

Addressing the psychosocial burden of alopecia areata in clinical practice



Rahim Hirani, MS,^a Matan Grunfeld, BS,^a Umair Khan, MD,^b and Shoshana Marmon, MD, PhD^{b,c,d}

Key words: alopecia areata; autoimmune disease; cognitive behavioral therapy; hair loss; psychological support.

Scalp hair has an outsized importance relative to its largely benign biological function.¹ Culturally, the presence and particular style of hair can be integral to one's self-identity and a full head of hair is often considered a sign of youthfulness and strength. As such, hair loss is uniquely associated with psychological well-being, mental health, and confidence. Loss of hair and its associated negative sociocultural connotations transcends geographic borders, genders, and races. Accordingly, in the dermatologic literature, understanding and addressing the psychosocial burden of hair loss associated with alopecia areata (AA) is increasingly recognized as a valuable adjunct to medical management.¹⁻⁵

A population-based study from the United Kingdom demonstrated that patients with AA had higher rates of depression and anxiety compared with controls.³ Additionally, these patients were more likely to be unemployed and/or necessitate official leave from work.³ A systematic review found that psychiatric comorbidities, like depression and anxiety, are more prevalent in patients with AA and that these psychosocial effects resulted in a reduced health-related quality of life (QoL).¹ Decreased QoL was notably more prevalent among women, patients with concurrent relationship stress, and/or a recent change in employment.^{1,3} Unexpectedly, patients with AA were also noted to have experienced stressful life events before the diagnosis.^{1,3}

Accordingly, incorporating mental health screening by the treating dermatologist or placing

Abbreviations used:

AA: alopecia areata
QoL: quality of life

an appropriate psychological health service referral can help patients navigate the emotional burden of AA. Psychotherapy, hypnotherapy, the use of wigs, and cognitive behavioral therapy are considered to be impactful.^{3,4} The standardized QoL metric as described by Senna et al⁴ is a valuable adjunct. This tool incorporates patient feedback concerning the impact of the disease on well-being. Patient perception of disease rather than the objective measurement of scalp hair loss was found to be more closely correlated with an effect on QoL.⁵ Similarly, Jueng et al² found a notable disconnect between the efficacy of certain medical interventions for AA and the underlying emotions associated with those treatments in a patient-reported survey study. Kim et al⁵ identified that patients with comorbid depressive disorders had lower rates of satisfaction with treatment than those without mental health issues, and an individualized approach to patient communication was recommended. Overall, a more nuanced understanding of patient preference regarding treatment options and attention to consultation style among clinicians are important factors in improving patient satisfaction.

Despite the promise of selective Janus kinase inhibitors, reliance on medical management alone

From the New York Medical College School of Medicine, Valhalla, New York^a; Department of Dermatology, New York Medical College, Valhalla, New York^b; Department of Dermatology, Coney Island Hospital, Brooklyn, New York^c; and Cumberland Diagnostic and Treatment Center, Brooklyn, New York.^d

Funding sources: None.

IRB approval status: Not applicable.

Correspondence to: Rahim Hirani, MS, New York Medical College, 1501 Old Farm Road, Valhalla, NY 10595. E-mail: rhirani2@student.nymc.edu.

JAAD Int 2023;10:84-5.
2666-3287

© 2022 by the American Academy of Dermatology, Inc. Published by Elsevier Inc. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

<https://doi.org/10.1016/j.jdin.2022.12.003>

is likely insufficient for many patients; addressing the psychological ramifications of AA can help ameliorate the uncertainty, confusion, and distress commonly associated with the disorder.

Conflicts of interest

None disclosed.

REFERENCES

1. Toussi A, Barton VR, Le ST, Agbai ON, Kiuru M. Psychosocial and psychiatric comorbidities and health-related quality of life in alopecia areata: A systematic review. *J Am Acad Dermatol*. 2021; 85:162-175.
2. Jueng J, Bhupalam V, Su A, et al. Using artificial intelligence to analyze publicly available social media posts to understand patient perspectives toward specific treatments of alopecia areata. *JAAD Int*. 2022;9:102-104. <https://doi.org/10.1016/j.jdin.2022.08.021>
3. Macbeth AE, Holmes S, Harries M, et al. The associated burden of mental health conditions in alopecia areata: a population-based study in UK primary care. *Br J Dermatol*. 2022;187:73-81.
4. Senna M, Ko J, Glashofer M, et al. Predictors of QOL in patients with alopecia areata. *J Invest Dermatol*. 2022;142:2646-2650.e3.
5. Kim AB, Cheng BT, Hassan S. Association of mental health outcomes and lower patient satisfaction among adults with alopecia: A cross-sectional population-based study. *JAAD Int*. 2022;8:82-88.