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Case Series

The Review of the Difference between Patients and Physicians in Terms of Severity Assessment and Therapeutic Goals in Androgenetic Alopecia in Japan

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Keywords
Androgenetic alopecia · Assessment · Severity

Abstract
We often come across differences in the severity of androgenetic alopecia (AGA) as assessed subjectively by the patients themselves and objectively by the attending physicians. For the purpose of examining the differences in the assessment of AGA between patients and physicians, we presented the Norwood classification to male patients and the Shiseido classification to female patients and asked them to assess the degree of hair loss by themselves. We compared the results with the severity as assessed by 2 specified dermatologists. The results show that the assessments of the severity of AGA were consistent between the patients and physicians in 42% (15/36) of cases, the physicians reported a higher grade of severity than the patients themselves in 30% (11/36) of cases, and the patients reported a higher grade of severity than the physicians in 28% (10/36) of cases; however, the Wilcoxon signed rank statistical analysis showed no significant difference between the patients and physicians assessments. AGA should be treated in accordance with individual symptoms and wishes and not a standardized treatment protocol.

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Introduction

Androgenetic alopecia (AGA) is a common hair loss disease with genetic predisposition among men and women, and it may commence at any age after puberty. Patients with AGA are significantly affected with self-image satisfaction, with potentially adverse psychosocial factors and with negative impact on a patient's quality of life [1]. AGA has many known psychosocial complications, including depression, low self-esteem, an altered self-image, and less frequent social engagement [1].

In routine medical practice, we often come across differences in the severity of AGA as assessed subjectively by the patients themselves and objectively by the attending physicians. In some cases, while the alopecia is assessed as mild by the physicians, the patients themselves assess it as being more severe; in some cases, the converse is true, that is, while the alopecia is assessed as severe by the physicians, the patients themselves assess it as being milder. Furthermore, the desired goals of therapy often vary among patients. Many patients wish for their hair growth to be restored to the same extent as prior to the onset of hair loss, whereas others do not seek complete recovery and are satisfied with the current status or improvement only to some degree. In this article, the purpose of our review is to examine the difference between patients and physicians in terms of severity assessment and therapeutic goals in AGA; we asked patients themselves to assess their alopecia severity with use of the classification scale and compared the results with the severity assessed by 2 specified dermatologists. To our knowledge, there were no such prior reviews to compare the results of assessment of the severity of AGA between these 2 groups. In addition, we also examined whether the therapeutic goals sought by the patients differed by the severity of AGA.

Case Series

The stages of AGA were analyzed in 36 Japanese patients (29 men and 7 women) who visited the Toho University Ohashi Medical Center for AGA. The diagnosis of AGA was based on the pattern of hair loss, lack of any evidence for other types of nonscarring alopecia, or other precipitating factors such as childbirth, high fever, sudden starvation, severe emotional stress, accidental or surgical trauma, and certain drugs. This study was conducted in patients who had not received treatment for alopecia, including oral drugs, such as finasteride and dutasteride, topical agents, such as minoxidil, laser therapy, or hair transplantation, within the previous 1 year. To classify the severity of hair loss in each subject, the Norwood classification [2] was used in men and the Shiseido classification [3], a scale of worsening severity with increasing grade, ranging from stage 1 (no hair loss) to stage 6 (detectable hair loss), was used in women. The Ludwig classification, which is used to assess the severity of hair loss in females, classifies the severity into only 3 grades [4], and particularly in Japanese women, severe hair loss, corresponding to Ludwig grade III, is rare [3]. Therefore, we used the Shiseido classification, which is a more detailed classification. The assessment in each case was reviewed by the same 2 dermatologists. The 2 classifications were also used by the patients to perform self-assessment and outline their own therapeutic goals.

Discussion

The results (shown in Table 1) show that the assessments of the severity of AGA were consistent between the patients and physicians in 42% (15/36) of cases, the physicians reported a higher grade of severity than the patients themselves in 30% (11/36) of cases,

Case Rep Dermatol 2021;13:492–496
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Table 1. Review of the severity of androgenetic alopecia and therapeutic goals between patients and physicians

Case No.	Age/sex	Assessments of patients	Assessments of physicians	Therapeutic goals
1	60/M	5	5	3
2	60/M	5	5	2
3	49/M	5	6	3
4	56/M	6	3	2
5	54/F	3	3	1
6	42/M	5	5	1
7	56/M	5	4	1
8	55/M	4	6	3
9	60/F	5	6	3
10	47/M	6	6	1
11	59/M	3	4	1
12	49/M	4	5	1
13	41/F	6	2	2
14	57/M	3	5	2
15	55/M	5	6	1
16	55/F	4	5	1
17	44/M	5	5	2
18	53/M	5	5	3
19	51/M	5	6	3
20	31/M	2	2	1
21	36/M	5	4	1
22	48/F	6	4	2
23	60/M	5	5	2
24	37/F	2	3	1
25	48/F	4	3	1
26	47/M	5	4	1
27	39/M	3	4	1
28	54/M	4	4	1
29	59/M	4	4	1
30	42/M	4	3	2
31	28/M	4	4	1
32	36/M	5	4	1
33	34/M	5	5	1
34	52/M	5	5	2
35	30/M	3	3	1
36	46/M	5	4	2

and the patients reported a higher grade of severity than the physicians in 28% (10/36) of cases; however, the Wilcoxon signed rank statistical analysis showed no significant difference between the patients and physicians assessments. The therapeutic goals desired by the patients were stage 1 in 55% (20/36) of cases, stage 2 in 28% (10/36) of cases,

Case Rep Dermatol 2021;13:492–496
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and stage 3 in 17% (6/36) of cases, indicating that all patients desired to recover to at least stage 3.

Our findings revealed that the patients and physicians generally provided similar assessments of the severity of hair loss, and that in some cases, in fact, the severity was rather assessed as milder by the patients themselves as compared to the physician's assessment. When initiating AGA treatment, we need to pay special attention to some patients (such as Case No. 4 and Case No. 13). Case nos. 4 and 13 talked very emotionally about their condition, with deep sorrow, during medical consultations, and they could have been in a depressed state. If the assessment results differ significantly between the patient and physician, the patient is less likely to be satisfied with the effects of therapy. For this reason, physicians need to provide patients with a detailed explanation about their assessment before starting treatment. Furthermore, not all patients who are assessed as having stage 5 or stage 6 AGA necessarily seek recovery to stage 1 or stage 2. Some patients were even concerned about how others might view the significant hair growth that would result from treatment. AGA should be treated in accordance with individual symptoms and wishes and not a standardized treatment protocol.

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Statement of Ethics

The study was reviewed and approved by the Toho University Ohashi Medical Center Institutional Review Board (Approval No. 14-44) and the Certified Committee for Regenerative Medicine at Tokyo Medical University (Approval No. 2016001). Written informed consent was obtained from the patients for publication of the details of their medical case and any accompanying images.

Conflict of Interest Statement

The authors have no conflicts of interest to declare.

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Author Contributions

Y.H. and S.N. drafted the first manuscript and reviewed the literature. H.F. supervised the manuscript drafting. All authors read and approved the final manuscript.

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Data Availability Statement

All data generated or analyzed during this study are included in this article. Further enquiries can be directed to the corresponding author.

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