



HAIR DISORDERS

TREATMENT OF ALOPECIA AREATA: AN AUSTRALIAN EXPERT CONSENSUS STATEMENT

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Background: Alopecia areata (AA) severity varies from a single small patch to complete loss of scalp hair, body hair, eyelashes and eyebrows. 40% of affected individuals experience one patch and will achieve a spontaneous complete durable remission within 6 months, 27% develop additional patches with complete remission within 12 months, and 33% will develop chronic AA. Without systemic treatment, 55% of individuals with chronic AA have persistent multifocal relapsing and remitting disease, 30% will develop alopecia totalis and 15% will develop alopecia universalis.

Objective: The purpose of this consensus statement is to outline a treatment algorithm for AA, including the indications for systemic treatment, choice of systemic treatment, outcome measures and when to discontinue successful or unsuccessful treatment.

Materials and Methods: A meeting of members of the Australasian Hair and Wool Research Society was convened at the 10th World Congress for Hair Research in Kyoto in November 2017. A consensus statement for the systemic treatment of AA was developed from these discussions and distributed to senior Australian Dermatologists for comment.

Results: Numerous topical, intralesional and systemic agents are currently used to treat AA, however there is a paucity of data evaluating their effectiveness and tolerability. Topical therapy, including topical glucocorticosteroids, minoxidil and immunotherapy, can be used in cases of limited disease. There are no agreed indications for initiating systemic treatment for AA. Possible indications for systemic treatment include rapid hair loss, extensive disease, chronic AA, severe distress, or a combination of these factors. Currently available systemic treatments include glucocorticosteroids, methotrexate, ciclosporin, azathioprine,





dapsone, mycophenolate mofetil, tacrolimus, and sulfasalazine. There is emerging evidence that topical and systemic Janus kinase inhibitors incite significant hair regrowth in moderate to severe AA.

Conclusions: This consensus statement draws upon the clinical expertise of dermatologists and biologists experienced in the pathophysiology and treatment of AA.

