“A considerable number of women are at risk of developing female pattern hair loss (FPHL), and it has been shown that women with alopecia bear a greater emotional burden compared to men with hair loss.”

Some time ago I was first asked to give a lecture to our residents on diagnosing and treating hair loss disorders. As I prepared my lecture, I typed “attractive women” into a search engine, and what returned were images of young women with tons of long, flowing hair. Although, a similar search for “attractive men” yielded images of men with hair and also included pictures of bald men like Dwayne ‘The Rock’ Johnson, Bruce Willis, and Jason Statham. These images were promptly used in my lecture to portray an important, increasing phenomenon that I see every day in clinic: hair loss is becoming a largely female problem.

Baldness has been socially acceptable for men since at least the early 1990s when basketball legend, Michael Jordan, rose to prominence. In the last decade, there has been a growing trend favoring ‘baldness’ as a hair option for men. Men’s fitness publications tout baldness as an attractive and masculine feature, while studies have demonstrated that decreased hair density among men is associated with increased perceptions of social maturity. Every day, messages from various media sources send a similar message: “Believe us, bald men are where it’s at.” An equivalent social acceptance for having hair loss does not exist for women, and this likely explains why 1,120 of our 1,375 new alopecia patient consultations seen over 3 years (that’s 81%) were female.

A considerable number of women are at risk of developing female pattern hair loss (FPHL), and it has been shown that women with alopecia bear a greater emotional burden compared to men with hair loss. Interestingly, a recent study reported significantly higher generalized anxiety, social anxiety, and social phobia scores in women with alopecia compared to men with alopecia. Cash et al investigated the psychosocial impact of FPHL on women and found increased social anxiety, poorer self-esteem, a negative body image, and a sense of powerlessness secondary to their disease. Nowhere is the impact of alopecia on women highlighted more that in the female breast cancer population, where 8% of patients consider foregoing chemotherapy treatment given concerns of losing their hair, and 50% of patients report that hair loss is the most dreaded side effect of chemotherapy.

These reports are in line with the concerns we hear from women with hair loss every day in our clinic, who fear public perception — specifically whether others characterize them as unattractive or in poor health. This can be mentally debilitating and may lead patients to avoid social or work situations. Whereas many men with hair loss opt for a bald hairstyle, an option in keeping with culturally accepted norms, women struggle with appropriately camouflaging areas of hair loss and finding treatments to regrow hair. This is not to say that men with hair loss do not suffer, or that women with hair loss are incapable of optimistically managing their condition, only that the burden of social expectations seems to weigh heavier on women with alopecia. Further impairing this situation are reports of women paying more than men for topical minoxidil, a commonly used treatment for both male and female pattern hair loss, and the seemingly endless research into male pattern hair loss with many fewer studies done in FPHL.
In most cultures, hair represents beauty, youth, health and is a key component of personal identity. Changing long-standing gender specific cultural expectations is no easy task. But as providers, we should endeavor to better understand the various social influences that contribute to our female patients’ perceptions of their hair loss conditions and encourage increased research inquiries into the pathogenesis and best treatments for alopecia affecting females. The potential negative impact of an alopecia diagnosis on a patient’s overall quality of life cannot be overemphasized, and a little extra understanding in these cases can go a long way in patient care.

REFERENCES