Menopausal hair loss – more than ‘a bad hair day’

For many women, our hair is something we control; we cut it, style it and choose how to wear it. It is an expression of ourselves, our personality and our image. If we lose a lot of hair, we may feel less like ourselves, less in control and it can affect our self-esteem.

The average age of the menopause is around fifty and in the months or years leading up to this, some people notice a change in hair pattern. Very commonly, the volume and condition of the hair appears to worsen, with some women noticing that hair does not grow as much as previously. More hair seems to come out in the basin when washing and hair brushes soon fill up as loose hairs are brushed away. Some women will go on to experience a more profound hair loss, with thinning at the crown of the head, the sides or more general hair thinning all over the head. This is described as Female pattern hair loss (FPHL). A complete loss of hair, as seen in men who sometimes go bald, is much rarer in women and is usually caused by a medical condition or by medical treatment such as chemotherapy.

Why does it happen?
FPHL is very common and increases with age and varies across ethnic groups. Although it can happen at any age, the condition occurs most commonly following the menopause. This does not mean that hormones alone are to blame, although oestrogen may have a protective role, helping to keep hair in the ‘growing phase’. Age itself is a factor and whilst women can take care of their hair cosmetically, it is one aspect of the ageing process we cannot always control. Genetics are important too and you may notice a family link with both male and female hair loss. Occasionally times of acute stress on the body will influence hair growth, eg illness, emotional stresses and crash dieting. Some medications may have an influence too.

Is something wrong?
Most who notice hair loss around the time of the menopause, do not have anything medically wrong. Your doctor may ask you if there were any triggers for the hair loss, such as dietary deficiencies, stressful events or illness. You will be asked about your medical history to rule out other medical causes and might be tested for conditions such as anaemia, low ferritin, thyroid dysfunction, raised testosterone levels or skin disorders. If you show signs of hormonal imbalance, such as irregular periods, facial hair growth or new episodes of acne, this might be tested too.

What can I do?
• The appearance of menopausal hair loss can sometimes be improved by cosmetic practices, e.g. reducing the use of straighteners, hair dryers and other heat damaging tools. This along with the use of thickening shampoos and conditioners may improve hair appearance.
• A healthy, varied diet is a contributing factor to a healthy body, so a nutritional review may be helpful.
• Topical solutions to increase hair growth can be purchased. These take several months to take effect and must be used on an ongoing basis, or hair loss will return.
• Laser devices that emit low-energy laser light may stimulate hair growth to help fight thinning hair. Laser therapy is best carried out by a hairdresser or therapist with experience and training on these devices. The long-term safety and effectiveness are unknown.
• Some medications have side effects that could include hair loss. Make sure to talk to your doctor or pharmacist if you’ve noticed significant hair loss and you think that your medicine might be the cause.
• An important function of hair is to protect the scalp from sunlight; it is therefore important to protect any bald areas of your scalp from the sun to prevent sunburn and to reduce the chances of developing long-term sun damage.
• Be reassured. Most menopause related hair loss does slow down with time.
When to seek help
You should consult your doctor if:
- You are losing hair in an unusual pattern.
- You are losing hair rapidly or at an early age (for example, in your teens or twenties).
- You have any pain or itching with the hair loss.
- The skin on your scalp under the involved area is red, scaly, or otherwise abnormal.
- You have acne, facial hair, or an abnormal menstrual cycle.
- You have additional symptoms which concern you.

Summary
Adjusting to permanent hair loss is challenging for most women. Menopausal hair loss can be upsetting and cause anxiety, but is not usually a sign of an underlying medical disorder, unless accompanied by other symptoms. Improving general and nutritional health may help slow loss. There are cosmetic options for improving the appearance of hair and medical treatments which, when used long term can improve hair growth. If you have other symptoms as well as your hair loss, seek the advice of your doctor.

Useful contacts
NHS Choices Website
http://www.nhs.uk/Conditions/Hair-loss/

Support and information about hair loss
http://www.alopecia.org.uk/

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