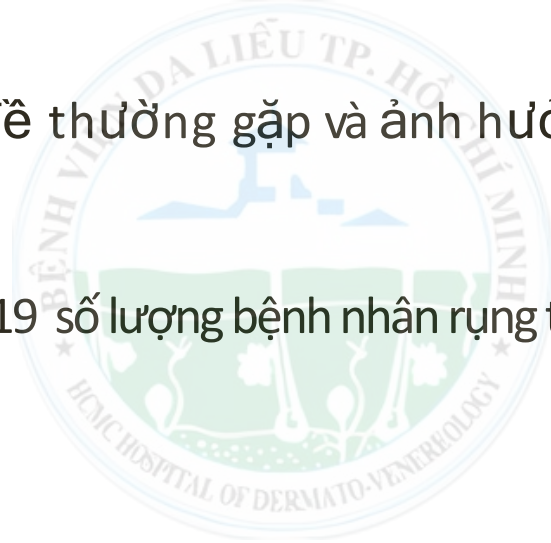


# CẬP NHẬT NHỮNG ĐIỂM MỚI TRONG ĐIỀU TRỊ TÂM LÝ CHO BỆNH NHÂN RỤNG TÓC HIỆN NAY

*BS. VÕ HOÀNG UY*  
*Phòng Quản lý chất lượng*  
*Bệnh viện Da liễu TP.HCM*

# MỞ ĐẦU

- Rụng tóc là vấn đề thường gặp và ảnh hưởng đến tâm lý bệnh nhân
- Sau đại dịch Covid 19 số lượng bệnh nhân rụng tóc gia tăng lên một cách đáng kể



**Table 3** Hair loss data among studied cases

<b>Hair loss data</b>	<b><i>n</i> = 500</b>	<b>%</b>
<b>Complaining of hair problems before and or/after</b>	307	61.4
<b>Yes before and become worse after infection</b>	209	68.1
<b>Yes post-COVID-19 only</b>	91	29.6
<b>Yes, only during infection only</b>	7	2.3
<b>Hair problems</b>	304	60.8
<b>Telogen effluvium</b>	11	2.2
<b>Alopecia areata</b>	28	5.6
<b>Seborrheic dermatitis</b>	69	13.8
<b>Increased gray hair</b>	18	3.6
<b>Trichitollamania</b>	164	32.8
<b>No treatment used</b>	326	65.2
<b>Used treatment based on past experience</b>	41	8.2
<b>Recommended treatment by others</b>	7	1.4
<b>Based on physician telephone call</b>	38	7.6
<b>Visit to non-specialist doctor</b>	36	7.2
<b>Visit to a dermatologist</b>	52	10.4

**COVID-19** coronavirus disease

Awad NEHA, Obaid ZM, Zaky MS, Elsaie ML. Hair disorders associated with post-COVID-19 infection in females: a cross-sectional study. *Ir J Med Sci.* 2024 Apr;193(2):761-767. doi: 10.1007/s11845-023-03509-0. Epub 2023 Sep 14. PMID: 37704885; PMCID: PMC10961269.

# NỘI DUNG

ĐẠI CƯƠNG

PHÂN LOẠI RỤNG TÓC

CHẨN ĐOÁN

# Nội dung

ĐIỀU TRỊ



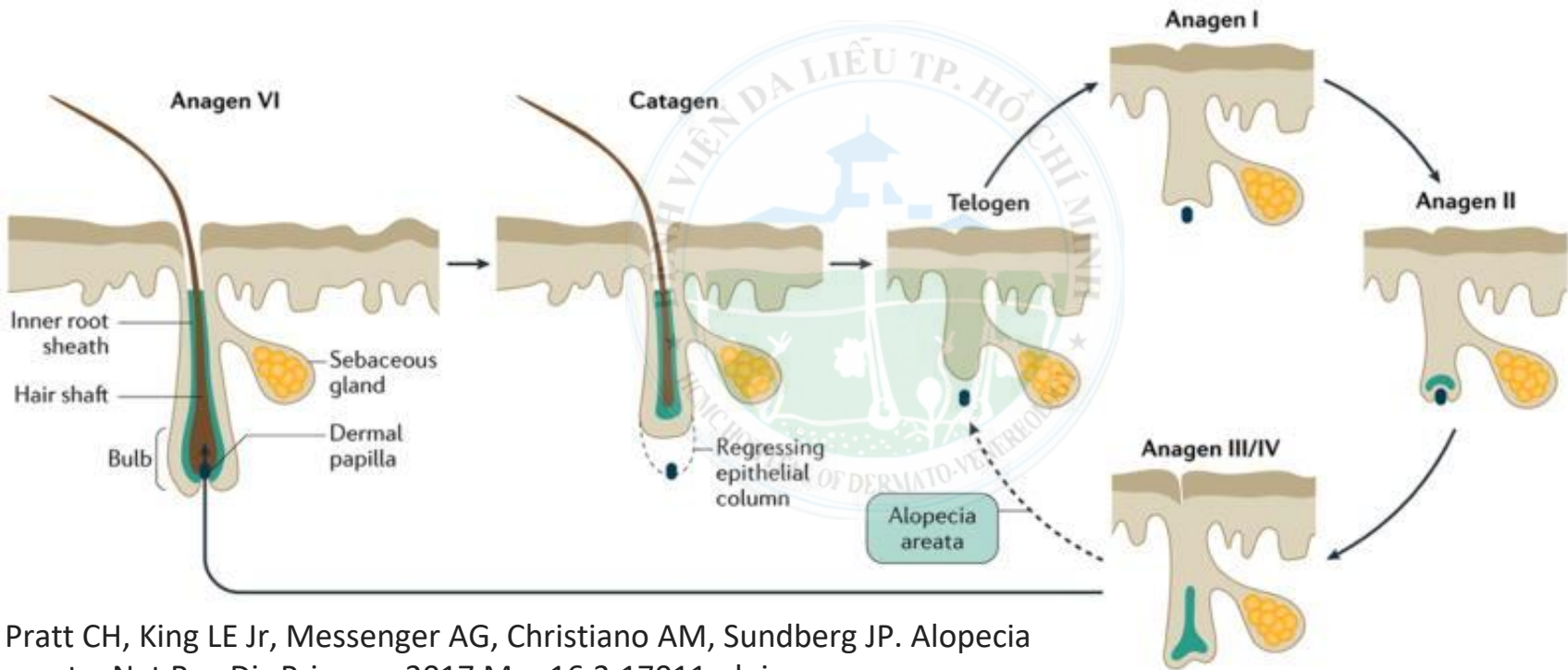
# Nội dung

**ĐẠI CƯƠNG**

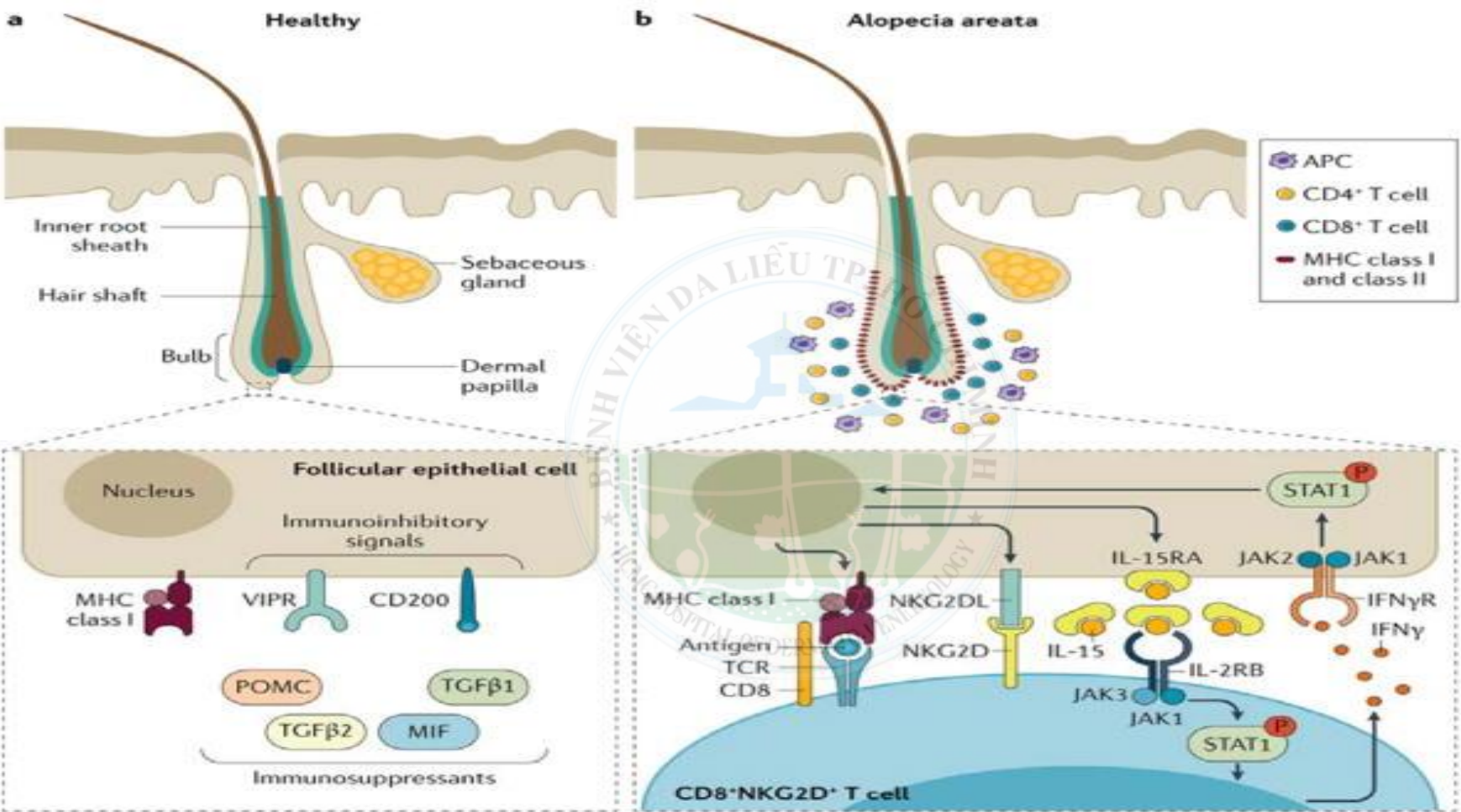
**PHÂN LOẠI RỤNG TÓC**

**CHẨN ĐOÁN**

# CÁC GIAI ĐOẠN PHÁT TRIỂN CỦA NANG TÓC



Pratt CH, King LE Jr, Messenger AG, Christiano AM, Sundberg JP. Alopecia areata. Nat Rev Dis Primers. 2017 Mar 16;3:17011. doi: 10.1038/nrdp.2017.11. PMID: 28300084; PMCID: PMC5573125.



Pratt CH, King LE Jr, Messenger AG, Christiano AM, Sundberg JP. Alopecia areata. Nat Rev Dis Primers. 2017 Mar 16;3:17011. doi: 10.1038/nrdp.2017.11. PMID: 28300084; PMCID: PMC5573125.

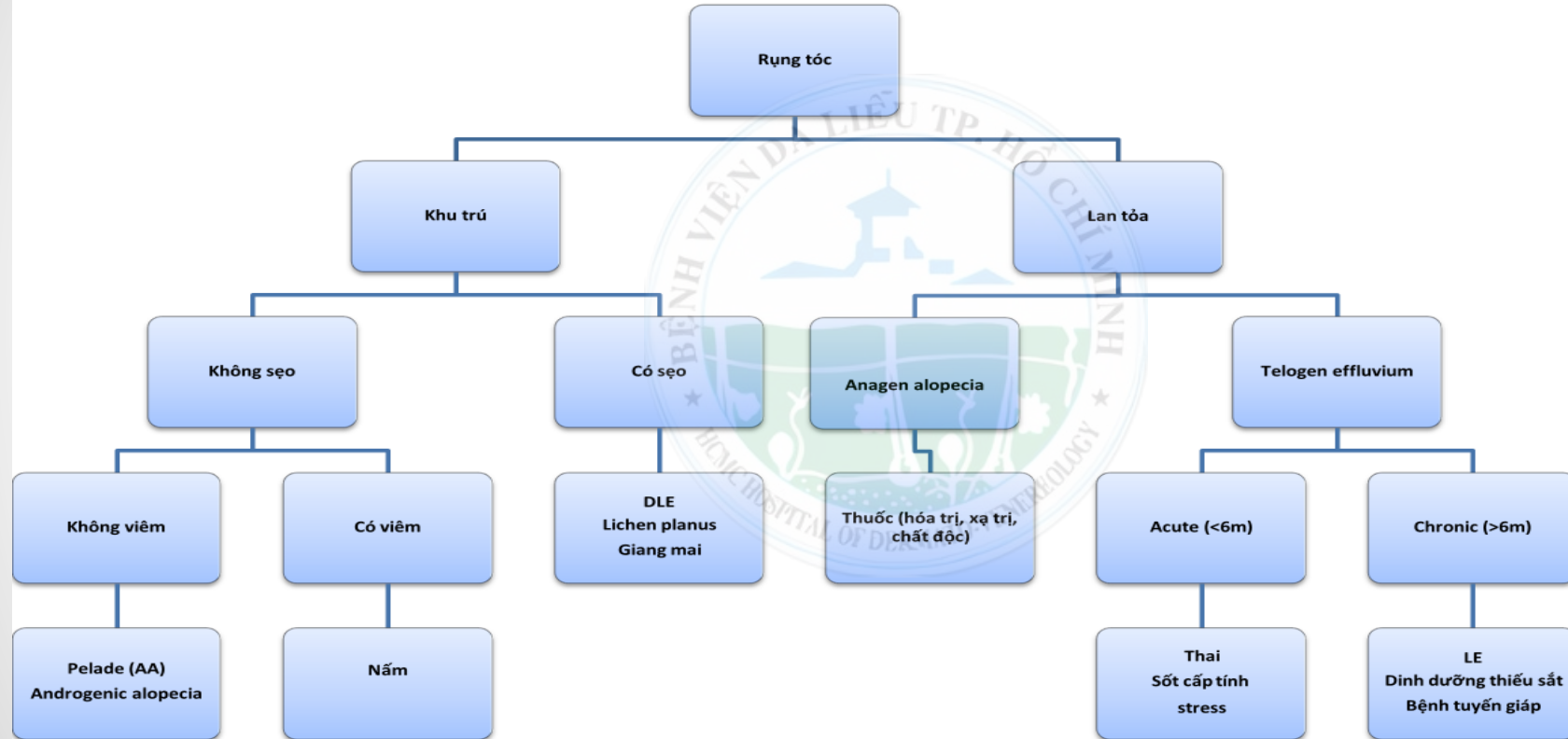
# Nội dung

ĐẠI CƯƠNG

PHÂN LOẠI RỤNG TÓC

CHẨN ĐOÁN

# IV. Các dạng rụng tóc



# Nội dung

**ĐẠI CƯƠNG**

**PHÂN LOẠI RỤNG TÓC**

**CHẨN ĐOÁN**

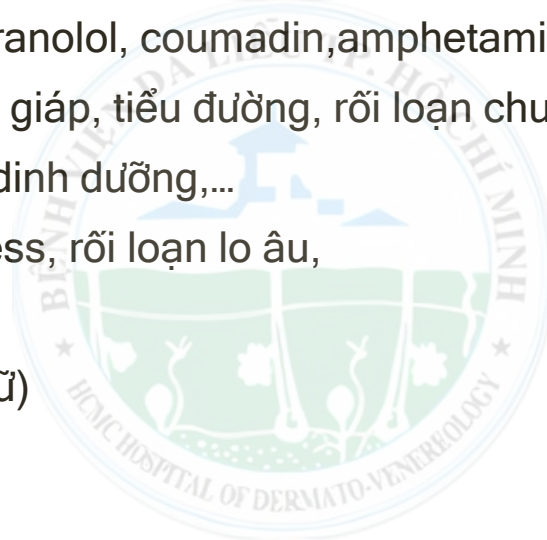
# CHẨN ĐOÁN

## 1. BỆNH SỬ

- Rụng tóc đột ngột hay từ từ, thời gian bao lâu
- Vị trí và kiểu rụng tóc: khu trú, từng vùng hay lan tỏa, các vị trí khác ngoài tóc
- Mức độ nhiều, ít: bình thường 100 cọng/ ngày.
- Các dấu hiệu kèm theo: Sốt, ngứa, đóng vảy, ban đỏ và phát ban gợi ý tình trạng viêm
- Gãy tóc ngang, hay từ gốc: đầu trắng đầu sợi tóc
- Các sản phẩm chăm sóc tóc đang sử dụng

# CHẨN ĐOÁN

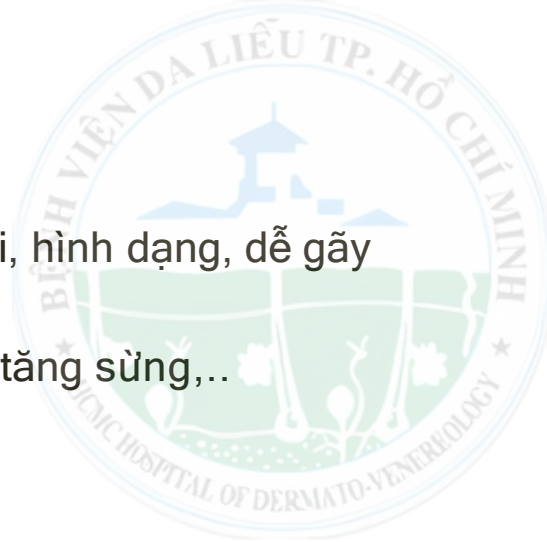
- Tiền sử dùng thuốc : propranolol, coumadin,amphetamine.....
- Tiền sử bệnh : bệnh tuyến giáp, tiểu đường, rối loạn chuyển hóa,..
- Tiền sử dinh dưỡng : Suy dinh dưỡng,...
- Tiền sử tâm lý xã hội : stress, rối loạn lo âu,
- Tiền sử gia đình
- Cường androgen (ở phụ nữ)



# CHẨN ĐOÁN

## 2. KHÁM

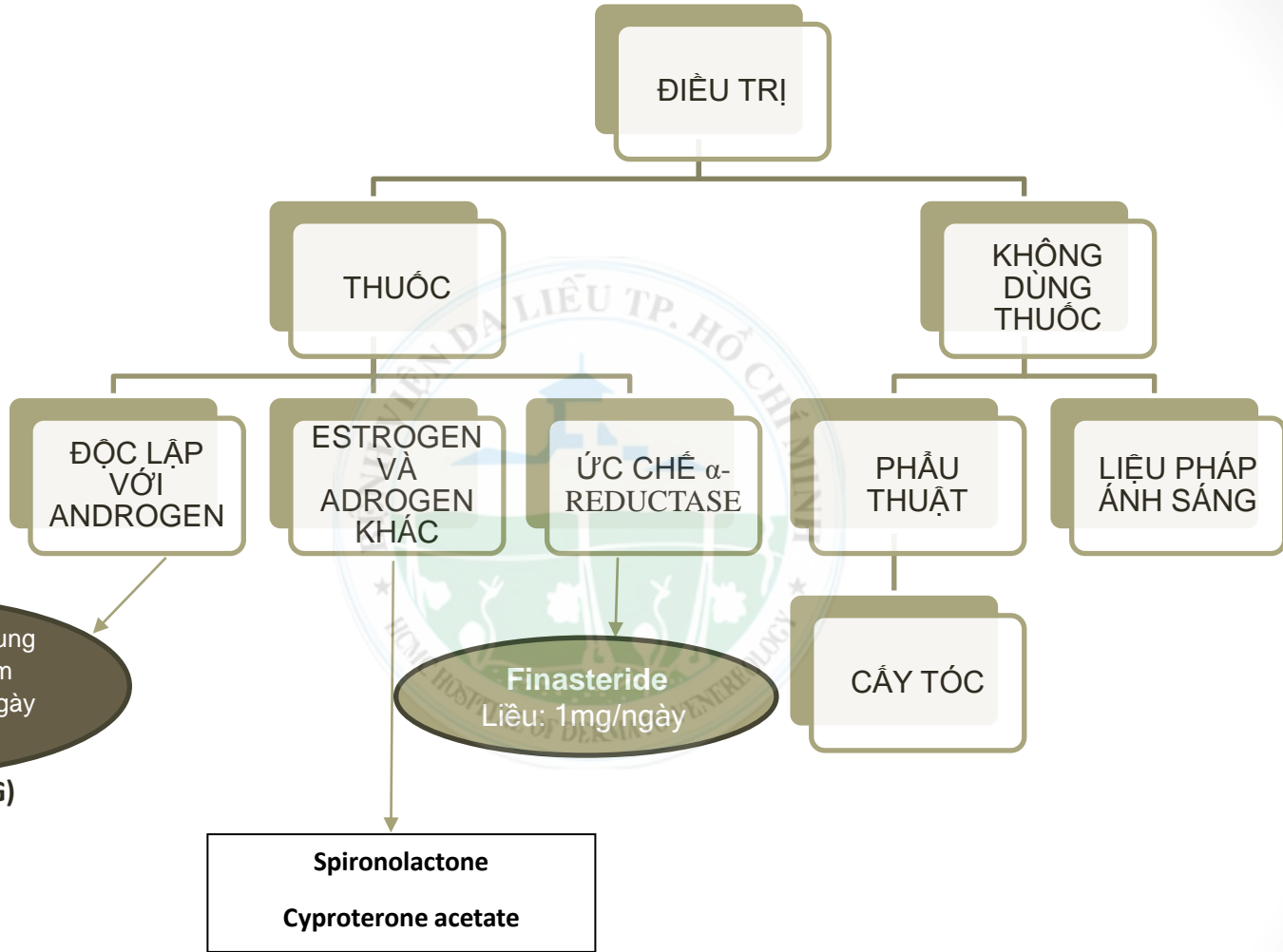
- Số lượng tóc rụng 1 ngày
- Còn lỗ nang tóc hay không
- Xác định đường kính, độ dài, hình dạng, dễ gãy
- Da đầu: hồng ban, vảy, sẹo, tăng sừng,...
- Nhận định dạng rụng tóc
- Một số nghiệm pháp thường dùng : Hair pull test, Hair card test, Tug test



# Nội dung

**ĐIỀU TRỊ**





**Minoxidil** Nồng độ: dung dịch 2% và 5%, foam 5%  
 Liều: 1ml x 2 lần/ngày x ít nhất 6 tháng

**Prostaglandin (PG)**

**Ketoconazole**

**Melatonin 2%**

**Platelet-rich plasma (PRP)**

**Finasteride**  
 Liều: 1mg/ngày

**Spirolactone**

**Cyproterone acetate**

**CẤY TÓC**

# ĐIỀU TRỊ TÂM LÝ

## Psychology of Hair Loss Patients and Importance of Counseling

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Indian J Plast Surg 2021;54:411–415.

### Abstract

Androgenetic alopecia (AGA) is highly prevalent in society, affecting both men and women. More than the sociological meaning of hair loss, it has become a very important part of self-identity or “body image.” A psychological concept of body image refers to one’s thoughts, feelings, perceptions, and behavioral changes related to one’s physical looks. In spite of alopecia’s common occurrence, it often leads to psychological disturbance and distress. Hair thinning and perceived hair loss also has a very important negative impact on the psyche of the individual. The common emotional aspects associated are self-consciousness, embarrassment, frustration, and jealousy. Knowledge of these effects among the clinicians managing hair loss patients is beneficial. The clinician must make an active effort to identify the borderline group of patients with body dysmorphic syndrome so as to manage them with psychotherapeutic medication for their hair loss prior to hair transplantation. This article aims to provide important information and an understanding of how the psychology gets affected due to hair loss, particularly AGA and its management to the practicing hair transplant surgeons.

### Keywords

- ▶ hair loss
- ▶ hair transplant
- ▶ counseling
- ▶ psychology
- ▶ body dysmorphic disorder

# Psychological Aspects of Hair Disorders: Consideration for Dermatologists, Cosmetologists, Aesthetic, and Plastic Surgeons

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## Keywords

Hair disorders · Psychodermatology · Psychotrichology · Alopecia · Trichotillomania

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## Abstract

Hair loss disorders may cause considerable distress to patients. Although many do not pose a significant medical risk, the sociocultural importance of hair is substantial. Often the extent of hair loss does not correlate to the impact on psychosocial function, thus necessitating an individualized approach. Hair loss disorders are interrelated with mental health and at times exert significant psychological repercussions, and therefore, providers should address both medical and psychological aspects of treatment. This review contains a discussion of the impact on quality of life of common hair loss disorders and the psychological approaches that providers may utilize to improve care. The incorporation of psychodermatology and psychotrichology in dermatology and psychiatry residency programs is of vital importance. Dermatology and psychiatry liaison clinics may prove useful in the treatment of these patients.

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## Introduction/Literature Review

Hair loss is a common clinical complaint seen by providers that present in a variety of fashions. While hair loss rarely presents a serious medical risk to the patient, the psychological impact is often devastating. The sociocultural significance of hair is present throughout history and transcends geographic borders. The treatment of hair disorders often falls under the care of dermatologists, yet other physicians such as plastic and aesthetic surgeons and beauty specialists such as cosmetologists frequently encounter such patients.

The field of study termed psychodermatology, and its sub-branch psychotrichology, contains a growing body of evidence that elucidates the connection between the skin and its appendages with the psyche. The nervous system and skin arise from the same embryonic tissue called ectoderm. A complex interplay of communication transpires via the nervous, endocrine, immunologic, and cutaneous systems. The skin has begun to be viewed as a peripheral neuroendocrine organ. Indeed, human scalp hair follicles exhibit a fully functional hypothalamic-pituitary-adrenal

# Psychological Impact, Self-perception and the Contributing Factors in Patients with Androgenetic Alopecia

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## Abstract

**Background:** Androgenetic alopecia (AGA) is a common hair disorder which affects the patients' psychology and social activities. Despite being the most prevalent alopecia in Malaysia, there are limited studies examining its psychological impact and patient's perception on AGA. This study assessed these effects and determined their contributing factors in AGA patients.

**Methods:** A prospective observational study was conducted involving all AGA patients attending dermatology clinics at two tertiary centers. Psychological impact was assessed using Hospital Anxiety and Depression Scale (HADS). Patient's perception was assessed using Visual Analog Scale (VAS).

**Results:** Sixty male patients and 41 female patients were recruited. The median age of patients was 29 years. The ethnic composition was Malay (30.7%), Chinese (34.7%) and Indian (34.6%). More females experienced mild AGA-related anxiety and depression compared to males ( $P < 0.001$ ). Young (age < 40 years) and single individuals experienced more anxiety and depression than older, married patients ( $P < 0.001$ ). Patients who adopted coping strategies reported more anxiety ( $P = 0.002$ ) and depression ( $P < 0.001$ ) compared to those who were not using any coping strategy. Women were more dissatisfied with their hair condition (VAS score = 4 [3]) compared to men (VAS score = 5 [3];  $P = 0.002$ ).

<b>Disease Severity</b>	
Ludwig scale	
Mild	15 (36.6)
Moderate	20 (48.8)
Severe	6 (14.6)
<b>Variables</b>	<b>Number (%)</b>
<b>Disease Severity</b>	
Norwood-Hamilton scale	
Mild	11 (18.3)
Moderate	22 (36.7)
Severe	27 (45)
<b>Coping Strategies</b>	
Male	
With coping strategies	24 (40)
Without coping strategies	36 (60)
Female	
With coping strategies	31 (75.6)
Without coping strategies	10 (24.4)
No coping strategies	46 (45.5)
Non-invasive coping strategies	52 (51.5)
Invasive coping strategies (hair transplant)	3 (3)
<b>Mode of coping strategies used</b>	
Change hairstyle	25 (45.5)

Wear head scarf	17 (30.9)
Wear wigs	6 (10.9)
Wear cap	4 (7.3)
Hair transplantation	3 (5.4)

Table 1: Patient demographic characteristics.

Most patients adopted coping strategies; majority being females. There were 45.5% patients changed their hairstyles, 30.9% wore head scarves, 10.9% wore wigs, 7.3% patients wore caps to conceal localized patches of alopecia and 5.5% patients had hair transplantation (Table 1).

The median (IQR) HADS-A score for total sample size was 7(5). This reflects no anxiety amongst AGA patients. Nevertheless, when comparing the median HADS-A according to gender, females had a significantly higher score (median [IQR] 8 (6) than males (median (IQR) 5 (5.75)) ( $P<0.001$ ). The overall median (IQR) HADS-D score was 6 (7) but again, females experienced depression significantly with HADS-D score (median (IQR) 8 (8.5)) compared to males with AGA (median (IQR) 5 (7)). The median HADS scores were significantly higher in patients who had AGA for less than 4 years compared to those where the disease was presented for 4 years and above. There was no significant difference in HADS-A and HADS-D among male patients throughout the disease severity spectrum. However, anxiety and depressive symptoms were reported in females from all disease severity. Patients who use coping strategies for AGA reported more anxiety ( $P=0.002$ ) and depression ( $P<0.001$ ) with their hair condition compared to those who did not adopt any coping strategy. There were no significant differences in median HADS-A and HADS-D scores among different education levels, occupations, ethnicities and monthly income. Individuals less than 40 years ( $P<0.001$ ) and single ( $P<0.001$ ) had significantly more anxiety and depression than older, married patients (Table 2 and Table 3).

## CASE AND RESEARCH LETTERS

### Impact of Psychological Intervention in Women with Alopecia Areata Universalis: a Pilot Study<sup>☆</sup>

### Impacto de la intervención psicológica en mujeres con alopecia areata universal: un estudio piloto

To the Editor:

Alopecia areata universalis (AAU) is a chronic disease that, not only involves a physical discomfort, but it can also entail a mental health problem due to its relapsing nature and a great impact in self-image. In fact, some studies showed that the likelihood of being attended in mental health services is higher in these patients.<sup>1</sup> Moreover, a recent meta-analysis<sup>2</sup> found that alexithymia, anxiety and depression are common in patients with AAU, and authors encourage to refer these patients to specialist attention for a better management. Regarding psychological impact, new studies addressed consequences of living with AAU at different levels, such as cognitive (e.g. negative thoughts related to their hair and appearance, hopelessness), emotional (e.g. sadness), and behaviour (e.g. a restricted life as part of social withdrawal).<sup>3</sup>

Within other countries like UK, collaboration between psychology and dermatology professionals is growing, considering that psychological assessment and treatment should be part of the healthcare of dermatology patients.<sup>4</sup> However, despite being the medical assistance of these patients a prevalent phenomenon that greatly impacts our daily clinical practice, very little information is available regarding psychological treatment of these issues. That is,

In order to assess if the usefulness of this psychological intervention in these patients, and to identify key elements that may allow us to improve our quality of assistance in this area, we conducted a pilot study with a group of AAU patients that were followed-up at the Trichology Unit in the Hospital Ramón y Cajal, Madrid. The intervention consisted of nine fortnightly sessions in a psychoeducative group setting. Cognitive-behavioural techniques were used, such as problem-solving, cognitive restructuring, relaxation and social skills. The impact on QoL, sleep, anxiety and alexithymia were measured using validated scales. All statistical analyses were performed using a statistical software package (IBM SPSS Statistics for Macintosh, Version 21.0, released 2012; IBM Corp., Armonk, NY, USA). To study significant difference between after and before intervention t-test and Pearson correlation coefficient were used. All tests were 2-sided and statistical significance was considered with  $p < 0.05$ .

A total of 16 women diagnosed with AAU were included. Their mean age was 45.1 years (range 24-64). Pre-post treatment comparisons are given in Table 1 in more detail. Results showed an improvement in the QoL ( $p=0.041$ ) and sleep ( $p < 0.01$ ), while a paradoxical increase was found in alexithymia ( $p=0.025$ ). No other significant differences were found between the beginning and the end of the treatment. Furthermore, correlation tests were conducted between variables. At the beginning, the quality of sleep seemed to be related with anxiety ( $r=0.660$ ), depression ( $r=0.621$ ) and self-esteem ( $r=0.580$ ). At the end of treatment, depression was also significantly related with QoL ( $r=0.519$ ), whereas anxiety was associated with alexithymia (0.532), as well as with depression ( $r=0.599$ ) and self-esteem ( $r=-0.567$ ).

These results have several implications. Firstly, the psychological intervention seems to be effective to improve QoL and sleep in women with AA, which are basic for the well-being of our patients. Some authors stated that patients with



*Thank you*