Disclosure

- **Educational Purposes Only**

This presentation is intended for educational purposes and should not replace medical advice from your healthcare provider. Some therapies are presented for historical context or to discuss the current state of scientific evidence. Mention of a treatment does not imply endorsement or recommendation. Any treatment should only be initiated after discussion with a qualified dermatologist based on your individual clinical situation.

CANAAF 2026

Alopecia Areata

What it is, why it happens, and what to expect

Carlo Gavino, MD

GAVINO DERMATOLOGY | July 2026

What Is Alopecia Areata?

- **A chronic autoimmune disease**
- The immune system mistakenly attacks healthy hair follicles
- **Causes patchy or widespread hair loss**
- On the scalp, face, or anywhere on the body
- **NOT contagious, NOT caused by diet alone**
- The hair follicle is alive — hair can regrow

2%
of people worldwide are affected

#2
most common form of hair loss globally

All ages
Children, teens & adults equally

M = F
Affects men & women equally

Ref: Pratt CH et al. Nat Rev Dis Primers 2017; Fricke AC & Miteva M. Int J Dermatol 2015

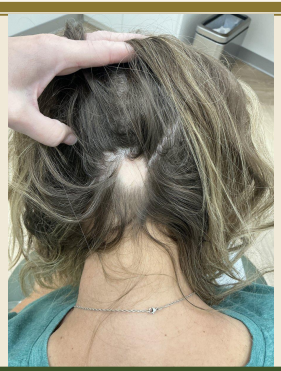
The Spectrum of Alopecia Areata

Alopecia Areata	Alopecia Totalis	Alopecia Universalis	Ophiasis
Patchy hair loss — one or more coin-sized areas	Complete loss of all scalp hair	Complete loss of all hair on entire body	Band-like loss around sides & nape of scalp

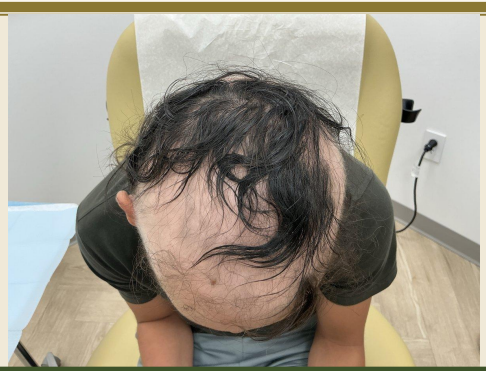
Most people (~80%) have the patchy form and never progress beyond it

Ref: Gilhar A et al. N Engl J Med 2012; Strazzulla LC et al. J Am Acad Dermatol 2018

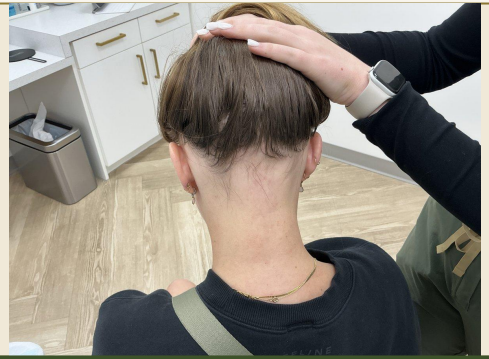
Alopecia Areata: What It Looks Like



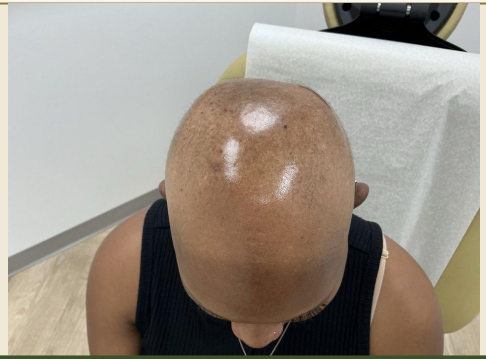
Patchy AA
Classic coin-sized bald patch



Extensive Patchy / Ophiasis
Hair loss spreading across crown & sides



Ophiasis Pattern
Band-like loss along nape & sides



Alopecia Totalis
Complete scalp hair loss

Clinical photos: Gavino Dermatology. Shown with patient consent.

Why Does It Happen?

The science of alopecia areata — in plain language

The Healthy Hair Follicle

How hair grows:

1. Anagen (Growing)

Active growth phase — lasts 2–6 years. The bulb divides rapidly, pushing hair up and out.

2. Catagen (Transition)

A short 2–3 week phase — growth slows and the follicle shrinks.

3. Telogen (Resting)

A 3-month resting phase — the old hair falls out, and the cycle resets.

Immune Privilege

The hair bulb is normally 'hidden' from immune attack by special signals — called immune privilege. Its collapse is central to alopecia areata.

Ref: Paus R & Cotsarelis G. N Engl J Med 1999; Ito T. J Investig Dermatol Symp Proc 2015

What Goes Wrong: The Immune Attack

1

Trigger

Genetic susceptibility + environmental trigger (infection, stress) disrupts the immune privilege of the follicle

2

NKG2D+ T Cells Activate

Cytotoxic CD8+ T cells recognize the follicle as foreign and swarm around the hair bulb ("swarm of bees" pattern)

3

Cytokine Storm

IFN-γ and IL-15 are released — inflammatory signals that amplify the attack and recruit more immune cells

4

Follicle Shuts Down

Under attack, the follicle stops producing hair — but remains alive. It enters a dormant state.

Key insight: The JAK-STAT signaling pathway drives this immune activation — and is now a major therapeutic target.

Ref: Gilhar A et al. N Engl J Med 2012; Xing L et al. Nat Med 2014; Mackay-Wiggan J et al. JCI Insight 2016

What Makes Someone Susceptible?

Genetics

20% family risk

If a first-degree relative has AA, your risk is about 20%

HLA genes

HLA-DQB1 and HLA-DRB1 alleles are strongly associated — these regulate immune recognition

GWAS findings

Genome-wide studies found 14+ risk loci — including genes controlling T-cell activation and immune checkpoints

Comorbidities

Thyroid disease, vitiligo, rheumatoid arthritis occur more frequently — shared immune genetics

Environmental Triggers

Viral infections

EBV, CMV, influenza — viral antigens may mimic follicle proteins, confusing the immune system

Physical stress

Surgery, major illness, significant weight loss can precipitate onset

Psychological stress

Emotional stress is a recognized trigger — both for initial onset and for flares

Microbiome changes

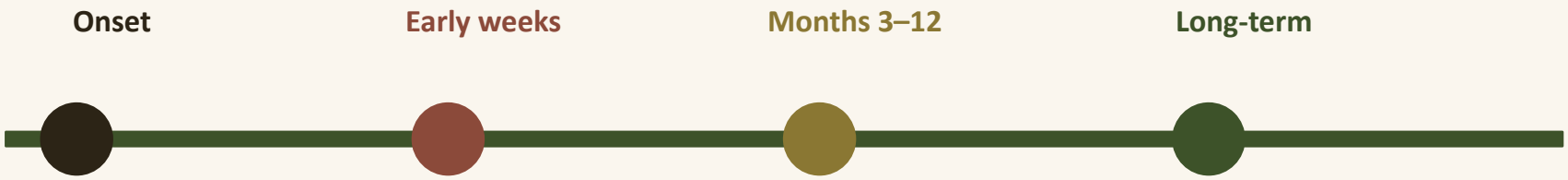
Emerging data suggests gut and scalp microbiome shifts may play a role

Ref: Petukhova L et al. Nature 2010; Betz RC et al. PLoS Genet 2015; Rajabi F et al. Autoimmun Rev 2018

Disease Course & Prognosis

What to expect — and why it varies so much

The Natural History of Alopecia Areata



First bald patch appears. Often sudden — within days.

Active phase — patches may enlarge or multiply.

Spontaneous regrowth common — often fine, white hair first.

Unpredictable — relapse, remission, or persistent loss.

Possible Outcomes:

50–80%
Regrowth within 1 year (mild patchy AA)

~30%
Relapse after regrowth

~5–10%
Progress to totalis or universalis

Lifelong
Unpredictable flares for many patients

Ref: Mirzoyev SA et al. J Am Acad Dermatol 2014; Pratt CH et al. Nat Rev Dis Primers 2017

Factors That Influence Prognosis

✔ Better Prognosis

- ✓ Fewer, smaller patches
- ✓ Onset in adulthood
- ✓ Short duration before treatment
- ✓ No nail changes
- ✓ No family history of AA
- ✓ Absence of atopic conditions (eczema)
- ✓ Patchy pattern (not ophiasis)

✗ Challenging Prognosis

- ✗ Extensive or total hair loss
- ✗ Childhood onset
- ✗ Long disease duration
- ✗ Nail pitting or ridging
- ✗ Family history of AA
- ✗ Associated atopic dermatitis
- ✗ Ophiasis pattern

Ref: Olsen EA et al. J Am Acad Dermatol 2004; Tosti A et al. J Am Acad Dermatol 1994; Alzolibani AA et al. Acta Dermatovenerol 2012

Beyond Hair Loss: The Real Burden

Mental Health

Depression & anxiety affect 30–40% of patients with AA. Quality of life scores compare to psoriasis and vitiligo.

Social Impact

Social withdrawal, reduced self-esteem, difficulties in relationships and workplace settings are common.

Nail Involvement

Up to 20% of patients have nail changes — pitting, trachyonychia — indicating systemic disease.

Comorbidities

Higher rates of thyroid disease, atopic dermatitis, anxiety disorders, and other autoimmune conditions.

Alopecia areata is not just a cosmetic condition — it is a medical disease that deserves treatment.

Ref: Katoulis A et al. J Eur Acad Dermatol 2015; Benigno M et al. JAMA Dermatol 2020; Villasante Fricke AC et al. Int J Dermatol 2015

Hope: A Changing Treatment Landscape

Traditional Options

- Intralesional corticosteroids (steroid injections into patches)
- Topical minoxidil (stimulates follicle activity)
- Topical & oral steroids (suppress immune attack)
- Contact immunotherapy (DPCP — induces immune distraction)

JAK Inhibitors (Breakthrough)

- Baricitinib (Olumiant) FDA/Health Canada–approved 2022
- Ritlecitinib (Litfulo) FDA/Health Canada–approved 2023
- Block JAK-STAT signaling pathway — the core immune driver of AA
- 30–40% achieve significant regrowth in clinical trials

Emerging Research

- IL-2 therapies (restore immune tolerance)
- PDE4 inhibitors (anti-inflammatory pathway)
- Combination JAK + biologics
- Biomarkers to predict treatment response

Ref: Olumiant prescribing info 2022; King B et al. N Engl J Med 2022; Shapiro J. N Engl J Med 2023

Key Takeaways

1. Alopecia areata is an autoimmune disease — not contagious, not caused by diet alone, and not your fault.
2. The hair follicle is alive. Regrowth is biologically possible at any stage.
3. The immune system loses its 'tolerance' for the follicle — driven by T cells and JAK-STAT signaling.
4. The disease course is unpredictable — but most people with mild disease regrow hair within a year.
5. JAK inhibitors represent a genuine breakthrough — effective treatment for severe disease now exists.

References

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10. Katoulis A, Lianou A, Bozi E, et al. Psychopathology in alopecia areata. J Eur Acad Dermatol Venereol. 2015;29(2):377-9.

Alopecia areata in kids

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Disclosures

Honoraria and consulting

- AbbVie, Amgen, Apogee, Arcutis, Bausch Health, Boehringer Ingelheim, Bristol Myers Squibb, Celgene, Eli Lilly, Galderma, Incyte, J & J, LEO Pharma, Novartis, Pfizer, Regeneron, Sandoz, Sanofi, Sun Pharma, UCB

Clinical trials

- Abbvie, Amgen, Apogee, Leo Pharma, Pfizer, Sanofi

Outline

- Is it alopecia areata or something else?
- What other conditions are associated with alopecia areata?
- What does the future hold?

What are other common causes of hair loss in childhood?

1. Ringworm of the scalp *(Tinea capitis)*
2. Patchy baldness *(Alopecia areata)*
3. Tight hairstyles *(Traction alopecia)*
4. Habitual pulling *(Trichotillomania)*
5. Stress-related shedding *(Telogen effluvium)*

Deep breaths—most childhood hair loss is temporary and treatable

The initial shock: Discovering hair loss in a child aged 12 or younger is frightening, but it is rarely a sign of serious illness.

The reality: The vast majority of pediatric alopecia is benign, non-scarring, and self-limiting.

What is normal? It is completely normal for a child to shed between 50 to 150 hairs per day.

The goal: By learning to differentiate between hair shedding and hair breakage, you can identify the most common, easily manageable causes and help your child regrow their hair.

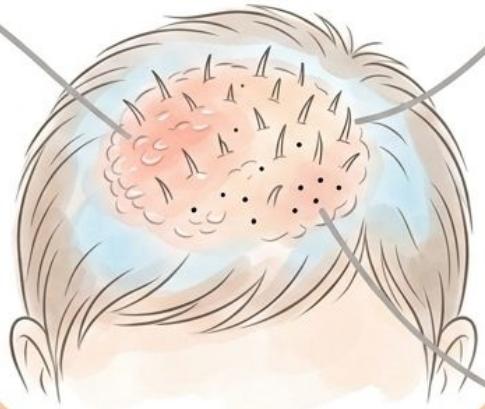
Five common conditions explain almost all childhood hair loss

Instead of searching the internet and finding worst-case scenarios, we will use a gentle lens to look at the five most common culprits. The key to recognizing them is looking closely at the skin and the remaining hair.

1. Ringworm of the scalp *(Tinea capitis)*
2. Patchy baldness *(Alopecia areata)*
3. Tight hairstyles *(Traction alopecia)*
4. Habitual pulling *(Trichotillomania)*
5. Stress-related shedding *(Telogen effluvium)*

Ringworm of the scalp leaves behind a short stubble of broken hairs

The Anatomy of a Patch: Tinea Capitis



Inflamed Skin

The skin within the patch may look red, scaly, and irritated. It is often itchy.

Short Stubble

The hair isn't falling out from the root; it is breaking off right at the surface.

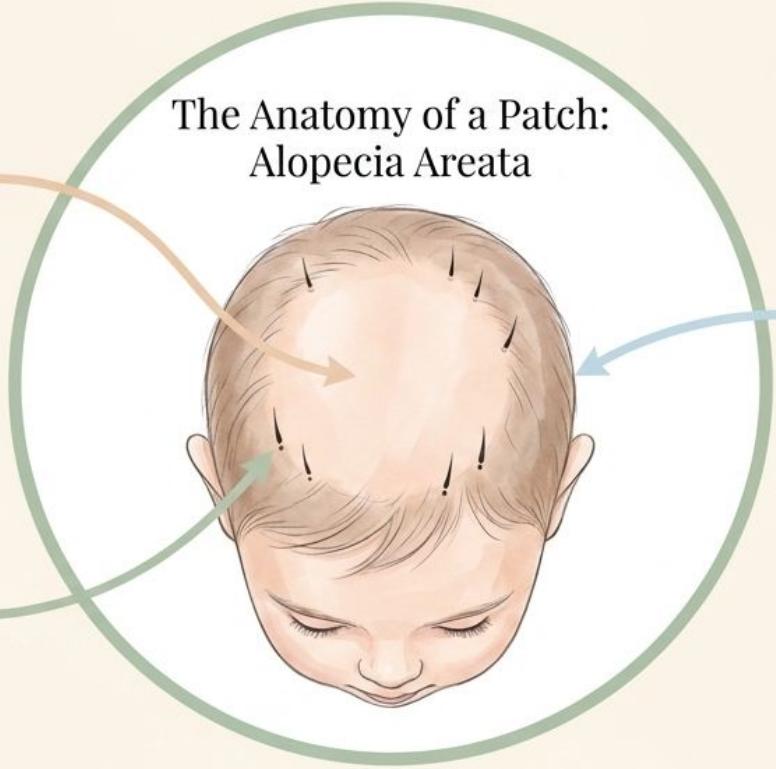
Small Black Dots

You may notice tiny black dots on the scalp—these are simply the broken hair follicles resting just below the skin.

Medical name: Tinea capitis

This is a common, highly treatable fungal infection that responds excellently to oral medicine prescribed by a doctor.

Patchy baldness creates perfectly smooth circles on normal skin



Normal-Appearing Skin
Unlike ringworm, the skin in these bald patches is completely normal, smooth, and not inflamed.

Exclamation Point Hairs
At the very edges of the patch, you might see tiny hairs that are thicker at the top and taper at the bottom.

Complete Hair Loss
The area is usually completely bald in circumscribed circular shapes, rather than having stubble.

Medical name: Alopecia areata.
An autoimmune condition where the body temporarily pauses hair growth.
There are many topical treatments available to help stimulat

Caregiver's Gentle Lens

Tight hairstyles can slowly pull hair away from the front and sides

The Anatomy of a Patch: Traction Alopecia

Frontotemporal Focus

Hair loss is most commonly seen around the edges of the hairline, the forehead, and the temples.

The Fringe Sign

You may notice a few delicate hairs completely retained along the very front hairline, with the thinning occurring just behind them.

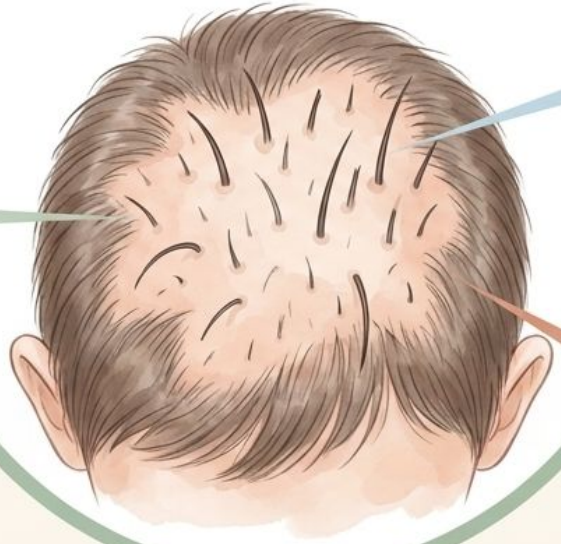
No Breakage

The hair is being physically pulled from the follicle over months of constant tension.

Medical name: Traction alopecia.
Caused by tight ponytails, braiding, or hair rollers.
Highly reversible if the hairstyle is modi

Habitual pulling creates angular patches of uneven diffuse thinning

The Anatomy of a Patch: Trichotillomania



Angular Borders

The patches of hair loss rarely form perfect circles; they are patchy, irregular, and angular.

Uneven Breakage

Because hair is pulled at different times, the patch contains numerous broken hairs of entirely different lengths.

Peripheral Sparing

It often spares the hairs around the very outside edge of the scalp (sometimes called a Friar Tuck pattern).

Medical name: Trichotillomania.
Often a benign, inadvertent childhood habit that they will outgrow, though it can sometimes signal underlying anxiety requiring gentle counseling.

Caregiver's Gentle Lens

Physical or emotional stress can trigger a delayed, sudden shedding phase

The Stress-to-Shed Timeline

Step 1: The Trigger

A significant event occurs (a high fever, severe illness, emotional stress, nutritional change, or new medication).

Step 2: The Silent Gap (~3 Months)

The hair follicles prematurely enter a resting phase. Nothing appears to happen on the surface.

Step 3: The Sudden Shedding

Parents notice a sudden, diffuse decrease in overall hair density. There are no bald patches, but the child's ponytail may feel noticeably thinner, and active shedding increases heavily.

Step 4: The Reassurance

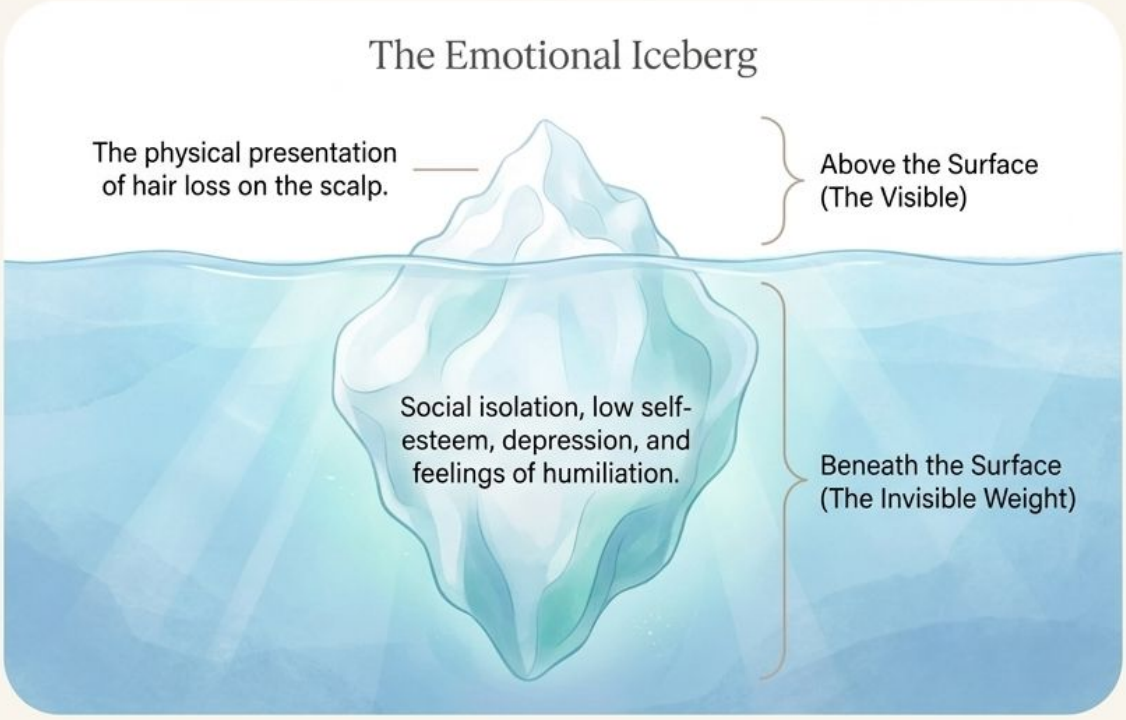
Complete baldness is not possible with this condition. The shedding usually resolves on its own in 3 to 6 months, and density improves shortly after.

Medical name: Telogen effluvium. A reactive, self-limiting condition requiring reassurance and time.

Cross-referencing the visible clues can point you in the right direction

	Ringworm	Patchy Baldness	Tight Hairstyles	Habitual Pulling	Stress Shedding
Pattern: What shape is it?	Circular patch	Perfect circles	Edges and temples	Angular, irregular	Diffuse, all over
Scalp Skin: How does the skin look?	Red, inflamed, scaly	Normal, smooth	Normal	Normal	Normal
Hair Clues: What remains in the patch?	Broken stubble, black dots	Completely bald, exclamation hairs	Missing hair, fringe remaining	Uneven broken hairs	Thinner overall density
Primary Cause: Why is it happening?	Fungal infection	Autoimmune response	Mechanical tension	Behavioral habit	Reactive body response

The most significant impact of hair loss happens beneath the surface



Treating the scalp is only half the journey. The psychological effects of hair loss in children can be profound. Management requires holistic care of the child, parents, and siblings. Prioritize reassurance, consider camouflaging options if the child is self-conscious, and do not hesitate to seek a child psychologist to help them navigate their feelings.

When it is time to step back and consult a medical professional

While most conditions are highly treatable, a doctor or dermatologist is essential when:

- **The diagnosis is uncertain:** If the clues don't perfectly match the common conditions.
- **The skin is severely inflamed:** The presence of a painful, boggy mass (a kerion) or pustules requires immediate medical care.
- **There is evidence of scarring:** If the scalp lacks pinpoint openings (follicle openings) or shows fibrotic white dots, it requires specialist investigation to prevent permanent loss.
- **The loss is rapid or total:** Complete loss of hair on the scalp (totalis) or body (universalis) needs rapid intervention.
- **Shedding persists:** If diffuse shedding lasts longer than three to six months without improvement.

Take a deep breath. You are now equipped to observe the signs, support your child emotionally, and seek the right medical care.

Outline

- Is it alopecia areata or something else?
- What other conditions are associated with alopecia areata?
- What does the future hold?

Alopecia Areata: Caring for Your Child's Mind and Body

Understanding the Emotional Impact

9%
of children experience **anxiety**

This prevalence is approximately 43% higher than in children without the condition.

30–40%
Higher Mental Health Risk

Children with alopecia areata face significantly greater emotional burdens than their peers.

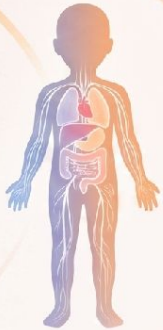
8%
of children **depression**

This represents a 33% higher risk compared to peers without alopecia areata.

Supporting the Whole Child

7%
of children are diagnosed with **ADHD**

Attention-deficit/hyperactivity disorder is a notable comorbidity in pediatric alopecia patients.



More Than Just Hair Loss

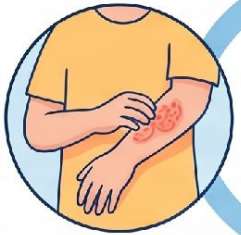
Alopecia areata affects a child's whole well-being and multisystem health.

A Multisystem Impact

The condition involves overlapping immune responses that affect both physical and mental health.

Alopecia Areata & Allergies: Understanding the Connection in Children

COMMON ALLERGIC OVERLAPS



ECZEMA

15%

of children with alopecia areata have eczema

Nearly **3x** more likely to have eczema than others

HAY FEVER

19%

of children with alopecia areata have hay fever

Most common allergic condition associated with childhood hair loss

ASTHMA

12%

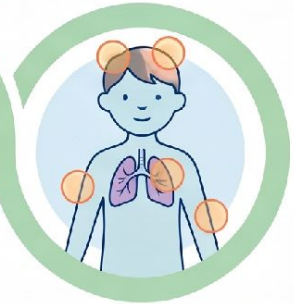
of children with alopecia areata have asthma

2x more likely to develop asthma compared to their peers

WHY THE OVERLAP HAPPENS

A SHARED IMMUNE SYSTEM RESPONSE

These conditions overlap because the immune system uses similar pathways to react to the environment and the hair follicies.



THE "MULTISYSTEM" IMPACT

Alopecia areata is considered a multisystem condition because its effects reach beyond hair to the skin and lungs.

Other Health Connections:
Your Child's Health Beyond Hair Loss

COMMON HEALTH CONNECTIONS

6%

of children experience obesity.

Maintaining a healthy weight is a key part of managing overall health.

2%

of children have iron deficiency or anemia.

Low iron levels can affect a child's energy and growth.

1%

of children show low thyroid levels or Vitamin D deficiency.

These levels are easily checked by a doctor during routine visits.

RARE RISKS & GROWING OLDER

High blood pressure and high cholesterol are rare.

These metabolic issues occur very infrequently in young children with this condition.

Health risks can change as children grow older.

While currently less common, these risks may increase as a child enters adulthood.

Regular check-ups are important.

Monitoring health over time helps manage risks that may accumulate with age.

Outline

Is it alopecia areata or something else?

What other conditions are associated with alopecia areata?

What does the future hold?

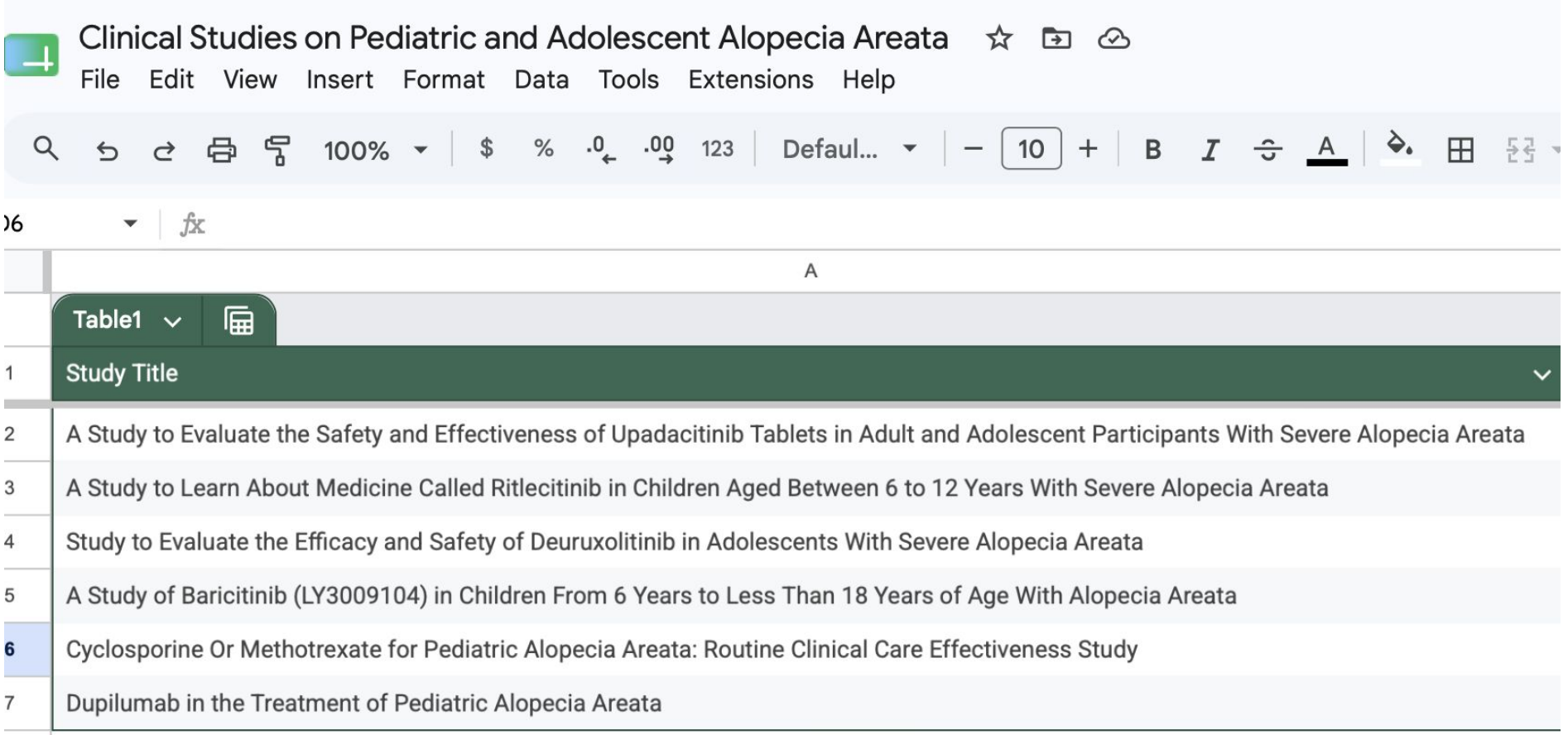

Clinical Studies on Pediatric and Adolescent Alopecia Areata
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Table1
Study Title
A Study to Evaluate the Safety and Effectiveness of Upadacitinib Tablets in Adult and Adolescent Participants With Severe Alopecia Areata
A Study to Learn About Medicine Called Ritlecitinib in Children Aged Between 6 to 12 Years With Severe Alopecia Areata
Study to Evaluate the Efficacy and Safety of Deuruxolitinib in Adolescents With Severe Alopecia Areata
A Study of Baricitinib (LY3009104) in Children From 6 Years to Less Than 18 Years of Age With Alopecia Areata
Cyclosporine Or Methotrexate for Pediatric Alopecia Areata: Routine Clinical Care Effectiveness Study
Dupilumab in the Treatment of Pediatric Alopecia Areata


Thank You

Alopecia Areata

Your Questions Answered

Drug Coverage | Genetics & Stress | Autoimmune Risk | Diet & Supplements

Courtyard Marriott Hotel, Toronto

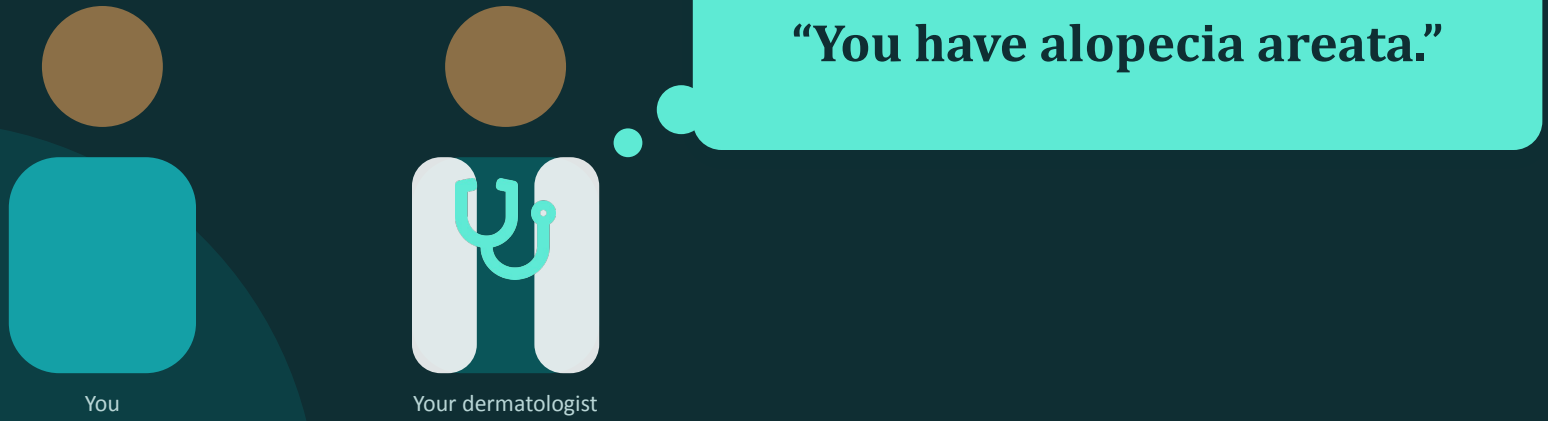
Saturday, July 18, 2026

Dr. Eric McMullen

PGY3 Dermatology Resident

University of Toronto, Department of Dermatology

The moment of diagnosis



…and then the thoughts race in

A new diagnosis brings a flood of questions. This lecture goes through the most common ones

- Will my hair grow back?
- Will my family get this too?
- Did I cause this?
- What diet is best?
- What tests do I need?
- Is it because of stress?
- What do I tell people?
- Will it stop?
- What treatments work?
- Is this forever?
- Are there new treatments available?

Q1 What's causing my alopecia areata?

Alopecia areata is an autoimmune disease predisposed by genetics, sometimes with stress as a trigger.
You did not cause your alopecia areata.

GENETIC

- 55% twin concordance
- 3.2% of people with alopecia areata have a first-degree relative (parent, sibling, child) with alopecia areata
- 17.6% have any family member with alopecia areata

IMMUNE

- T-cell **autoimmune** attack
- Genes: CTLA4, IL-2/IL-21, HLA
- Overlaps other autoimmune disease

STRESS

- Can trigger disease onset and flares

Petukhova et al., 2010 (Nature); Rodriguez et al., 2010 (JAAD); García-Hernández et al., 2004 (JEADV)

Q2 Does alopecia areata increase my autoimmune risk and risk of other diseases?

5.3× Vitiligo

5.5× Lupus

5.0× Metabolic Syndrome

4.3× Hashimoto's

3.3× Atopic Dermatitis

2.8× Iron Deficiency

3.0× Celiac Disease

Screening sometimes done: TSH, ferritin, CBC, vitamin D level (25-hydroxy vitamin D)

Ly et al., 2023 (Am J Clin Dermatol)

What treatments are effective?

There are many options-your doctor and you decide what's best

Topicals

- Topical steroids
- Topical minoxidil 5% (Rogaine)
- Topical ruxolitinib (Opzelura)

Injectables

- Steroid injections
- Dupilumab (Dupixent)
- Methotrexate

Pills

- Oral minoxidil
- JAK inhibitors (baricitinib, ritlecitinib, tofacitinib)
- Prednisone/dexamethasone
- Cyclosporine
- Methotrexate

The right treatment depends on:

Disease severity, alopecia areata pattern, age, health history, side effects, preference, cost, coverage with private drug plan

Q4

How do I access JAK inhibitors?

Navigate the Canadian insurance companies

Ritlecitinib (Litfulo)

Approved	**Dec 2023**
Ages	**12+ years**
SALT Score	**Any severity**
Public Coverage	**Under CDA-AMC review**
Private Coverage	**No specific SALT score needed; varies by drug plan**

Baricitinib (Olumiant)

Approved	**Jan 2024**
Ages	**Adults**
SALT Score	**SALT ≥50 recommended**
Public Coverage	**Ontario public (LU code)***
Private Coverage	**No specific SALT score needed; varies by drug plan**

** LU (Limited Use) Code: Ontario provides baricitinib for 1 year due to cost (~$22K/year); coverage via pCPA (Nov 2025); ritlecitinib under CDA-AMC review*

JAK Inhibitors: The Pipeline

Drug (Trade Name)	Health Canada Status	Age Group
Ritlecitinib (Litfulo)	Approved (NOC Dec 4, 2023)	≥12 years
Baricitinib (Olumiant)	Approved (NOC Jan 26, 2024)	≥18 years
Tofacitinib (Xeljanz)	Case series only; unlikely for alopecia areata trials	N/A
Upadacitinib (Rinvoq)	In clinical trials	TBD
Deuruxolitinib (Leqselvi)	Approved in USA (18+ severe AA)	≥18 years

Other treatments coming soon stay tuned!

Q5 Can supplements help?

Correcting Deficiency

- Iron/Ferritin
- Hypothyroidism (low thyroid)
- Vitamin D

Action: Supplement if deficient

NOT Proven

- Over the counter “Hair supplements”
- Any “special diet” for alopecia areata

Bottom line: Don't waste your money on these

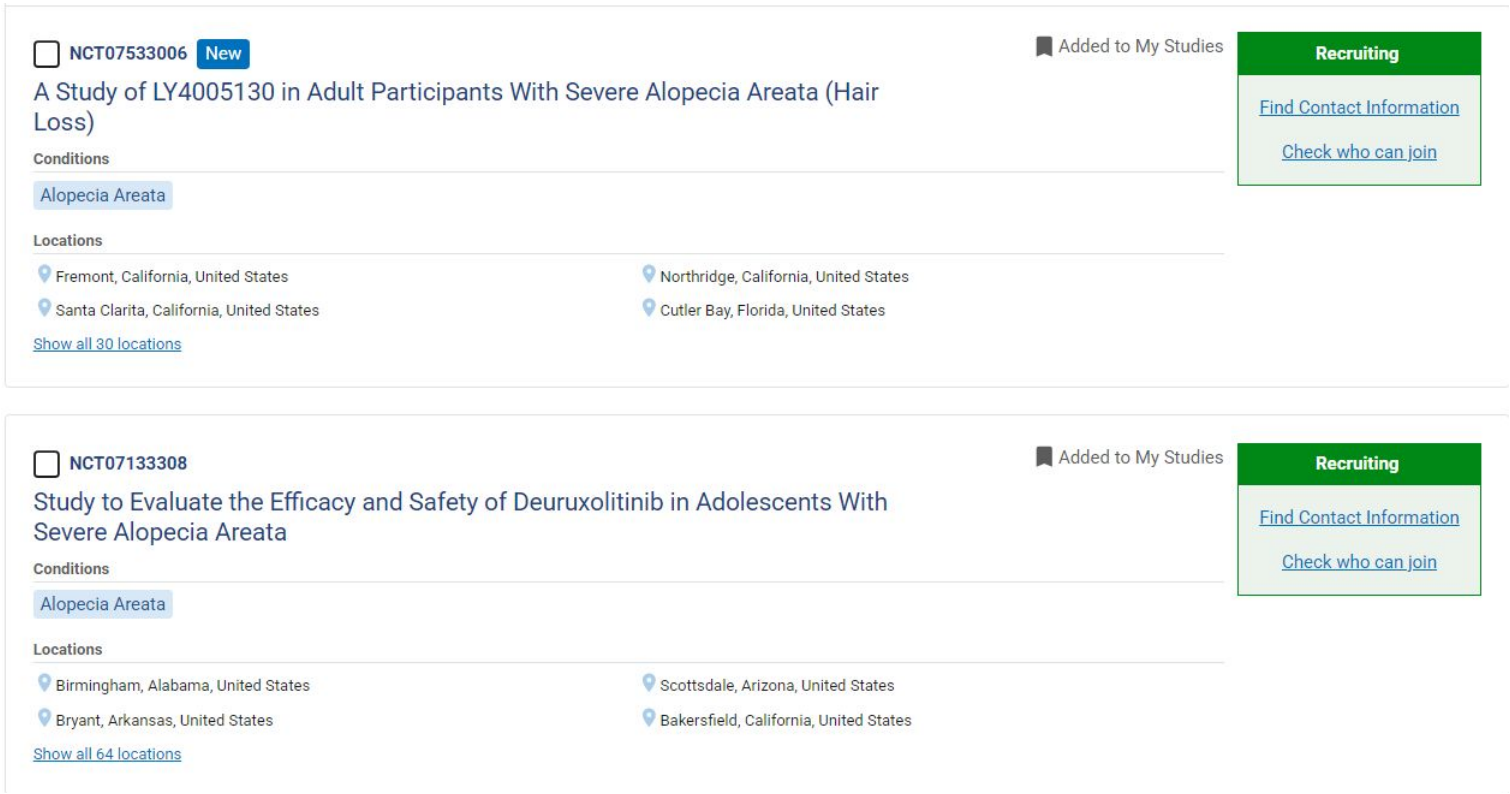
Stress reduction, good quality sleep and mental health supports all improve wellbeing are all great additions to medical treatment.

Wu et al., 2025 (J Cosmet Dermatol); Bestavros et al., 2025 (Clin Exp Dermatol). Note: No specific diet is indicated for alopecia areata; supplementation of identified deficiencies may help.

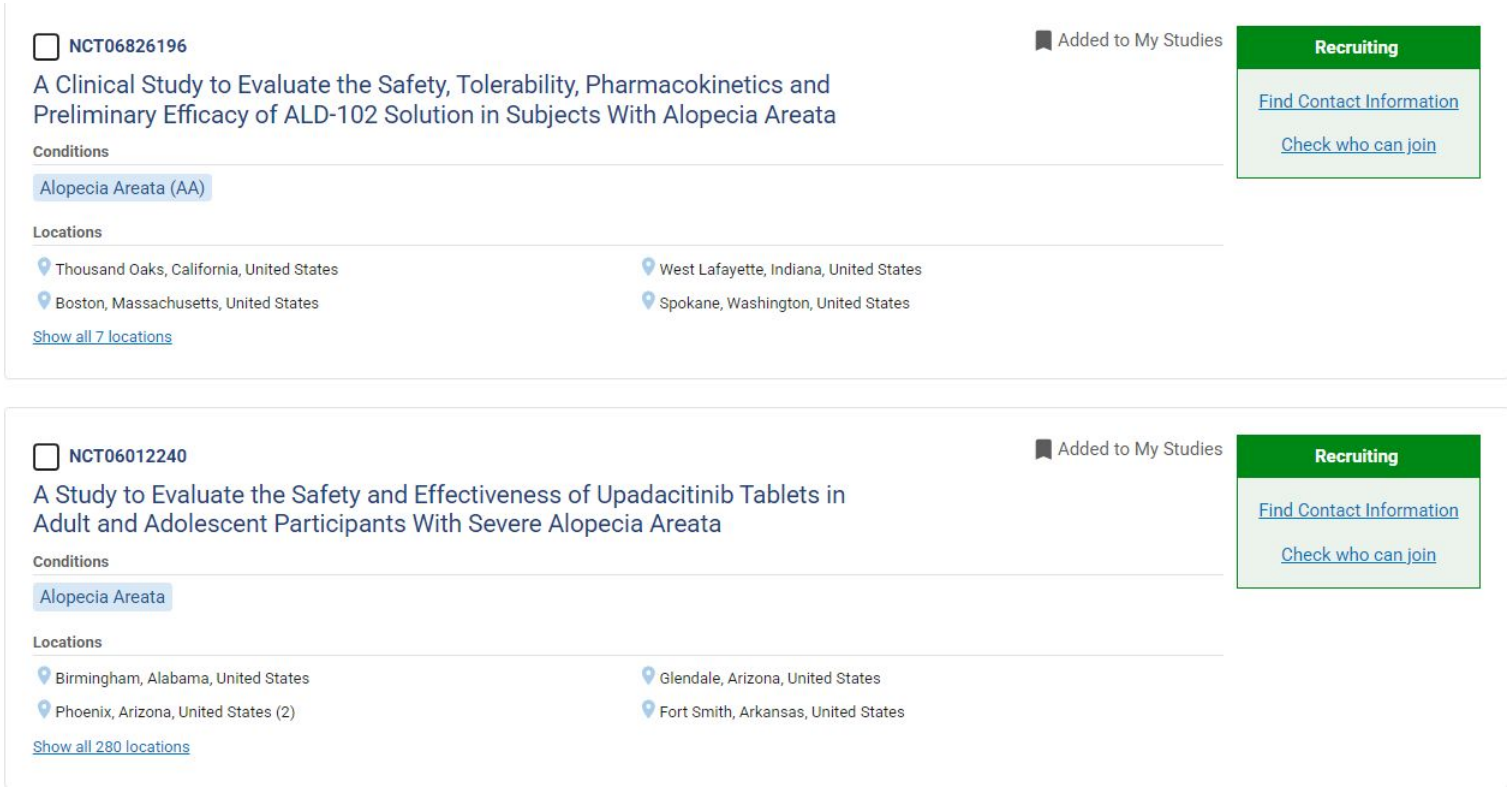
Clinical Trials & Research

Find more trials: **ClinicalTrials.gov** **(search: alopecia areata; Canada)**

Talk to your dermatologist about enrolling in active studies in Canada.



1. Kelowna, Newmarket, Ottawa, Verdun; 2. Toronto, Markham, Newmarket, Calgary, Edmonton, Red Deer, Kelowna, Surrey

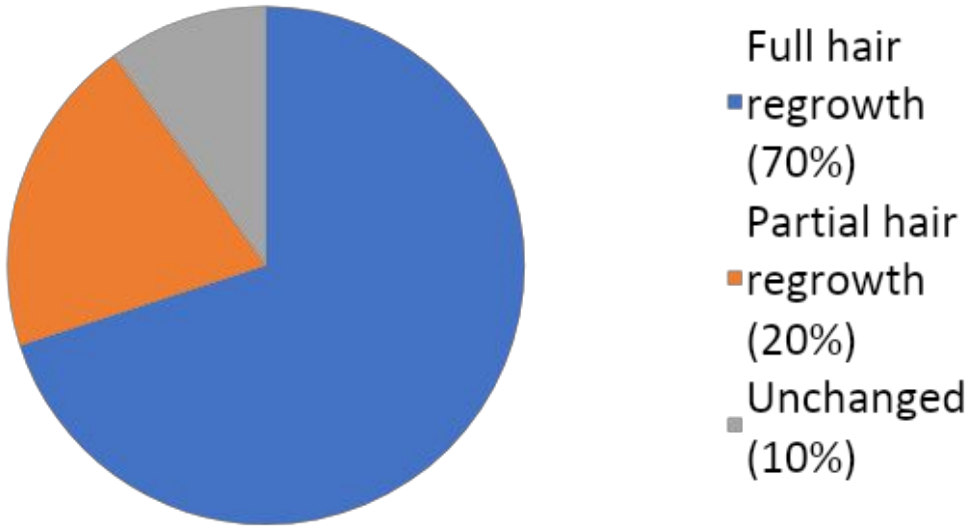


1. Oakville, Montreal, Quebec City; 2. Barrie, Sudbury, Hamilton, Markham, Ottawa, Peterborough, Richmond Hill, Waterloo,
Montreal, Quebec City, Sain-Jerome

1. Toronto, Cobourg, Markham, Calgary, Surrey, Winnipeg

Dupilumab (Dupixent): Another Option?

If you have a history of atopy (eczema, seasonal allergies, asthma)…



Coverage: Approved for moderate-to-severe eczema, asthma, COPD, chronic rhinosinusitis, eosinophilic esophagitis, prurigo nodularis and chronic spontaneous urticaria. In patients with alopecia areata, those with high baseline IgE and family history of atopy may respond better.

Srivatsa et al., 2025 (J Am Acad Dermatol)

What happens over time?

*Alopecia areata is a very **random** disease*

Relapsing and remitting

- Hair can come and go over time
- Flares can be linked to infections or stress, but sometimes they just occur

Even longstanding alopecia areata can regrow, though the course varies greatly from person to person.

Signs of a tougher course of hair regrowth

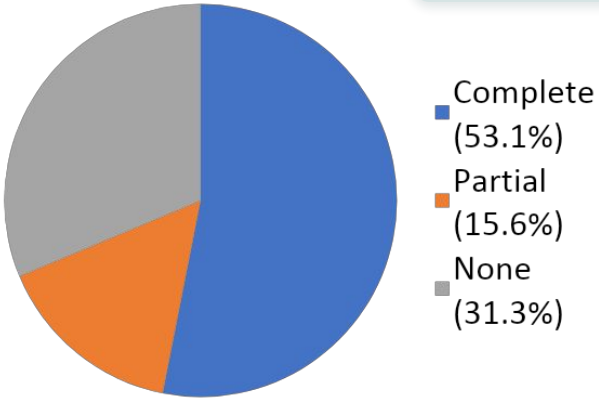
- Active severe alopecia areata for longer than 5 years
- Ophiasis pattern (band along the sides/back)
- Hair loss beyond the scalp
- Nail changes: pitting or “sandpaper” nails (trachyonychia)

JAAD Consensus Statement, 2020 (J Am Acad Dermatol)

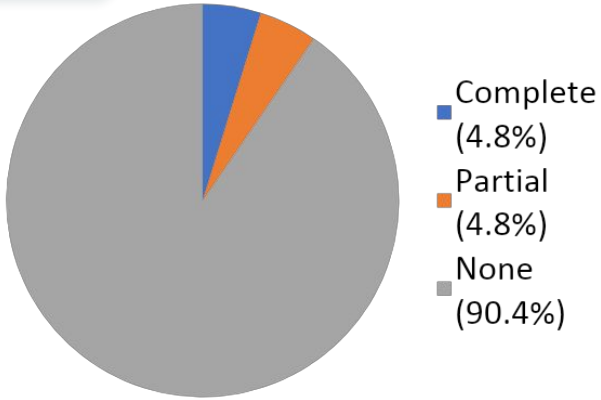
What about gluten?

Here's what the evidence shows:

In those with Celiac disease and alopecia areata, hair regrowth was seen in **69%** of patients adhering to a gluten free diet, compared to **9.5%** in those without Celiac disease



With Celiac disease



Without Celiac disease

Bestavros et al., 2025 (Clin Exp Dermatol); Ly et al., 2023 (Am J Clin Dermatol)

New diagnosis or new situation

Setting kids and teens up for support at school

Be prepared and proactive when possible

When kids are really little, a letter home to parents and a circle-time meeting with the class can **normalize things early and reduce misunderstandings.**

Younger children

Peers are generally just curious. A simple, honest explanation usually settles it.

“I have alopecia. I'm not sick - it's just that my body doesn't grow hair.”

Teens

Can be tougher at times but close friends are usually very supportive.

Very common for teenagers to wear wigs.

CANAAF, 2025; changingfaces.org.uk

…and now you have answers to all these questions

Will my hair grow back?

Will my family get this too?

Did I cause this?

What diet is best?

What tests do I need?

Is it because of stress?

What do I tell people?

Will it stop?

What treatments work?

Is this forever?

Are there new treatments available?

Resources

Canadian Alopecia Areata Foundation
www.canaaf.org

Canadian Dermatology Association
dermatology.ca

National Alopecia Areata Foundation (United States)
www.naaf.com

Your dermatologist and CANAAF are here to support you. You're not alone in this.

References

Bestavros S, et al. Dietary measures as an adjunctive therapy in alopecia areata: A scoping review. Clin Exp Dermatol. 2025;50(6).

García-Hernández MJ, et al. Alopecia areata, stress and psychiatric disorders: a review. J Eur Acad Dermatol Venereol. 2004.

Huang Y, et al. Familial patterns of alopecia areata: a systematic review and meta-analysis. J Autoimmun. 2025;151:103378.

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Ly S, et al. Comorbid conditions associated with alopecia areata: a systematic review and meta-analysis. Am J Clin Dermatol. 2023;24(6):875-893.

Petukhova L, et al. Genome-wide association study in alopecia areata implicates both innate and adaptive immunity. Nature. 2010;466(7302):113-117.

Potacco et al. Dupilumab in the treatment of alopecia areata in patients with atopic disease. J Allergy Clin Immunol. 2023.

Rodriguez TA, et al. Concordance rate of alopecia areata in identical twins supports both genetic and environmental factors. J Am Acad Dermatol. 2010;62(3):525-527.

Srivatsa A, et al. Friend or foe: A systematic review of dupilumab and alopecia areata. J Am Acad Dermatol. 2025;93(3):825-827.

Tziotzios C, et al. Long-term efficacy and safety of ritlecitinib in alopecia areata: 24-month results from the ALLEGRO programme. J Eur Acad Dermatol Venereol. 2025.

Wu et al. Dietary and nutritional supplements in alopecia areata: a systematic review and meta-analysis. J Cosmet Dermatol. 2025.

TREATMENTS IN ALOPECIA AREATA

Dr Julio Jasso-Olivares MD
dermatologist

Prevalence

Affects **~2%** of the global population across all ages, sexes, and ethnicities.

Clinical presentation is **similar to urticaria.**

Key takeaways

- Common autoimmune disease with significant impact on quality of life.
- Course is variable: relapsing, persistent, or chronic.
- Early recognition and treatment may improve outcomes.

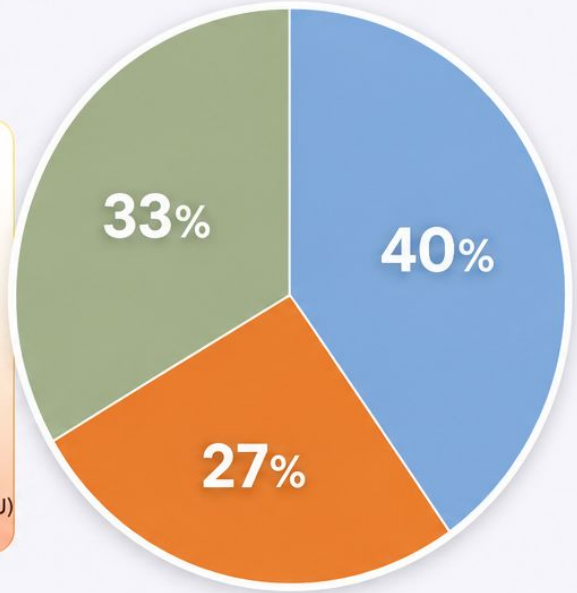
Prognosis

The course of alopecia areata varies among patients.

55% relapsing

27% alopecia totalis (AT)

15% alopecia universalis (AU)



TWO ENEMIES

that can make alopecia areata harder to treat

1 TIME

The earlier alopecia areata starts, the better the chance of response.

Shorter disease duration = higher chance of regrowth

Longer disease duration = lower chance of regrowth

2 EXTENT OF HAIR LOSS (SALT SCORE)

The more extensive the hair loss, the harder it is to achieve regrowth.

Lower SALT score = higher chance of regrowth

Higher SALT score = lower chance of regrowth

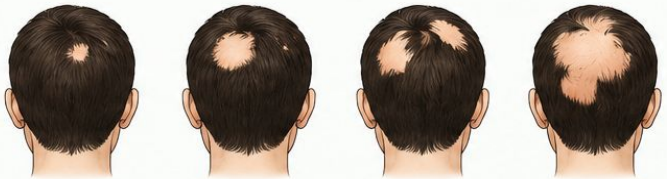
EARLIER TREATMENT and LESS EXTENSIVE HAIR LOSS give you the best chance of success.

ALOPECIA AREATA: SEVERITY FOR TREATMENT PURPOSES

Classified by SALT score (Scalp Hair Loss)

MILD TO MODERATE AA
SALT < 50

Less than 50% scalp hair loss



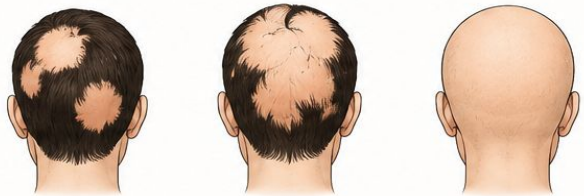
SALT 0–20 | SALT 21–30 | SALT 31–40 | SALT 41–49

MILD TO MODERATE

SALT score less than 50.
Lower treatment intensity may be considered.

SEVERE AA
SALT ≥ 50

50% or more scalp hair loss



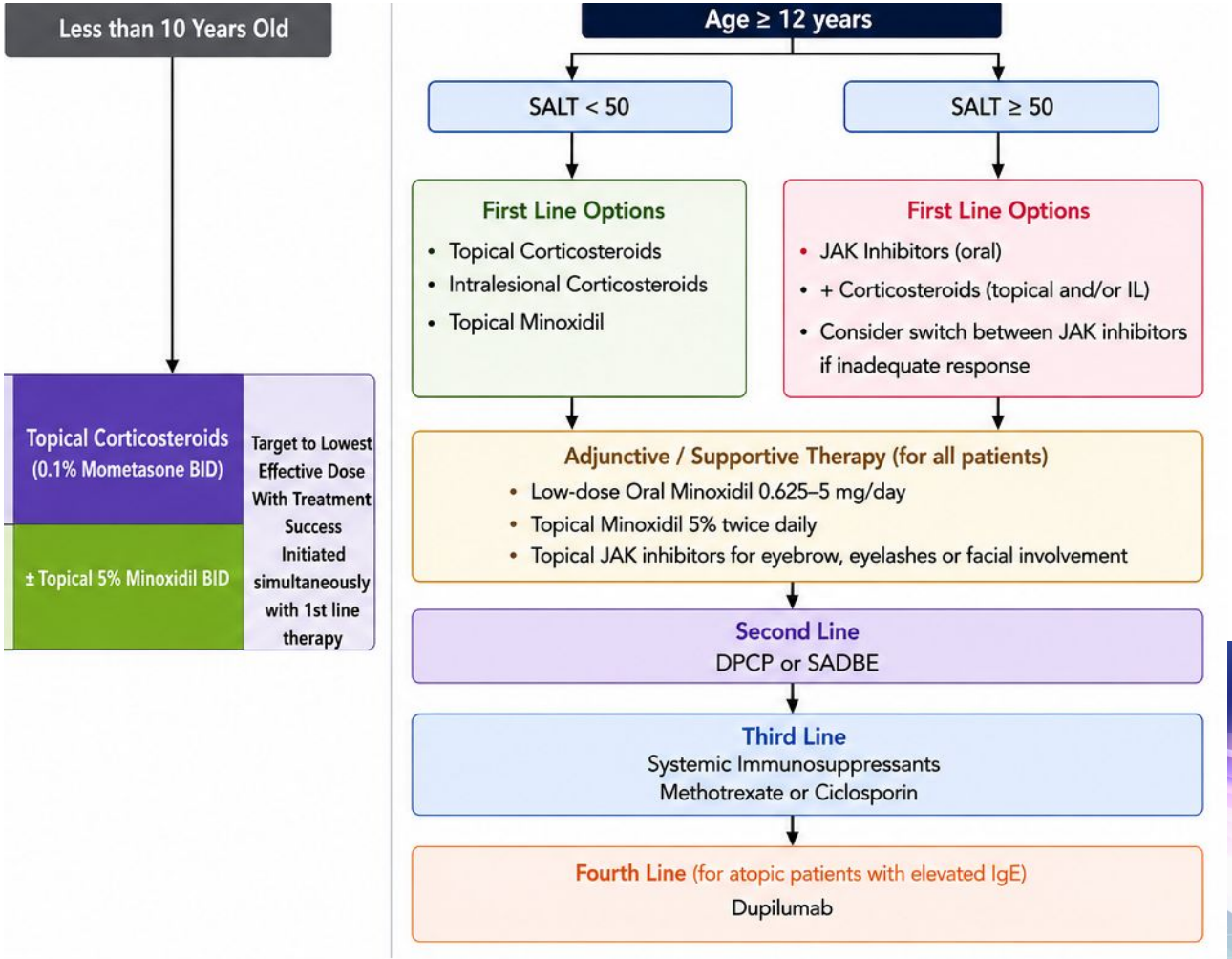
SALT 50–74 | SALT 75–94 | SALT 95–100

SEVERE

SALT score 50 or greater.
Systemic treatment is usually indicated.

SALT = Severity of Alopecia Tool. It estimates the percentage of scalp hair loss.

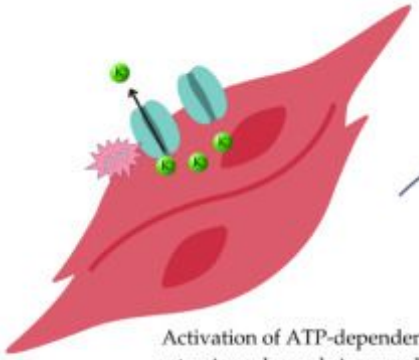
Eyelashes
Eyebrows
But not facial hair
or
Body hair


Less than 10 Years Old
Topical Corticosteroids (0.1% Mometasone BID)
± Topical 5% Minoxidil BID
Target to Lowest Effective Dose With Treatment Success Initiated simultaneously with 1st line therapy
Age ≥ 12 years
SALT < 50
SALT ≥ 50
First Line Options
• Topical Corticosteroids
• Intralesional Corticosteroids
• Topical Minoxidil
First Line Options
• JAK Inhibitors (oral)
• + Corticosteroids (topical and/or IL)
• Consider switch between JAK inhibitors if inadequate response
Adjunctive / Supportive Therapy (for all patients)
• Low-dose Oral Minoxidil 0.625–5 mg/day
• Topical Minoxidil 5% twice daily
• Topical JAK inhibitors for eyebrow, eyelashes or facial involvement
Second Line
DPCP or SADBE
Third Line
Systemic Immunosuppressants
Methotrexate or Ciclosporin
Fourth Line (for atopic patients with elevated IgE)
Dupilumab

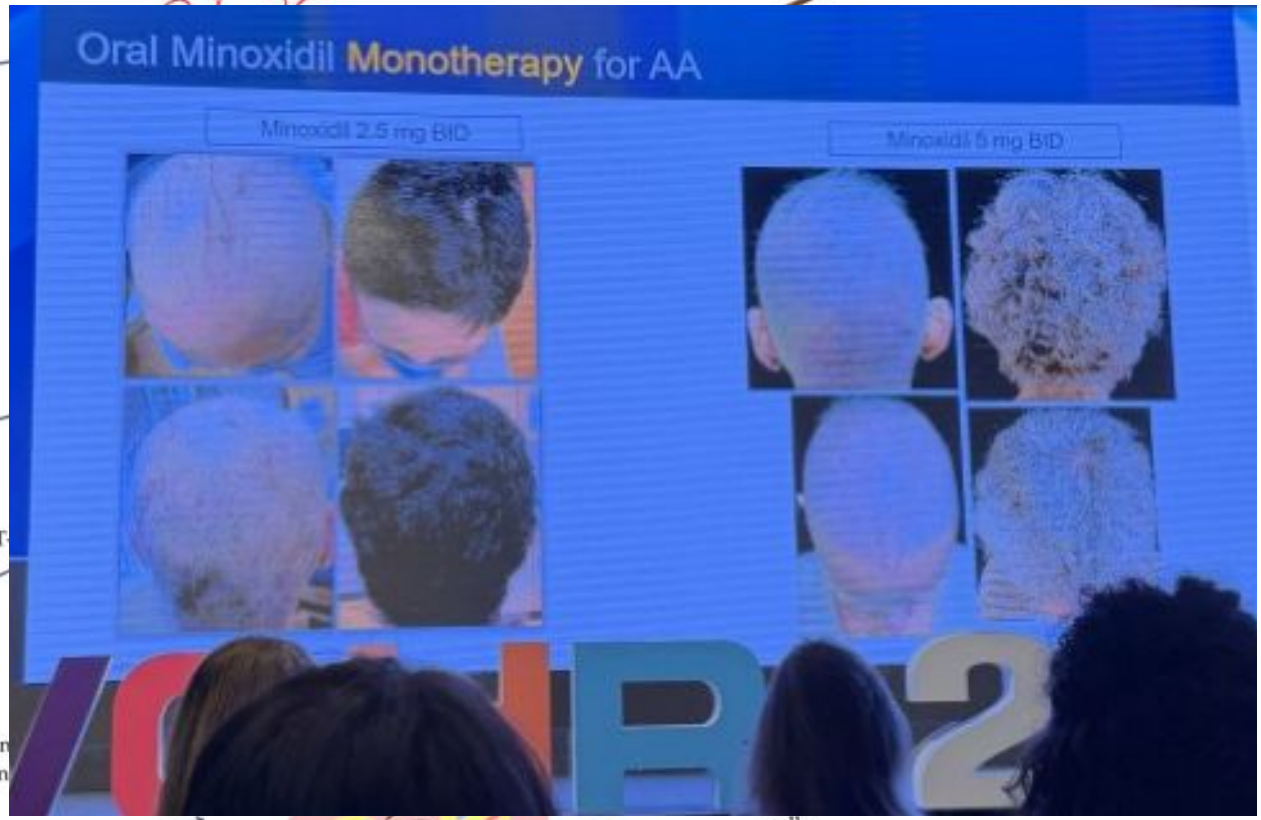

14TH
WORLD CONGRESS
for HAIR RESEARCH
Awakening the soul of hair science
May 28(THU)-31(SUN), 2026
Grand Ballroom & Asem Ballroom, COEX, Seoul, Korea

Mild-moderate stages (Salt<50)

- Topical cortisone
- Injected-cortisone
- Minoxidil (topical or oral)



Activation of ATP-dependent potassium channels in vascular smooth muscle cells



Suppression of T cells

Triggerin ERK an

Preventing cell death by elevating the Bcl-2/Bax ratio

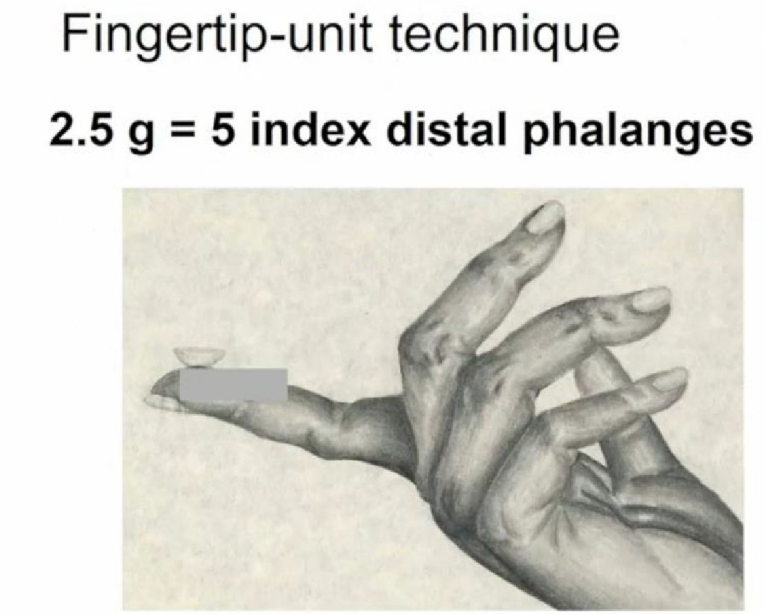
cells

Review J Clin Med. 2024 Dec 17;13(24):7712. doi: 10.3390/jcm13247712.

The Role of Minoxidil in Treatment of Alopecia Areata: A Systematic Review and Meta-Analysis

Clobetasol cream under occlusion

- 2.5 g for the whole scalp
- Under occlusion with a plastic film (not a shower cap)
- Every night for 5–6 days a week

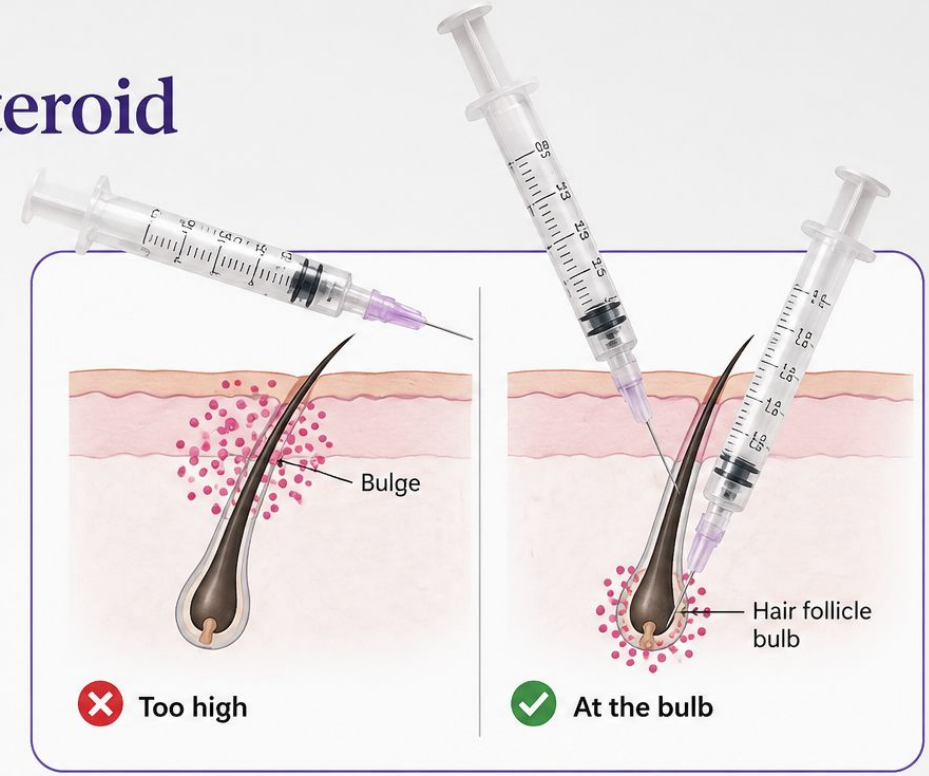


Tosti A, Piraccini BM, Pazzaglia M, Vincenzi C. Clobetasol propionate 0.05% under occlusion in the treatment of alopecia totalis/universalis. J Am Acad Dermatol. 2003 Jul;49(1):96–8.

Intralesional Steroid

Targeted delivery **into the scalp**

- Inject into the dermis around the hair follicle bulb
- Reduces inflammation and supports hair regrowth

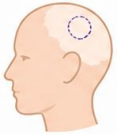


Precision treatment. **Better outcomes.**

Topical Immunotherapy

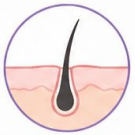
"Teaching the immune system to look somewhere else."

HOW DOES IT WORK?



1. A controlled allergic **reaction is created** on the scalp.

2. The immune system **shifts its attention away** from the hair follicle.



3. Hair may begin **to regrow.**

LIMITATIONS

Not everyone responds.
Response is unpredictable.

Weekly treatment
for several months.

Best suited for selected
patients with chronic, less inflammatory disease.

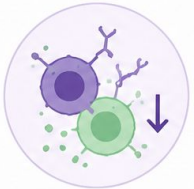
Usually considered **after first-line treatments** have failed.

Topical Immunotherapy (DPCP / anthraline)

- Historically an important treatment, but today largely reserved for selected patients
- **Response is unpredictable.**
- $$

Antihistamines may increase the efficacy of topical immunotherapy

POTENTIAL BENEFIT



Antihistamines may **enhance the efficacy** of topical **immunotherapy.**

They decrease the production of **IFN-γ** from T lymphocytes and the expression of **ICAM-1** on epithelial cells.

EXAMPLES

Fexofenadine
120 mg/day

Ebastine
10 mg

Adjunct option
to potentially improve response to topical immunotherapy.

Atanaskova Mesinkovska N. Emerging Unconventional Therapies for Alopecia Areata. J Investig Dermatol Symp Proc. 2018 Jan;19(1):S32–S33.

Other complementary treatments

Complementary Therapies: What Does the Evidence Say?

Patients frequently ask about **supplements** and **"natural"** treatments.

Our role is to recommend therapies supported by **clinical evidence**, not isolated case reports.

Best-supported complementary therapies

STRONGEST EVIDENCE		**Essential oil aromatherapy**	• Best evidence among natural therapies • Small RCTs showed improved hair regrowth
GOOD EVIDENCE		**Topical garlic** (with topical corticosteroid)	• Improved response compared with steroid alone
LIMITED EVIDENCE		**Oral glucosides of peony + compound glycyrrhizin**	• Positive studies mainly from China • Limited external validation

Practical message

These therapies may be considered as **adjuncts—not replacements—for evidence-based medical treatment.**

Source: Tkachenko E, Okhovat JP, Manjaly P, Huang KP, Senna MM, Mostaghimi A. *Complementary and alternative medicine for alopecia areata: A systematic review.* *J Am Acad Dermatol*. 2023;88:131-143.

Topical treatment example

Topical corticosteroid

+

Minoxidil

+

Garlic exctract

Complementary Therapies: What About Everything Else?

Many complementary treatments are promoted online.
Some are **promising**, while others still **lack convincing scientific evidence**.

Excimer Laser
- May help localized patchy alopecia areata but Small studies show encouraging results

Gut–Hair Axis
- The gut microbiome influence immune regulation
- Promising: probiotics or dietary changes (gluten-free??)

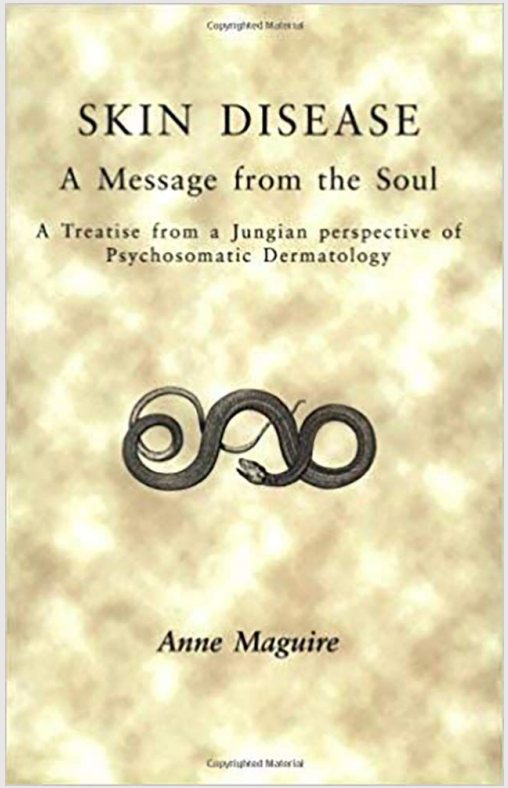
Psychotherapy
- Improve stress, anxiety and quality of life

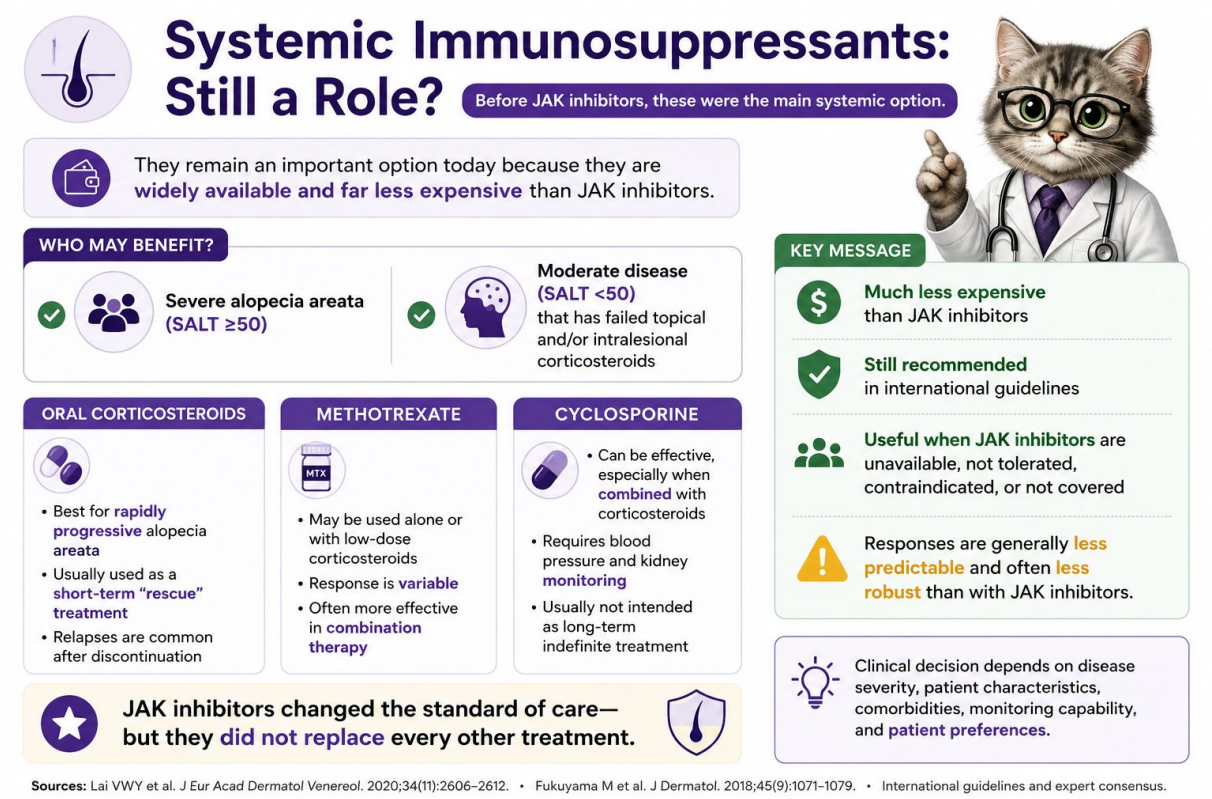
Homeopathy
- I have some patients that they had improvement...

Other Popular Internet Remedies
- Onion juice
- Rosemary oil

"Natural" does not always mean effective.
Evidence—not popularity—should guide **treatment decisions.**

Source: Tkachenko E, Okhovat JP, Manjaly P, Huang KP, Senna MM, Mostaghimi A.
Complementary and alternative medicine for alopecia areata: A systematic review. J Am Acad Dermatol. 2023;88:131-143.





SALT 50>

https://rheuminfo.com/

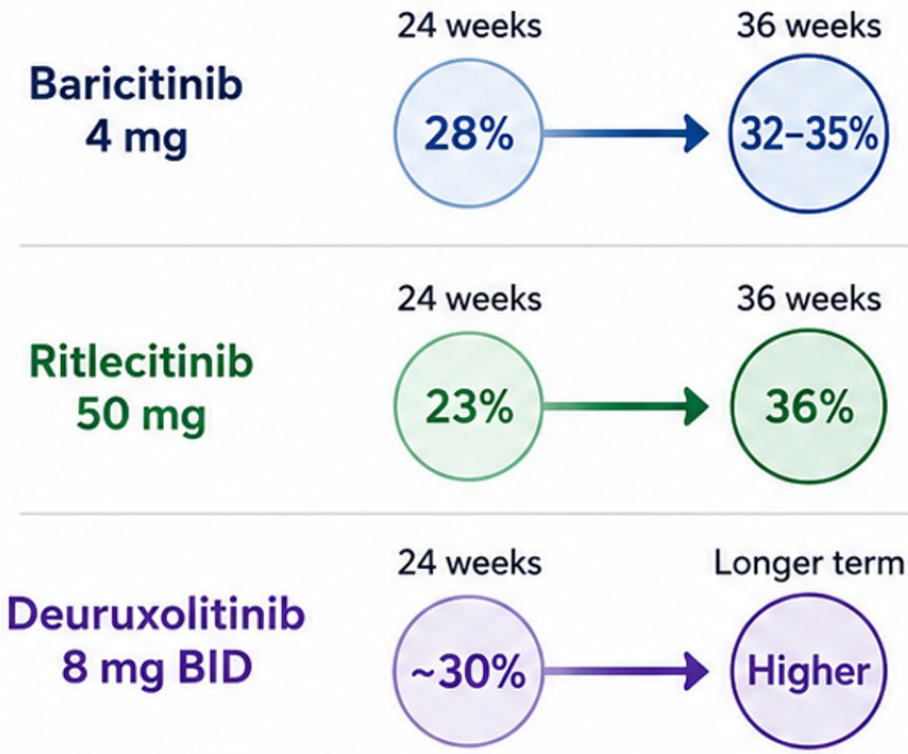
Rheumatology

Dermatology

FOR

CLINICAL TRIALS

Patients achieving ≥80% regrowth (SALT ≤20)



1

BAR
JAK1 / J

TARGET
Primarily J

APPROVE
Severe alo
(adults)

KEY POINT
First oral JA
for severe A

EURUXOLITINIB
AK1 / JAK2 inhibitor

DOSE
8 mg
twice daily

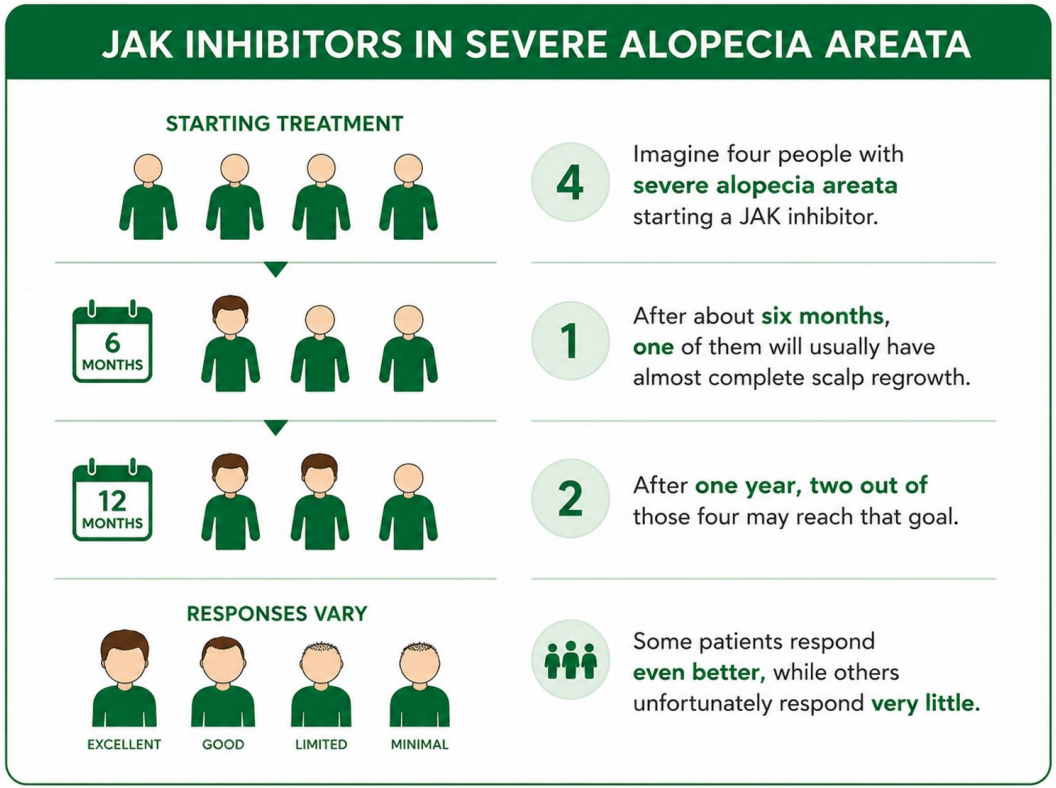
GET
1 and JAK2

ROVED FOR
ere alopecia areata
lts)

POINT
est option; shown to improve
egrowth in clinical trials.

s.

How effective are JAK inhibitors in aa SALT >50?



JAK Inhibitors: Who Is a Good Candidate?

GOOD CANDIDATES

- Age 18–50 years
- Pediatric studies pending for 12 years of age
- No significant comorbidities
- SALT >50
- Active disease
- No history of major organ system dysfunction
- No history of thromboembolic events

BAD CANDIDATES

- Age >50 years
- History of viral reactivation
- History of serious infections (tuberculosis, hepatitis) – labs may be needed
- History of coronary events
- History of thrombosis
- Immunizations: missing or not up to date (live vaccines should be avoided)
- History of cancer*** (age-appropriate screening)
- Hepatic impairment – labs may be needed
- Renal impairment – labs may be needed
- Pregnancy or planning pregnancy (JAK inhibitors may harm a developing baby based on animal studies)

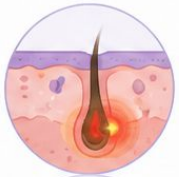
Your doctor will review your medical history, do necessary labs, and discuss the benefits and risks to decide if a JAK inhibitor is right for you.

***Any past history of cancer except for non-melanoma skin cancer.

This information is for educational purposes only and does not replace medical advice. Always consult your healthcare provider.

Topical JAK Inhibitors

Why have topical JAK inhibitors been less effective in alopecia areata?



Inflammation is very deep in the hair follicle.

JAK inhibitor molecules are relatively large, limiting penetration.

Efficacy depends on the vehicle/formulation.
(cream, ointment, gel, liposomal, etc.)

A promising option for eyebrows and beard alopecia

- May be helpful in localized areas
- Very costly
- Off-label use

Topical JAK inhibitors remain an area of active research.
Future improvements in formulations and drug delivery may enhance efficacy.

My “5-Part Formula” for

Severe Alopecia Areata

SALT >50

1

Control the immune attack

One systemic treatment

- JAK inhibitor (preferred)

or

- Methotrexate

or

- Cyclosporine

2

Calm inflammation – BRIDGE

Corticosteroids

- Topical
- Oral

3

Speed up hair growth

Minoxidil

- Topical

or

- Low-dose oral

4

Protect your bones

Calcium + Vitamin D

(recommended when prolonged corticosteroids are used)

5

Prevent pregnancy

Effective contraception

(important while taking medications that may harm a developing baby, such as methotrexate or JAK inhibitors)

Treatment Requires Patience

Alopecia areata is a **chronic and very inflammatory** disease.

Most patients require

at least 2–5 years

of treatment.

Some patients may require long-term or lifelong therapy to maintain remission.

Reducing or stopping treatment may lead to: Disease relapse

Especially in patients with severe or long-standing disease.

Bottom line

The goal is not only to regrow hair...

The goal is to keep it.

Hair regrowth is the first victory.
Keeping it is the real challenge.

My Wish List for the Future of Alopecia Areata

1 More durable treatments

Current JAK inhibitors work well...
but many patients relapse when treatment is stopped.

Goal: long-lasting remission without continuous medication.

2 Effective topical therapies

Imagine treating alopecia areata with a cream instead of a pill.

Future formulations may deliver medications **deeper into the hair follicle** while minimizing systemic side effects.

3 Smarter immune therapies

Rather than suppressing the immune system, **teach it to tolerate the hair follicle again.**

Restore **immune privilege** instead of lifelong immunosuppression.

4 Understanding the Gut–Hair Axis

The gut microbiome may influence inflammation.
Can improving gut health enhance treatment response?

This remains one of the most **exciting research** areas.

5 Personalized medicine

Not every patient responds the same way.

One day, biomarkers may help us choose **the right treatment for the right patient at the right time.**

6 Subtypes, not one-size-fits-all

In the future, different subtypes of alopecia areata may be identified—each responding best to a **specific molecule** or mechanism.

Goal:

Lasting remission

Safer treatments

Quality of life

Smarter combinations: protect and regenerate for life

Government involvement

Merci!

Contact:

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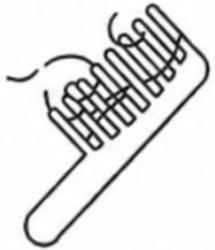
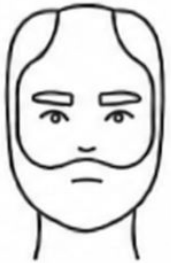




Living a Meaningful Life with Alopecia Areata

Nicole Smith, Psychotherapist

Today’s Agenda

- My Story
- Psychological Impact
- Five Practical Principles
- A Challenge

My Story

Why does alopecia areata have such psychological and emotional impact?

Psychological Impact

- Loss of Identity
- Loss of control
- Social threat
- Grief
- Shame
- Hypervigilance
- The “Second Arrow”

Five Practical Principles

#1. Feel your feelings - but don’t let them make your decisions.

#2. Build an identity that’s impossible for alopecia to take away.

#3. Stop waiting for life to begin.

#4. Practice self-compassion instead of practising self-improvement.

#5. Find your people.

Hack your brain

Psychological Impact	Natural Impulse:	Try to:
Shame		
Anxiety/Grief		
Loss of Identity		
Loss of control		
Self-criticism		
Hypervigilance		

Hack your brain

Psychological Impact	Natural Impulse:	Try to:
Shame	**Hide**	**Connect**
Anxiety/Grief		
Loss of Identity		
Loss of control		
Self-criticism		
Hypervigilance		

Hack your brain

Psychological Impact	**Natural Impulse:**	**Try to:**
Shame	Hide	Connect
Anxiety/Grief	**Avoid**	**Approach gradually**
Loss of Identity		
Loss of control		
Self-criticism		
Hypervigilance		

Hack your brain

Psychological Impact	**Natural Impulse:**	**Try to:**
Shame	Hide	Connect
Anxiety/Grief	Avoid	Approach gradually
Loss of Identity	**Become “the person with alopecia”**	**Expand identity**
Loss of control		
Self-criticism		
Hypervigilance		

Hack your brain

Psychological Impact	**Natural Impulse:**	**Try to:**
Shame	Hide	Connect
Anxiety/Grief	Avoid	Approach gradually
Loss of Identity	Become “the person with alopecia”	Expand identity
Loss of control	**Try to control everything**	**Focus on what you can control**
Self-criticism		
Hypervigilance		

Hack your brain

Psychological Impact	**Natural Impulse:**	**Try to:**
Shame	Hide	Connect
Anxiety/Grief	Avoid	Approach gradually
Loss of Identity	Become “the person with alopecia”	Expand identity
Loss of control	Try to control everything	Focus on what you can control
Self-criticism	**Attack yourself**	**Self-compassion**
Hypervigilance		

Hack your brain

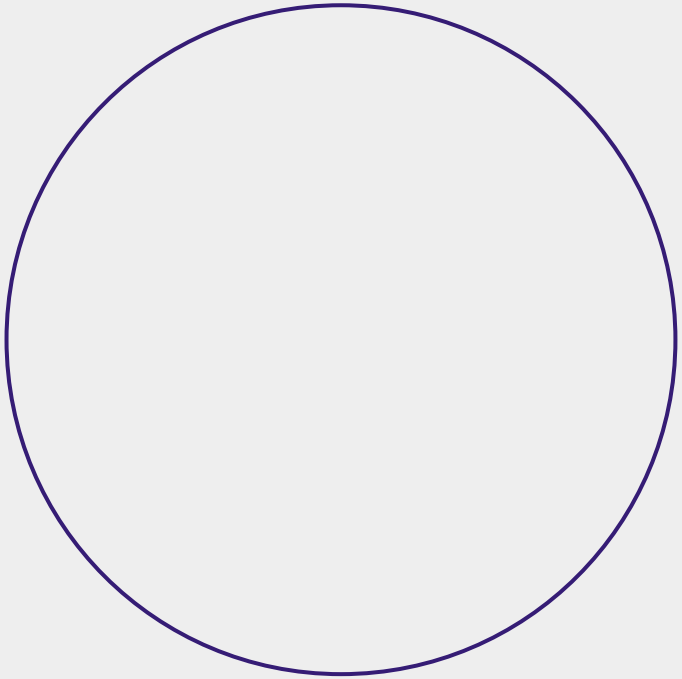
Psychological Impact	**Natural Impulse:**	**Try to:**
Shame	Hide	Connect
Anxiety/Grief	Avoid	Approach gradually
Loss of Identity	Become “the person with alopecia”	Expand identity
Loss of control	Try to control everything	Focus on what you can control
Self-criticism	Attack yourself	Self-compassion
Hypervigilance	**Monitor constantly**	**Re-engage with the present moment**

Don’t let alopecia areata become smaller; let your life become bigger

Challenge

Choose one small thing you've been avoiding because of your alopecia and engage with it.

Contact Information



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