HAIR LOSS, QUALITY OF LIFE IMPACT
C. TAJEB, MD1 - G. MÁCY, MD2 - V. SIBAUD, MD2
N. MARTIN, MS1 - E. MYON, PhD1
Public Health, Health Economics & Quality of Life Dpt, Pierre Fabre SA
DUCRAY Dermatological Laboratories

Background
Hair loss either due to ageing, pathology or to drug therapy, often proves to be poorly accepted by those who suffer from it.

Objective
To evaluate the quality of life impact of hair loss among a representative sample of the French population.

Method
We questioned a representative sample of the entire French population aged 15 years and above. The sample was selected by IPSOS Santé, using the method of quotas (sex, age, profession of the head of the household) with simultaneous stratification on the basis of region / type of urban area. Interviews were systematically controlled by recalling 20% of those interviewed. In the event that a problem with a questionnaire was brought to light by this procedure, all the interviews carried out by any given person were checked. Hence, the sample was set up in such a way that the results could be analyzed without hesitation, particularly since the principles of statistical representativeness were observed.

Tool
Quality of life was assessed using the SF-12, a generic measure of health status. Eight concepts are measured through the 12 questions: Physical functioning, Role-physical, Bodily pain, General health, Energy/Fatigue, Social functioning, Role emotional, Mental health. The SF12 is composed of 2 dimensions, a Physical Component Summary (PCS-12) and a Mental Component Summary (MCS-12). The results are standardised on the general US population [mean score of 50 (SD=10)], so results can be meaningfully compared to an average and compared one another. The lower the score, the more the quality of life is affected.

Results
For men suffering hair loss (n=173) the physical dimension is impaired (PCS12: 48.57 vs 51.30, p<0.001) compared to men who are suffering not hair loss (n=262), whereas for women (n=214), it is the mental dimension which is impaired (MCS12: 44.26 vs 46.83, p<0.005) compared to women not suffering hair loss (n=279) but also compared to men suffering hair loss (cf Graph 1). The SF-12 seems to be an efficient tool to assess the quality of life of patients suffering hair loss, e.g. among patients who expressed living it as a disability or an embarrassment, the mental dimension was more impaired (MCS12: 41.85 vs 46.6, p<0.001) (cf Graph 2).

Discussion
A recent literature review confirms that loss of hair has an important psychosocial impact. The lack of self esteem, emotional reactions, frustrations and social inabilities are recurrent terms. The deterioration of Quality of Life and of satisfaction develop in parallel with the degree of hair loss. Subjects with advanced alopecia report twice as much socio-emotional effects than those with moderate alopecia. Women suffer more than men from anxiety, low self-estimation and unsatisfaction with their body image, and in impaired Quality of Life. Major psychological morbidity can be associated with alopecia, which can induce distress, in some cases inducing depression. Alopecia areata can cause extensive or total hair loss, resulting in a devastating loss of self-confidence and depression. Koo4 has identified, on the basis of DSM-III-R, nearly 9 % of major depression within a sampling of subjects who suffered from alopecia. Furthermore, 18.2 % suffer from anxiety, 3.5 % presented a social phobia and 4.4 % paranoia. All these rates are above those noticed with the general population. Williamson5 made a specific study on the impact of hair loss on quality of life using several validated scales. In her study, the mean DLQI score was 8.3, the maximum possible score being 30. This mean score compares with that of 8.0 for severe psoriasis and 12.5 for atopic eczema. Concerning the prevalence of depressive symptoms, 74% patients had a CES-D short form score of greater than 8, suggesting that they might have clinical depression. Concerning quality of life, assessed by the SF-12, our results are showing the same trend, demonstrating an impairment for patients suffering hair loss. The altered dimensions are different for men and women, women being more impacted on their mental well-being.

References
1Ware J Jr, Kosinski M, Keller SD. A 12-Item Short-Form Health Survey: construction of scales and preliminary tests of reliability and validity. Med Care 1996; 34:220-33