



TELOGEN EFFLUVIUM

What are the aims of this leaflet?

This leaflet has been written to help you understand telogen effluvium. It will tell you what telogen effluvium is, what causes it, what can be done about it, and where you can get more information about it.

What is telogen effluvium?

It is normal to shed approximately 30-150 hairs from our scalp daily as part of our normal hair cycle, but this can vary depending on washing and brushing routines. This hair regrows back spontaneously so that the total number of hairs on our head remains constant. Telogen effluvium refers to a marked increase in hair shedding, similar to moulting. This is most commonly an acute phenomenon, occurring approximately 3 months after a triggering event.

What causes telogen effluvium?

Increased hair shedding in telogen effluvium occurs due to a disturbance of our normal hair cycle. An increased proportion of hairs shift from the growing phase (anagen) to the shedding phase (telogen). Normally only 10% of the scalp hair is in the telogen phase but in telogen effluvium this increases to about 30% or more.

Common triggers of acute telogen effluvium include childbirth, severe trauma or illness, a major life event, marked weight loss and dieting, a severe skin problem affecting the scalp, thyroid problems or a new medication (such as anticonvulsants, anticoagulants, beta blockers, angiotensin-converting enzyme inhibitors and lithium). No cause is found in around a third of patients.

Is telogen effluvium hereditary?

Telogen effluvium is not inherited. It can affect all age groups.

What are the symptoms of telogen effluvium?

Most people become aware of hair coming out in increased amounts. This is most noticeable after washing or brushing the hair with more hair found in the plug hole, or on the hair brush or comb. Some people will notice increased



hair on the pillow in the morning or around the house. Usually there are no symptoms, but occasionally telogen effluvium can be accompanied by tenderness and altered sensations in the scalp known as trichodynia.

What does telogen effluvium look like?

Hair shedding in telogen effluvium is usually from all over the scalp. Hair density decreases in the early stages resulting in reduced volume of hair e.g. a thinner pony tail or plait. Thinning of the scalp hair and visibility of the scalp is often most apparent over the temples.

How is telogen effluvium diagnosed?

The diagnosis is usually based on appearance and the history of the hair shedding. The hair may be gently pulled to assess if an increased quantity of hairs is shed (although this test may be falsely negative if the hair has been washed within 48 hours beforehand) and occasionally they are plucked from the scalp so that they can be examined under the microscope. Very rarely a skin biopsy may be required.

Can telogen effluvium be cured?

Acute telogen effluvium usually settles completely without any intervention as the normal length of telogen is 100 days (3-4 months, occasionally up to 6 months) after which period the hair starts growing again (anagen phase). However depending on the length of the hair, it may take years for the overall hair volume to return to normal. Telogen effluvium can also be recurrent, especially if the underlying cause is not treated or recurs.

How can telogen effluvium be treated?

There is normally no treatment required for telogen effluvium as the hair will start growing by itself if the trigger is removed and no medicine will hasten this process.

There is controversy among doctors about whether telogen effluvium can become chronic and last for more than 6 months. In this situation hair shedding is often intermittent or episodic and there may be no obvious cause identified. Nutritional factors such as low iron, B12, folate and vitamin D or alternatively a disturbance in thyroid function (either over or under active) is associated in some cases. A blood test may therefore be suggested to look for some of these causes and if deficiency is found correction may improve hair shedding. Chronic telogen effluvium, generally won't progress to hair



thinning all over the scalp, and patients can be reassured they will not go bald. However in cases of chronic telogen effluvium, because of the constant hair shedding, reduction in hair volume may persist.

What if the scalp starts to become visible because of thinning of the hair?

This can happen in severe cases of telogen effluvium in which case, various options for helping disguise the hair loss can be discussed with your doctor such as a camouflaging hair fibre powder or use of a volumising shampoo. It is very unusual that hair thinning in patients with telogen effluvium will be severe enough to require the use of a wig. There are many other causes of hair thinning including female pattern hair loss (link to BAD leaflet) which may also present in a similar fashion to telogen effluvium and sometimes there is an overlap of these two conditions. Wigs are available with a consultant prescription on the NHS although a financial contribution is often required.

Self care (What can I do?)

- Join a hair loss support group.
- Seek unbiased medical help and be sceptical of the latest online solution.

Where can I get more information about telogen effluvium?

Patient Support Groups:

Most hair loss support groups focus on alopecia areata but can offer useful advice for all patients suffering from hair loss.

Alopecia UK
5 Titchwell Road
London
SW18 3LW
Telephone Number (020) 8333 1661

Website: www alopeciaonline.org.uk

E-mail: info@alopeciaonline.org.uk

Alopecia Awareness
PO Box 461



Scarborough
YO11 9EN
Telephone number 07890 246 398

Website: www alopecia-awareness.org.uk

E-mail: michelle@alopecia-awareness.org.uk

Web links to detailed leaflets:

<http://emedicine.medscape.com/article/1071566-overview>

<http://www.dermnetnz.org/hair-nails-sweat/telogen-effluvium.html>

For details of source materials used please contact the Clinical Standards Unit (clinicalstandards@bad.org.uk).

This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Association of Dermatologists: its contents, however, may occasionally differ from the advice given to you by your doctor.

This leaflet has been assessed for readability by the British Association of Dermatologists' Patient Information Lay Review Panel

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