Alopecia
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Several autoimmune diseases are more prevalent in people with Down syndrome (DS) including alopecia areata, a chronic immunological disorder that targets hair follicles and causes hair loss. When a person has alopecia areata, their body produces antibodies which attack healthy hair follicles. Typically, alopecia areata presents as discrete patches of non-scarring hair loss on the scalp. In severe cases alopecia can manifest as total scalp and/or body hair loss also known as alopecia totalis. Alopecia is highly unpredictable. People who have this disorder may experience several episodes of hair loss and regrowth throughout their lifetimes while others may experience only one or two episodes.

Currently, there is no definite cure for or prevention of alopecia. Treatment trials are limited, but there has been some success with certain medical treatments. If alopecia is limited, first line treatment includes corticosteroid injections in the areas of hair loss or topical steroids applied to the areas of hair loss. If there is no success with either of those two treatments, topical minoxidil (Rogaine) can be used as a second line treatment in addition to or instead of first line treatment. Minoxidil works to increase hair growth by accelerating the natural hair cycle. Usually, it takes several weeks of treatment before hair growth is seen. Patients who do not wish to pursue medical treatment can also benefit from cosmetic treatments such as wigs.

Emotional support is just as important -- if not more important -- than medical management. Having alopecia can lead to insecurities about one’s physical appearance. Having a strong support system and validation about one’s appearance is crucial to helping one embrace his/her physical differences. Some individuals and their families also benefit from participating in support networks through organizations such as the National Alopecia Areata Foundation.