

Alopecia and Emotional Aspects Related to Hair

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Abstract

Introduction: Alopecia is a dermatological condition where hair loss occurs suddenly or gradually in one or more areas of the body, most commonly on the scalp. Studies focusing on the psychosocial and emotional aspects highlight the influence of traumatic situations and stress-related events on the progression of diseases, considered as triggering factors for alopecia. In this context, this study is justified by its aim to describe the disorder, outline the research, and address some issues of concern to researchers and professionals. It highlights that so-called psychosomatic diseases, disorders with an emotional origin, can be factors leading to physical problems that may affect hair, skin, and nails.

Methodology: This paper aims to describe the approach for making a diagnosis, outline the emotional aspects in response to the disease, and detail the treatments tried and described in the consulted literature. It is a qualitative literature review conducted during November and December 2021, using databases such as Lilac's, Medline, Pubmed, and Scielo.

Results and Conclusion: Many studies suggest examining the role of coping and social support, the latter being seriously affected by changes in the appearance of individuals with alopecia.

Keywords: Hair; Alopecia; Hair Loss; Emotional Aspects.

Citation: Silvia LM. Alopecia and Emotional Aspects Related to Hair. Brazilian Journal of Hair Health. 2024; 1:bjhh11.

doi: <https://doi.org/10.62742/2965-7911.2024.1.bjhh11>

Received: May 18, 2024

Revised: May 18, 2024

Accepted: May 18, 2024

Published: May 18, 2024

1. Introduction

Alopecia is a dermatological condition characterized by sudden or gradual hair loss in one or more areas of the body, most commonly on the scalp. This hair loss can be acute or chronic, resulting from underlying inflammation, autoimmune processes, stress factors, postpartum, sudden weight loss, among others [1]. According to Hunt [2], different types of alopecia can be qualitatively distinct. Alopecia areata involves losing patches of hair from the scalp, ranging in size from about 1 cm to relatively large areas. Individuals with limited hair loss are more capable of covering it with remaining hair and, therefore, are less likely to experience psychological problems such as post-traumatic stress disorder (with alopecia as a distressing traumatic event), anxiety, or depression. Moreover, small patches of hair loss are relatively common in pregnant women.

This phenomenon of sudden and excessive hair loss can be very distressing and disturbing for affected individuals and can significantly impact their quality of life. Due to its multifactorial causes, it is often a challenge to diagnose and manage. Furthermore, the mechanisms by which factors influencing the human hair cycle are unknown, and there are no targeted treatments for its management. Alopecia can have substantial psychological consequences, negatively affecting the quality of life of affected patients. The ability to recognize and distinguish these conditions is crucial, not only in providing appropriate and timely treatment to improve outcomes but also in meeting patient needs [3].

Alopecia has few physical harmful effects but can lead to psychological consequences, including high levels of anxiety and depression. Medical treatment for the disorder has limited efficacy, and the failure to find a cure can leave patients very distressed. This article reviews



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research on the psychological impact of alopecia [3]. Supporting this statement, the National Alopecia Areata Foundation [4] states that although the symptoms of alopecia typically do not cause physical pain, many people with the condition report that it causes emotional or psychological pain. This type of pain is as severe (and can feel the same) as physical pain and can lead to feelings of sadness, depression, and anxiety. According to the National Institute of Mental Health (NIMH), people with chronic medical conditions, such as alopecia areata, are at a higher risk of developing depression than those without serious health issues. Researchers have found connections between how we feel and how our immune system functions. In short, while emotional pain does not cause alopecia, it is clear that there are links to how our bodies respond.

This work aims to describe the approach to making a diagnosis, outline the emotional aspects of the disease, and detail the treatments tried and described in the consulted literature. In light of the emotional aspects associated with alopecia, the following guiding question arose: What approaches should be used to outline the causes of hair loss and the possible treatments for the disease?. Studies conducted in light of the psychosocial and emotional aspects point to the influence of traumatic situations and stress-related events in the progression of diseases, considered as triggering factors for alopecia. In this context, this study is justified by its aim to describe the disorder, outline the research, and address some issues of concern to researchers and professionals, highlighting that so-called psychosomatic diseases, disorders with an emotional origin, can be factors leading to physical problems that may affect hair, skin, and nails.

2. Methodology

2.1 Type of Research

This is a qualitative literature review that allows the synthesis of various previously published studies, based on the findings presented by the research, resulting in an expanded analysis and identification of existing gaps. The research steps were carried out according to the identification of the problem, literature search, data analysis, and presentation of results [5].

2.2 Data Collection

The literature review was conducted during November and December 2021, using the databases LILAC's - Latin American Literature in Health Sciences, MEDLINE/PUBMED - Medical Literature Analysis and Retrieval System Online, and US National Library of Medicine's SciELO - Scientific Electronic Library Online. The following descriptors were used, according to the DECS platform (Health Sciences Descriptors), in Portuguese: Cabelo (Hair); Alopecia; Perda de cabelo (Hair loss); Aspectos Emocionais (Emotional Aspects), and in English: Hair; Alopecia; Hair loss; Emotional Aspects.

2.3 Inclusion and Exclusion Criteria

Articles that addressed alopecia and emotional aspects related to hair were included, articles published and fully available in scientific databases or in print versions, in the languages: Portuguese, English, and Spanish, covering the period from 2004 to 2021. This temporal cut-off is justified, as the majority of publications on the topic were published during this period, reflecting the reality of the subject addressed. Articles that were not available online, with no full access, that presented duplication of information, works published before the established periodicity, studies that present evaluations without presenting the method used, studies conducted on animals, and those that did not address the theme of the scope of this study were excluded.

3. Results

3.1 Alopecia (Hair Loss) - Concept and Definition

Alopecia is an autoimmune disease characterized by transient, non-scarring hair loss while preserving the hair follicle. Hair loss can take many forms, from well-defined patchy loss to diffuse or total hair loss, which can affect all hair-bearing areas. It impacts nearly 2% of the general population at some point in their lives. Skin biopsies of affected areas show a

lymphocytic infiltrate within and around the hair bulb or at the lower part of the hair follicle during the anagen (hair growth) phase [6].

Alopecia is a chronic dermatological disorder in which individuals lose some or all of their hair from the scalp, and sometimes body hair as well. It is a chronic inflammatory disease affecting the hair follicles. It is neither fatal nor painful, though it can lead to skin irritation, as well as physical problems from the loss of eyelashes and eyebrows. The etiology and subsequent development of alopecia are not fully understood, but it is an autoimmune disease arising from a combination of genetic and environmental influences [2]. It is considered a hair disorder with a frequency varying from 0.7% to 3.8% of patients seen in dermatological clinics with a lifetime risk of 1.7%. Due to the important cosmetic and communicative role of human hair, significant psychological distress can be expected in a person with partial or total hair loss, as although it is a benign condition, it can cause harmful psychological impacts on an individual's life. Moreover, if these psychological impacts are not treated timely, it may further worsen the state of the disease, creating a vicious cycle [7].

The clinical characteristics of the most common irregular variant include discrete areas of hair loss, most commonly on the scalp but sometimes also on the beard in men. The history usually reveals rapid and asymptomatic hair loss. Examination may show smooth, non-erythematous areas of hair loss. Common features include yellow dots, black dots, broken hairs, "exclamation point" hairs, and short vellus hairs. "Exclamation point" hairs are short broken hairs where the proximal end is tapered and narrow [8].

3.2 Alopecia and its Relation to Emotional Aspects

Hair loss can result from various causes and take different forms. Previously, it was thought that one of the causes of hair loss is a preexisting psychological/psychiatric illness [9]. A study by Firooz et al. [10] showed that a total of 77% of the patients analyzed regarding possible causes of alopecia believed that stress was a significant factor in the onset of their disease, and another 23% of the patients believed that their disease was the result of a genetic factor or having a family history of Alopecia. In another question, 60% of the patients believed that if the disease disappeared, it would return, and 40% believed that their disease would likely be permanent and not temporary.

Patients suffering from dermatological diseases experience a significant psychological burden. Accumulated data, especially regarding alopecia, demonstrate the association between hair loss and psychological illness. Stress is considered a very common cause of alopecia, which often develops after significant life events [11]. A variety of conditions can cause permanent or temporary hair loss, including hormonal changes due to pregnancy, childbirth, menopause, and thyroid issues. It may also be related to the immune system, scalp infections such as ringworm, and a hair-pulling disorder called trichotillomania. It can also be linked to the side effects of certain medications, such as those used for cancer, arthritis, depression, heart problems, gout, and high blood pressure, or a very stressful event, where many people experience a general thinning of hair several months after a physical or emotional shock. This type of hair loss is temporary [11].

The psychological and social effects of scalp hair are more important than its biological significance, and the etiology of alopecia suggests a predominantly autoimmune reaction. The correlation between alopecia and psychological disorders is reciprocal, as psychiatric disorders can trigger the onset of alopecia and its negative consequences can develop or exacerbate psychological problems. The high incidence of neurotic personality, depression, anxiety, and deficiency in coping with stress reinforce the role of psychic factors in the pathogenesis of alopecia [12].

3.3 Psychological Effects of Hair Loss

The initial signs of alopecia can be very challenging. Some individuals diagnosed with the condition have described feeling panic and worry about potentially losing all their hair and whether it would regrow, leading them to adjust to having more bald patches. For those whose hair loss has become more extensive, the experience can make them feel "out of control." Some have become more withdrawn and embarrassed, which can significantly impact their social activities and relationships with others [13]. Research shows that people with alopecia often experience higher levels of anxiety and depression compared to controls, as well as lower self-esteem, poorer quality of life, and a worse body image [2]. Alopecia can have serious psychosocial consequences, causing intense emotional distress, and issues in personal, social, and work environments. Studies have shown that about 40% of women with

alopecia have experienced marital problems and approximately 63% reported career-related issues [2].

According to Girman et al. [14], the perception of negative effects can influence patient satisfaction, health-related quality of life, and the motivation to seek medical care for hair loss. Factors demonstrating the psychosocial aspects were highlighted as the inability to style hair, dissatisfaction with appearance, concern about ongoing hair loss, and worry about others noticing the hair loss were particularly significant for women. Emotional aspects also rated highly, including self-consciousness, jealousy, shame, and a feeling of helplessness to stop the hair loss. Alopecia also causes depression, anxiety, and social phobia in many patients. The relationship between alopecia and its psychosocial consequences can be complex, as alopecia may result from a stressful experience and, in turn, lead to further distress. Moreover, there is evidence that stressful life events play a significant role in triggering some episodes of alopecia. Furthermore, as a disfiguring disorder, alopecia also raises issues related to self and identity [9].

3.4 Treatment for Alopecia

The strategies for assessing patients are often not apparent to clinicians, and identifying those who need additional psychological support should be the basis for treatment success. Women, young patients, and those with significant alopecia or previous psychiatric disorders are at greater risk, requiring careful monitoring. Proper awareness and understanding of the close relationship between alopecia and psychological factors are essential [12]. Individuals with alopecia may experience spontaneous remission, but they may also have repeated episodes. The hair that regrows is not always of the same type, color, or texture as before. Alopecia sometimes responds to medical treatment, although the effectiveness of this treatment is not clear [15].

Medical treatment for hair loss is limited, especially for the more severe forms of alopecia. Surgical options, such as hair transplants, can be used for specific types of hair loss but have their own limitations [16]. Treatment is generally ineffective for the most severe types of alopecia (total and universal); in many cases, the problem resolves on its own, and any treatment may take three to six months to be effective. Topical application of corticosteroids is a common treatment for alopecia, although if used for extended periods, there can be potentially severe side effects [17]. Current pharmacological treatment approaches include the use of growth stimulators such as topical minoxidil and oral finasteride for androgenetic alopecia, as well as topical minoxidil, dithranol (anthralin), corticosteroids, contact sensitizers, and psoralen plus ultraviolet radiation therapy. Combination regimens are also proposed [2].

4. Results and Discussion

Using the mentioned descriptors, the total search resulted in 453 articles found. The rest of the material did not meet the main criterion for inclusion in this review, namely, they did not address the theme. After this initial survey and the application of filters, 175 publications were selected, initially by title and after reading the abstracts, only 37 addressed the guiding question. After full-text reading, 14 publications were excluded, leaving 23 articles. Thus, from the consulted literature and the selected articles, it was possible to compile information about alopecia and its emotional aspects from various authors.

Hair loss is a common clinical complaint seen by professionals who present in various forms. Although hair loss rarely represents a serious medical risk to the patient, the psychological impact is often devastating. The sociocultural significance of hair has been present throughout history and transcends geographical boundaries. The treatment of hair disorders generally falls under the care of dermatologists, but other physicians, such as plastic and aesthetic surgeons and beauty specialists like cosmetologists, often encounter these patients [13].

Alopecia can lead to depression, anxiety, and social phobia in various patients. This relationship between alopecia and psychosocial consequences can be complicated, as alopecia can result from a stressful experience and then lead to further suffering. It can also have serious psychosocial consequences, causing intense emotional suffering and personal, social, and work-related problems. Research has shown that about 40% of women with alopecia have had marital problems, and about 63% reported career-related issues [2].

There is evidence that stressful life events play a significant role in triggering some episodes of alopecia. Additionally, alopecia is a disfiguring disorder, and therefore, there are also issues related to identity. Hair loss can be seen as a failure to conform to societal norms of physical appearance, a situation that has the potential to differentiate people in their own

assessment and in the assessment of others [18]. Clearly, while alopecia can be psychosocially harmful, there can also be psychological consequences resulting from the treatment itself. If it is prolonged and of limited efficacy, it can impact the psychological well-being of the individual. Moreover, knowing that medical treatments have limited efficacy will affect how the psychologist handles alopecia, as it is often a matter of helping the person learn to live with alopecia, rather than finding a way to allow hair to grow back [2].

The psychosocial and quality of life implications of alopecia have been well studied compared to other hair loss disorders. Research on affected patients revealed their experiences as distressing with intense emotional suffering that affects various domains of life, and they report issues revolving around their identity, which represents a particularly difficult challenge for children and adolescents affected who are already struggling with identity formation. Depression, anxiety, and obsessive-compulsive disorders have been associated with affected patients at a higher rate than the general population, with 50% of psychiatric disorders occurring before the diagnosis of alopecia [13].

Rencz and colleagues [19] state that stress hormones can promote inflammation around the hair follicle and emphasize the direct relationship between mental health and disease activity. A meta-analysis of health-related quality of life studies in patients with alopecia showed that wearing a wig has a positive impact, while scalp involvement and comorbid anxiety or depression have negative impacts. Addressing mental health in the treatment of alopecia areata is paramount to maximizing the therapeutic effect.

5. Conclusion

Alopecia is a chronic inflammatory disease that affects hair follicles and can affect men, women, or children at any age. It is an autoimmune disease that arises from a combination of genetic and environmental influences. The hair follicles in the development phase become targets of immune cell attacks, and this can also be influenced by factors such as immune system issues, personality, coping styles, and environmental factors like stressful situations. Professionals must be aware of the psychological impact of alopecia, especially since current treatments have limited efficacy. Providing treatment that is likely not to be effective can cause more psychological harm than benefit. However, it is crucial for patients to understand their alopecia and their psychological responses to the disorder. To aid in this understanding, professionals can offer appropriate information, including advice on how to alter one's appearance, for example, through the use of wigs.

Therefore, this study observed that psychological aspects might trigger the onset of alopecia, and its negative consequences can develop or exacerbate psychological issues. The high incidence of personalities with depression, anxiety, and deficiency in coping with stress underscores the role of psychological factors in the pathogenesis. Many studies suggest examining the role of coping and social support, the latter being seriously affected by the change in appearance of individuals with alopecia.

Funding: None.

Institutional Review Board Statement and/or Informed Consent Statement: None.

Acknowledgments: None.

Conflicts of Interest: The authors declare no conflicts of interest.

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