

# COVER STORY

Alopecia can be devastating. Tracey Roberts looks at solutions.

Sufferers of hair loss can find themselves on a merry-go-round of solutions. As the evidence collects down the plughole and on the pillow, they try brushing their hair less, changing shampoo, cutting out hair dyes and styling their hair differently to hide the inevitable.

And ultimately as this medical-cum-cosmetic condition becomes more apparent they often don't know where to go for help — the hairdresser or the doctor?

Many look for advice on the internet only to be bombarded with misinformation and a marketing avalanche of expensive hair loss products and services promising amazing results.

Jennifer Martinick, Nedlands hair restoration surgeon and vice-president of the International Society of Hair Restoration Surgery, said hair loss was an internet minefield and "if it sounds too good to be true then it probably is".

Dr Martinick wanted to "straighten out the dodgy industry because there are an awful lot of car-yard salesmen out there".

She has dedicated much of the past five years to educating health professionals and hairdressers about a diagnostic approach to hair loss that includes medical treatments and transplant surgery.

She said doctors were taught about life and death and less about quality of life procedures such as hair replacement.

For many affected, hair loss was psychologically devastating and the earlier help was sought the greater the treatment options.

Australasian College of Dermatologists spokeswoman Clare Tait said the most common form of hair loss was androgenetic alopecia — also known as male and female pattern hair loss.

Dr Tait said alopecia was a medical condition with cosmetic implications that only needed to be treated if it was causing distress to the patient.

"How you choose to treat alopecia typically depends on its severity and the person's expectations," she said.

Of greatest importance was making a definite diagnosis because the different causes required a different treatment approach.

Dr Tait said 80 per cent of men had evidence of male pattern hair loss by the time they were 80 and the majority of women over 50 had some element of female pattern hair loss.

Male and female pattern hair loss is genetic and it is believed that genetics have an influence.

In men it is characterised by hair being lost progressively on either side

Long delicate operation: Hair transplant surgeon Dr Jennifer Martinick and her team in surgery. Picture: Iain Gillespie



# DEALING WITH THE FALLOUT

## WHAT ABOUT THE LASER HAIRCOMB?

Opinions on the HairMax lasercomb cleared for use in Australia by the Therapeutic Goods Administration (TGA) in June 2009 are divided. Hair restoration surgeon Dr Jennifer Martinick endorses the product, saying combing the laser through the hair twice a day for 10 minutes improves blood flow and circulation in the scalp. This stimulates the hair follicle, promoting regrowth and thicker, healthier existing growth. Dermatologist Clare Tait says the jury is out on the effectiveness of the lasercomb until the clinical evidence is published in a peer-reviewed journal and that the current clinical trial evidence that is available is subjective. Dr Tait said the manufacturers had cleverly marketed the product by saying it had been FDA cleared — but this was only for its safety.

of the forehead and the top of the scalp or vertex.

A woman's hairline usually doesn't recede but starts to thin over the crown area.

The first choice for treatment with good clinical evidence to support its use was a topical medication, minoxidil, that was available as an

over-the-counter medication in Australia, Dr Tait said.

Minoxidil was very well tolerated and side effects were rare. It came in 2 and 5 per cent concentrations and, using a syringe dispenser, a millilitre of the solution is rubbed into the affected area of the scalp in the morning and again at night.

But she warned that it could take up to a year before results could be seen on minoxidil and patients needed to be willing to commit to long-term therapy. If treatment was stopped, its effects were quickly lost and hair loss would revert to what it would have been without treatment.

In general, she said, one-third of women experienced a significant improvement in hair growth on minoxidil, one-third would have hair loss stabilised and one-third did not respond and continued to thin. Results for men were more optimistic with up to 85 per cent showing some benefit.

Dr Tait said a second medication, finasteride, that came in a tablet worked by inhibiting an enzyme, 5 alpha reductase type 2. Reducing the enzyme's activity reduced the conversion of testosterone to dihydrotestosterone in the scalp and bloodstream, which appeared to

inhibit the further shrinking of affected hair follicles. Studies had shown up to nine out of 10 men on long-term, daily finasteride had improved or stable hair counts.

This medication was prescribed only for men. It was not licensed for use by women because it could have devastating effects on an unborn baby.

While finasteride was generally well tolerated in men, some changes in sexual function were reported by a few.

It was also thought that finasteride might make it more difficult to diagnose prostate cancer because it caused a reduction in the enzyme, prostate specific antigen (PSA), a measurement which was used to aid the diagnosis of prostate cancer.

However, she said recent studies had failed to show any increased risk of prostate cancer in men taking finasteride.

For women, anti-androgen therapy

could be prescribed, namely cyproterone acetate and spironolactone. These compounds blocked androgen receptors and stimulated scalp hair regrowth in women.

Dr Tait said other medical conditions could cause hair loss and hence it was important to get a correct diagnosis before commencing any treatment.

A diagnosis required taking a full medical history, clinical examination and tests such as a scalp biopsy. This could help determine if it was a pattern hair loss or something else mimicking it, Dr Tait said.

One of the more common types of hair loss that may be caused by an underlying medical condition is known as telogen effluvium.

Dr Tait said triggers for telogen effluvium included hormonal changes after pregnancy, or when coming off

the pill, an iron deficiency, thyroid disease, zinc deficiency or major psychological and physical stress.

She said stress-related hair loss could happen three to six months after a stressful event occurred.

By identifying and treating the underlying medical condition then, hair loss due to telogen effluvium would often be reversed.

Dr Tait said research was ongoing for new medications and topical solutions.

She said some studies were being conducted into finasteride as a gel and another medication known as flutamide had recently shown good research results although there were some concerns over toxicity.

Dutasteride had a slightly different activity on the 5 alpha reductase enzymes and early studies showed promise but more research was needed.

## Rooney scores with modern techniques

Manchester United and England soccer star Wayne Rooney is the latest sports celebrity to advocate hair transplantation, choosing to remove his sports cap for fans on Twitter last month to reveal the latest stages of his treatment for male pattern hair loss.

He follows other sporting heroes — such as Shane Warne — who've promoted hair-loss remedies.

Nedlands hair restoration surgeon Jennifer Martinick said Rooney had a single follicle hair transplant that required taking out some of his permanent rim hair at the back of the head, dividing it into individual follicles and then transplanting those into the front of the hairline and back towards the crown.

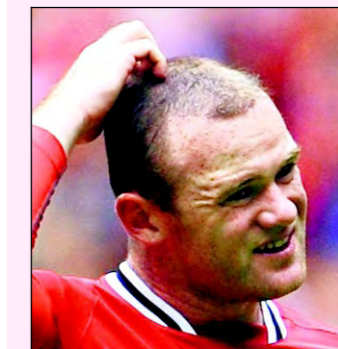
Dr Martinick said this was the latest technique for a permanent solution to hair loss and promised a natural look as opposed to the more visible techniques of 10 to 20 years ago.

She said 10 years ago hair was transplanted in tufts of plugs of as many as 30 hairs and looked like cornrows, which appeared even more dreadful as the person aged. This transplant was performed by one doctor and one nurse in just 45 minutes.

Today, to gain a more natural look, it can take a team of 12 staff up to 10 hours to transplant individual follicles, which contain about three hairs, following the same angles and direction as the existing hair, Dr Martinick said.

She said follicles were transplanted at the same depth in the skin as the ink of a tattoo. After the procedure you could see red dots that scab and then come off after about five days. The hair will start to grow back from about four months and continue to thicken with best results after about 12 months.

The transplanted hair will grow naturally as it did on the back of the head without any further intervention. It can be washed, brushed and cut just like a normal head of hair.



New growth: Rooney on Sunday.



Hair hope: Dr Clare Tait administers Minoxidil to a patient. Picture: Michael O'Brien

## Medication fixes Helen's problem

On reflection, 73-year-old Helen thinks she put up with her hair not looking as good as it could for about a decade before she sought help for what she thought was psoriasis which was causing her hair to fall out in clumps.

Helen said that she'd always taken great care of her hair.

When it started coming out, she asked her hairdresser to keep her thinning hair cut short to get some bounce out of it and she became wary of brushing it too much.

When Helen asked for help from dermatologist Clare Tait a biopsy of her scalp revealed that she had the medical condition androgenetic alopecia.

Dr Tait prescribed minoxidil which Helen now uses daily by parting the hair in sections from the crown to the brow and dropping the solution directly onto the scalp.

She is mindful not to let it drip on to her face because the solution can cause hair to grow on any part of the body.

As a result, Helen said that her hair was now in wonderful condition with curly ringlets and said with pride that people regularly commented on how good it looked, particularly now she had allowed it to grow a bit longer.

She has been using minoxidil for about 18 months and said that, while the treatment was expensive to maintain, you could shop around for discounted product.

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### SOUNDS GREAT

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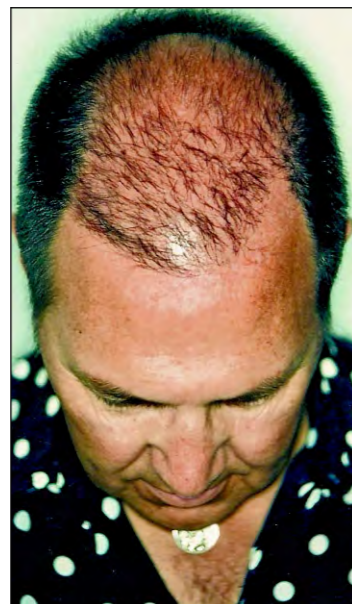
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Len Pennells' hair, above left, six months after his first hair transplant; with Jennifer Martinick, centre; and the result, right.

## Len's all smiles after hair transplant

Len Pennells, of Inglewood, was just a teenager when his hair first started thinning due to male-pattern hair loss and, for a long time, he thought there was nothing he could do about it.

"I was so self-conscious about the fact that I had lost my hair — most men are. Men generally are very aware of the problem and very conscious about it," 67-year-old Mr Pennells said. "It was like a loss of manhood, like you'd lost your youth and anyone who says otherwise is a bald-faced liar."

In the early 1990s, a friend introduced him to an artificial hair transplant product and he jumped at the opportunity to have hair again.

"Initially it looked great but the body started rejecting it. It was like I started getting really bad acne on my scalp and it was oozy and horrible," he said.

Like others who had tried hair loss fixes that had gone wrong, Mr Pennells said he had succumbed to the marketing of different lotions and potions through a lack of knowledge and desperation for a solution to his balding.

In his case, he put up with the unfortunate side effects of his treatment for six months and almost always wore a cap or hat.

Finally he was referred to hair restoration surgeon Jennifer Martinick, in Nedlands, where his second encounter with hair transplant treatment was completely different.

Dr Martinick listened to his problems, without being critical of his previous treatment and explained further options, he said.

The artificial hair was removed and his scalp returned to normal. Then, under a light anaesthetic and with very little discomfort, he underwent another hair transplant — this time using his own hair that was transplanted from the back of the head and then matched into the pattern of growth on the rest of the head.

His family, who initially questioned why he wanted the transplant, agreed the result was fantastic, he said.

Two years later he had a second hair transplant to thicken his hair.

"It's your own hair and you treat it as your own hair — shampoo it, cut it, nobody would pick it," he said. "It looks like natural hair and that's so damn important."

Mr Pennells advised anyone considering a hair transplant to get it done by a qualified practitioner.



### Staying strong after cancer — exercise and nutrition for survivors

When: Monday 15 August 2011 12.30 – 1.30 pm

Where: The State Library Theatre, Alexander Library Building, Francis Street, Perth

Speaker: Assoc Prof Erica James University of Newcastle, NSW

For more information call the Cancer Council Helpline 13 11 20