excellent and permanent. The use of hair implants made of artificial fibers was banned by the FDA because of the high rate of infection.

Hair weaving, hairpieces, or change of hairstyle may disguise hair loss and improve cosmetic appearance. This is often the least expensive and safest method of dealing with female pattern baldness.

Prevention

There is no known prevention for female pattern baldness.



Hair loss can occur in women for reasons other than female pattern baldness, including the following:

- Temporary shedding of hair (telogen effluvium).
- Breaking of hair (from such things as styling treatments and twisting or pulling of hair).
- Medications.
- Hormonal abnormalities.
- Iron deficiency.
- Vitamin deficiency.
- Underactive thyroid.
- Patchy areas of total hair loss (alopecia areata -- an immune disorder causing temporary hair loss).

Reference:

1. **Habif TP. Clinical Dermatology. 4th ed. St. Louis, Mo: Mosby, Inc. 2004:844.**
2. **Cummings CW, Flint PW, Haughey BH, et al. Otolaryngology: Head & Neck Surgery. 4th ed. St Louis, Mo; Mosby; 2005:677-679.**

Unconsciousness - first aid

Unconsciousness is when a person is unable to respond to people and activities. Often, this is called a coma or being in a comatose state. Unconsciousness and any other SUDDEN change in mental status must be treated as a medical emergency. Other changes in awareness can occur without becoming unconscious. Medically, these are called "altered mental status" or "changed mental status." They include sudden confusion, disorientation, or stupor.

If someone is awake but less alert than usual, ask a few simple questions, such as:

- What is your name?,
- What is the date?,
- How old are you?



Wrong answers or an inability to answer suggest a change in mental status.

Causes

Unconsciousness can be caused by nearly any major illness or injury, as well as substance abuse and alcohol use. Brief unconsciousness (or fainting) is often caused by dehydration, low blood sugar, or temporary low blood pressure. However, it can also be caused by serious heart or nervous system problems. Your doctor will determine if you need tests. Other causes of fainting include coughing very hard, or breathing very fast (hyperventilating).

Symptoms The person will be unresponsive (does not respond to activity, touch, sound, or other stimulation).

First Aid

1. Call or tell someone to call 911.
2. Check the person's airway, breathing, and pulse frequently. If necessary, begin rescue breathing and CPR.
3. If the person is breathing and lying on the back, and you do not think there is a spinal injury, carefully roll the person toward you onto the side. Bend the top leg so both hip and knee are at right angles. Gently tilt the head back to keep the airway open. If breathing or pulse stops at any time, roll the person on to his back and begin CPR.
4. If you think there is a spinal injury, leave the person where you found them (as long as breathing continues). If the person vomits, roll the entire body at one time to the side. Support the neck and back to keep the head and body in the same position while you roll.
5. Keep the person warm until medical help arrives.
6. If you see a person fainting, try to prevent a fall. Lay the person flat on the floor and raise the feet about 12 inches.
7. If fainting is likely due to low blood sugar, give the person something sweet to eat or drink when they become conscious.



DO NOT

- DO NOT give an unconscious person any food or drink.
- DO NOT leave the person alone.
- DO NOT place a pillow under the head of an unconscious person.
- DO NOT slap an unconscious person's face or splash water on the face to try to revive him.

When to Contact a Medical Professional

- if the person Does not return to consciousness quickly (within a minute).
- if the person Has diabetes, seizures, pregnant, over age 50, bleeding.
- if the person regains consciousness but Feels chest pain, pressure, or discomfort, or has a pounding or irregular heartbeat.
- if the person regains consciousness but Can't speak, has vision problems, or can't move the arms and legs.

References

1. Smith J, Seirafi J. Delirium and dementia. In: Marx J, ed. Rosen's Emergency Medicine: Concepts and Clinical Practice. 6th ed. Philadelphia, Pa: Mosby Elsevier; 2006: chap 102.
2. Kothari RU, Crocco TJ, Barsan WG. Stroke. In: Marx J, ed. Rosen's Emergency Medicine: Concepts and Clinical Practice. 6th ed. Philadelphia, Pa: Mosby Elsevier; 2006: chap 99.

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