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Female pattern hair loss

What is female pattern hair loss?

Female pattern hair loss (FPHL) is common balding in females, otherwise known as androgenetic alopecia. Many women are affected by FPHL. In fact, around 40% of women by age 50 show signs of hair loss and less than 45% of women actually reach the age of 80 with a full head of hair.

In FPHL, there is diffuse thinning of hair on the scalp due to increased hair shedding or a reduction in hair volume, or both. It is normal to lose up to 50–100 hairs a day. Another condition called chronic [telogen effluvium](#) also presents with increased hair shedding and is often confused with FPHL. It is important to differentiate between these conditions as management for both conditions differ.

FPHL presents quite differently from the more easily recognizable [male pattern baldness](#), which usually begins with a receding frontal hairline that progresses to a bald patch on top of the head. It is very uncommon for women to bald following the male pattern unless there is excessive production of androgens in the body. However, some women may develop some hair thinning at the frontal hairline with normal aging.

Varying severity of female pattern hair loss



Images courtesy of R. Sinclair, FACD

What causes female pattern hair loss?

FPHL has a strong genetic predisposition although the mode of inheritance remains to be determined. There are many genes that contribute to this condition, and these genes could be inherited from either parent, or both.

Currently, it is not clear if androgens (male sex hormones) play a role in FPHL, although androgens have a clear role in male pattern baldness. The majority of women with FPHL have normal levels of androgens in their bloodstream. Due to this uncertain relationship, the term FPHL is preferred to 'female androgenetic alopecia'.

What is the normal hair growth cycle?

Everyone is born with a fixed number of hair follicles on the scalp that produce hairs throughout life. Hair grows from the base of the follicle at a rate of about one centimetre a month for about three years. This growth phase is called anagen. After anagen, the hair dies and no longer grows. It sits dormant in the follicle for a three-month phase called telogen. After telogen, the hair follicle undergoes another anagen phase to produce a new hair that grows out of the same follicle. As it grows, the old telogen hair is dislodged or pushed out. This is a cycle that

continues throughout life.

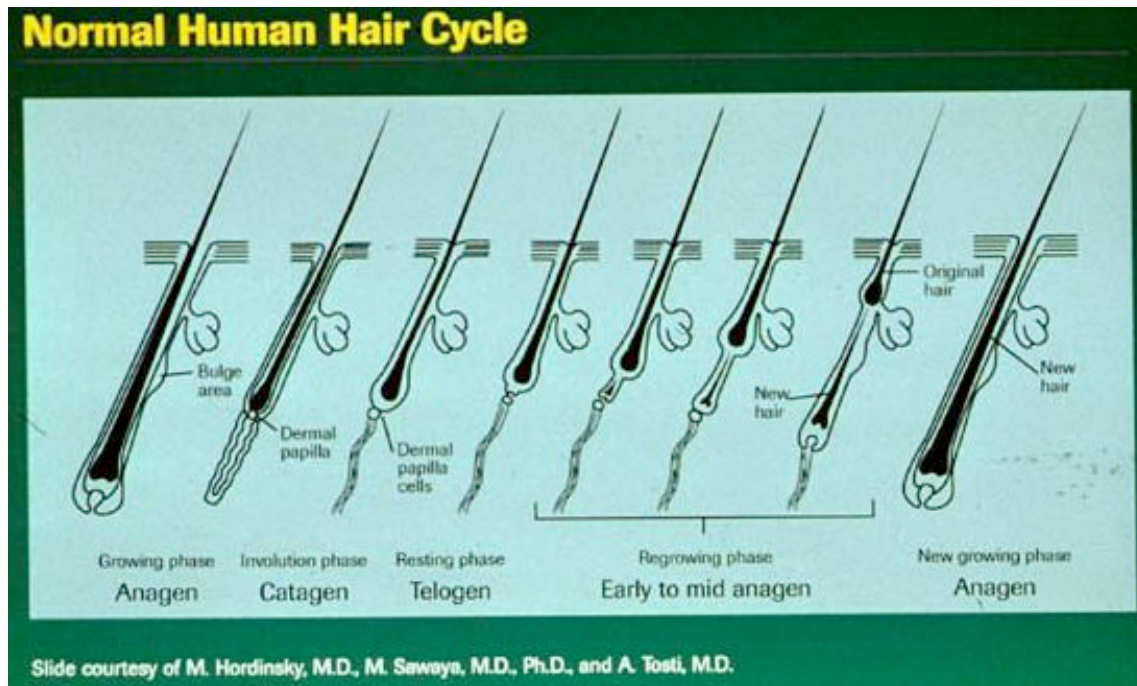


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How long does it take for FPHL to progress?

FPHL can affect women in any age group but it occurs more commonly after menopause. The hair loss process is not constant and usually occurs in fits and bursts. It is not uncommon to have accelerated phases of hair loss for 3–6 months, followed by periods of stability lasting 6–18 months. Without medication, it tends to progress in severity over the next few decades of life.

What are the effects of female pattern hair loss?

Many studies have shown that hair loss is not merely a cosmetic issue, but it also causes significant psychological distress. Compared to unaffected women, those affected have a more negative body image and are less able to cope with daily functioning. Hair loss can be associated with low self-esteem, depression, introversion, and feelings of unattractiveness. It is especially hard to live in a society that places great value on youthful appearance and attractiveness.

Should I have any hormone tests done?

Your doctor may arrange blood tests that include female and male sex hormone levels as well as thyroid function, as part of the diagnostic workup for your hair loss.

The majority of women affected by FPHL do not have underlying hormonal abnormalities. However a few women with FPHL are found to have excessive levels of androgens. These women tend also to suffer from acne, irregular menses and excessive facial and body hair. These symptoms are characteristic of [polycystic ovarian syndrome](#) (PCOS) although the majority of women with PCOS do not experience hair loss.

What treatments are available?

Effective treatments are available for FPHL although there is no cure. It is important to manage expectations when seeking treatment, as the aim is to slow or stop the progression of hair loss rather than to promote hair regrowth. However, some women do experience hair regrowth with treatment. Results are variable and it is not

possible to predict who may or may not benefit from treatment.

Two approaches commonly used to treat FPHL involve the use of [minoxidil](#) solution on the scalp and [hormonal treatment](#), i.e. oral medications that block the effects of androgens. Once started, treatment needs to continue for at least six months before the effects are seen, and it is important not to stop treatment without discussing it with your doctor first. Long term treatment is usually necessary to sustain the benefits.

Cosmetic camouflages include coloured hair sprays to cover thinning areas on the scalp, hair bulking fiber powder, and [hair wigs](#). [Hair transplantation](#) for FPHL is becoming more popular although not everyone is suitable for this procedure.

Where do I go to seek help?

Your first stop would be to see your general practitioner (GP) who can perform a medical workup to exclude other reasons for hair loss. Your GP can refer you to a dermatologist for further management of FPHL. Sometimes, it may be necessary for your doctor to perform a scalp [biopsy](#) to confirm this diagnosis.

It is important to seek reliable information and advice from authoritative sources as there are many bogus treatments that are expensive and do not work.

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Related information

References:

- Gan D, Sinclair R. Prevalence of male and female pattern hair loss in Maryborough. J Investig Dermatol Symp Proc 10(3), 184–9 (2005)
- The Australasian Hair and Wool Research Society patient information leaflet on "Understanding androgenetic hair loss in women" (2000)
- Yip L, Sinclair R. Antiandrogen therapy for androgenetic alopecia. Expert Rev Dermatol 1(2):261–9 (2006)
- [Bad Hair Day](#) by Francesca Collins, Sebastiana Bondo and Rodney Sinclair. Lothian Books, 2006 (highly recommended read for patients)

On DermNet NZ:

- [Hair loss](#)
- [Male pattern hair loss](#)
- [Alopecia areata](#)
- [Telogen Effluvium](#)
- [Minoxidil](#)
- [Hormonal treatment](#)

Other websites:

- [Alopecia Studies and Alopecia Info](#)
- [Androgenetic Alopecia](#) – emedicine dermatology

Books about skin diseases:

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