Skin of Color: Common Skin Disorders

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Alopecia, or hair loss, is a very common skin disorder in skin of color patients. There are many different types of hair loss that occur in skin of color patients, but the most common types include: traction alopecia, central centrifugal cicatricial alopecia, and androgenetic alopecia. Several studies have shown that patients with alopecia are deeply affected by their hair loss. It is important for dermatologists and patients to understand the emotional impact that hair loss may have.

We are just beginning to understand that alopecia is more than a cosmetic problem and that it can be psychologically devastating. A study of 50 South African women with alopecia found that they had significantly decreased quality of life because of the alopecia. Their hair loss was found to have the greatest impact on their self-image and relationships, as well as interaction with other people. Specifically, subjects in the study expressed concern their children may develop alopecia or that their own condition would worsen. They reported that they were worried that they would not be able to forget about the presence their alopecia, and they worried about the cost.

Another study examining 105 British men and women with primary cicatricial alopecia found a severe impact on their quality of life in 19% of the patients. Interestingly, older female patients who had < 25% hair loss had better illness perceptions, less psychological distress, and higher quality of life. Based on these results, doctors may consider more thorough evaluation for psychosocial issues in male patients with primary cicatricial alopecia who may have higher disease burden than some doctors would anticipate.

A similar impact on quality of life was seen in patients with non-scarring hair loss, including: androgenic alopecia, alopecia areata, and telogen effluvium. A 2012 study of 104 subjects with these conditions indicated decreased quality of life. This study suggested that the emotional burden of the hair loss impacts the well-being of the patient more than the physical burden of the conditions.

In general, these studies confirm the devastating emotional impact of hair loss in patients, including those with skin of color. It is important for patients and their dermatologist to understand the emotional impact that hair loss may have. Dermatologists should treat both the hair disease process, as well as the psychosocial distress of patients. By addressing both, dermatologists may be able to alleviate unnecessary fears of patients, increase patient satisfaction, and improve patients’ overall quality of life. Patient education and awareness may serve to decrease feelings of depression and isolation.