

National Alopecia Areata Foundation^R

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ALOPECIA AREATA FACT SHEET

What is alopecia areata? Whom does this disease affect?

- Alopecia areata is a common autoimmune skin disease resulting in the loss of hair on the scalp and elsewhere on the body. It usually starts with one or more small, round bald patches on the scalp and can progress to total scalp hair loss (alopecia totalis) or complete body hair loss (alopecia universalis).
- In alopecia universalis, the most severe form of this disease, all hair on the entire body is lost, leaving it unprotected – the scalp from the sun and elements; they eyes from dust an glare; and the nose and sinuses from foreign particles and bacteria.
- Alopecia areata affects approximately two percent of the population overall, including more than 4.5 million people in the United States alone.
- Alopecia areata occurs in males and females of all ages and races; however, onset most often begins in childhood (60-65% of cases) and can be psychologically devastating.
- Alopecia areata is highly unpredictable and cyclical. Hair can grow back in or fall out again at any time, and the disease course is different for each person.
- Due to public unfamiliarity with the disease, alopecia areata can have a profound impact on one’s life and functional status, both at work and at school.

What is known about the genetics and forms of alopecia areata?

- Some persons are more genetically susceptible to developing alopecia areata, which involves multiple, but as yet unidentified, genes. Alopecia areata is known as a complex trait disorder.
- In at least one out of five persons with alopecia areata, someone else in their family also has it.
- Current research has shown that there appear to be genes that confer susceptibility to the disease, as well the degree of disease severity. Research into genetics of alopecia areata is currently ongoing.
- Persons with alopecia areata and their families have a higher incidence of other autoimmune disorders such as thyroiditis, early-onset diabetes, rheumatoid arthritis, vitiligo, and lupus. In addition, they are more likely to suffer from allergies, asthma, hay fever, and atopic eczema.
- There appear to be two forms of alopecia areata – an early-onset form and a late-onset form. Those who develop their alopecia areata in childhood typically have a poorer prognosis; this early-onset form is usually chronic.

What treatments are available? What has recent research shown?

- Treatment options are limited at the present time and depend upon the extent of hair loss; no one treatment works well for every person.
- No treatment, no matter how effective, can prevent new patches of hair loss from developing or affect the ultimate course of the disease. There is no cure for alopecia areata.
- Treatment options include cortisone injections or pills, topical application of minoxidil or chemical substances that induce an allergic rash or contact dermatitis; however, these treatments are generally not effective for those with total scalp hair loss and some can have side effects.
- Recent research has verified that in alopecia areata, a person’s own white blood cells (T lymphocytes) mistakenly attack the lower portion of the hair follicle, suppressing hair growth.
- Identification of the molecular target of the T cell attack inducing inflammation surrounding the hair follicle would make possible the development of specific immunotherapies. This research is currently ongoing.

Where can someone find help?

- For more information, please contact the National Alopecia Areata Foundation by phone at 415-472-3780, by fax at 415-472-5343, by email at info@naaf.org, or visit the Foundation’s website at <http://www.naaf.org>.