

The growth cycle of hair

Hair grows in a repeating three-phase cycle. On the scalp, the *growing phase* of hair can last anywhere from two to five years and, at any one time, about 87% of the hair on your scalp is in this phase. The second phase is a short two-week *transition period* involving around 1% of the hair on your scalp. The *resting phase* ends hair growth and typically lasts three months. At any one time, less than 12 % of hair is in the resting phase.

On average, hair grows about 0.35 millimeters a day. Since hairs on the scalp are at different stages of the growth cycle at any one time, it is normal to lose hair every day. In fact, we typically shed approximately 100 hairs a day as the cycle takes its course. Normally, a hair will grow for up to five years, stop growing for up to four months and fall out, leaving its place to a new hair.

What is Male Pattern Hair Loss?

Male Pattern Hair Loss (MPHL), scientifically known as androgenetic alopecia, is the most common form of hair loss in men. MPHL represents close to 95% of all hair loss experienced by men. This progressive loss of hair eventually results in the thinning and/or loss of hair at the top of the scalp.

How common is it for men to lose their hair?

As many as 50% of men are affected by MPHL by age 50. Hair loss can begin any time after puberty, but most commonly begins among men in their mid-twenties.

Does hair loss happen gradually?

Hair loss in men is progressive and follows a predictable pattern. During the first stage of hair loss, hair usually stops growing at the hairline and recedes from the forehead, eventually forming an “M” shape. The chart inside this pamphlet illustrates the standard assessment scale used to determine the stages of hair loss.

Why do men lose their hair?

Many factors can influence hair loss, including family history on both the maternal and paternal sides. Research has shown that susceptibility to MPHL is a genetically acquired condition and that the male hormone dihydrotestosterone (DHT) plays a critical role.

Men susceptible to MPHL have hair follicles at the top and front of their heads as well as on their temples that are particularly sensitive to DHT — a derivative of testosterone. DHT shortens the hair growth cycle causing hair follicles to miniaturize eventually leading to hair loss. Men with MPHL have elevated levels of DHT in these areas of scalp that are thinning.



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HAIR LOSS IN MEN



What other factors can influence hair loss?

Stressful life events or trauma, illness, recent surgeries, infections, drug intake, including over-the-counter drugs or vitamins, and cosmetic hair alterations such as permanent or hair straightener may also have an impact on hair loss. A clinical examination by a physician will help determine the cause of hair loss in each particular case.

How do I know how much hair I will lose?

Unfortunately, there are no predicting factors that can determine how much or how little hair will be lost. This may vary from one individual to the next. However, men who begin to lose their hair in their twenties are more likely to lose more significant amounts of hair than those who only begin to lose their hair later on.

What treatment options are available for Male Pattern Hair Loss?

1. Pharmacological drugs

Significant advances have been made in this area. Minoxidil is a topical agent available in a 2% solution. The 5% solution is available for men in the United States. Minoxidil is an antihypertensive agent whose mode of action in hair growth has not been clearly established.

Studies show that hair counts increase with the 2% solution and even more with 5% solution. Studies also show a 45% increase in hair weight when using the 5% solution compared to the 2%. In those who respond to minoxidil, regrowth can occur as early as two months following the first application.

Men who respond to treatment can expect their hair loss condition to stabilize within a year. Between 5% to 10% can also expect significant regrowth that is cosmetically acceptable.

Finasteride is the most recent medical development in the treatment of male pattern hair loss and is the only medication available as a prescription tablet taken once daily. Finasteride can be prescribed only for men; it cannot be prescribed for women. Clinical studies show that it is well tolerated, stops hair loss in 83% of cases and stimulates visible regrowth in 66% of men.

Finasteride acts by inhibiting DHT, a hormone related to the development of hair loss in men. In those who respond to finasteride, continued use of the product is necessary to sustain benefits. As is the case with minoxidil, halting medication will continue the hair loss process.

2. Surgical hair replacement

Hair transplants and scalp reduction are among the main surgical approaches used to deal with hair loss. Hair transplants involve taking hair from an area not susceptible to hair loss and transplanting the hair where hair loss has occurred. The transplanted hair will continue to grow as if it were in its original location. Scalp reduction is a surgical procedure where an area of the bald scalp is removed and the hair-bearing scalp rejoined together.

3. Wigs, toupees and weaves

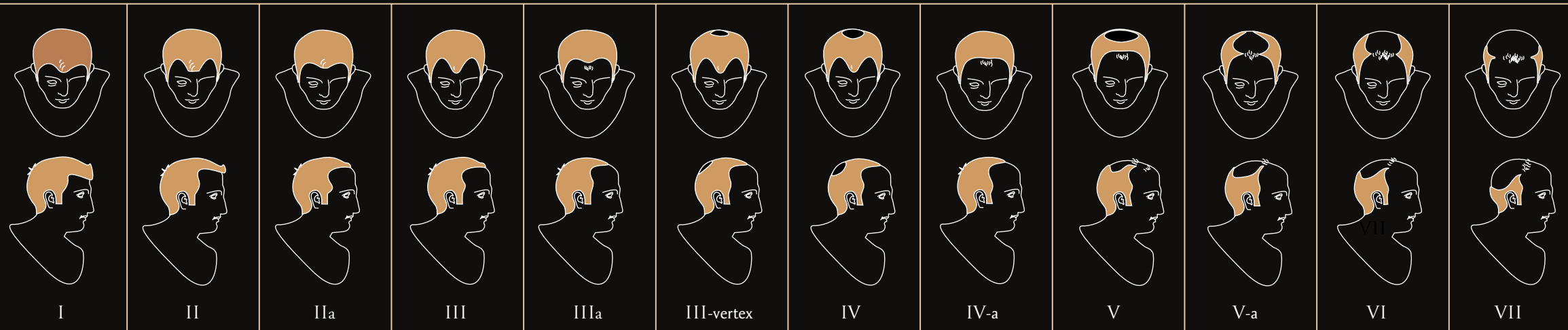
Numerous establishments specialize in providing men with wigs, toupees or weaves and maintaining them. Wigs and toupees are attached by either weaving them in with existing hair, taping or gluing. These require regular maintenance and need to be replaced every 18 to 36 months. Weaves are human hairs woven into the scalp to add volume and cover thinning areas.

4. Cosmetic Products

Many over-the-counter products contain agents that have a "thickening" effect on thinning hair. These agents do not actually grow more hair. However, they may give the impression that hair has become thicker since they coat the hair shaft, thereby increasing its diameter. These cosmetic products are only a temporary solution since they are washed out and must be reapplied after every shampoo.

For a proper diagnosis and to best deal with hair loss, contact your physician.

Classification of Male Pattern Hair Loss^{1,2}



1. Hamilton JB. Patterned loss of hair in man: types and incidence. Ann NY Acad Sci. 1951; 53:708-728.

2. Norwood OT. Male pattern baldness: classification and incidence. S Med. J. 1975; 68 (11): 1359-1365.