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Clinical Pearls

Clinical Pearls help prepare residents for the future by providing them with insights about what they should know about a specific subject area by the time they complete their residency.

Alopecia areata

By Kristen Lo Sicco, MD, FAAD

1. Alopecia areata (AA) impacts a significant number of Americans, and its prevalence among women and patients with skin of color is increasing. AA is a chronic autoimmune disease that affects approximately 7 million people in the United States. Like the eye, brain, and placenta, typically our hair follicular unit is also a protected site with no autoimmune activity, termed "immune privilege." When this privilege is lost, the hair follicle is vulnerable to attack by one's own immune system. Likely a mix between genetics and environmental factors, one may develop AA at virtually any age. While AA may occur in children, adults, women, and men, some research has demonstrated that the prevalence of AA is greater in women as well as in Asian patients, followed by Black, Latino, and white individuals.

2. Prior to 2022, there was no U.S. FDA-approved therapy to treat AA. Now, we have multiple systemic therapies to treat AA. There are three FDA-approved therapies for severe AA — all of which are systemic immunosuppressive oral therapies. Two, baricitinib and deuruxolitinib, are oral JAK 1 and 2 inhibitors approved for the treatment of severe AA in adults. Ritlecitinib, a JAK 3 TEC (tyrosine kinase expressed in hepatocellular carcinoma inhibitor) is approved for the treatment of severe AA in adults as well as adolescents aged 12 and above. Additional studies regarding novel therapies for AA are also ongoing. Research shows that inflammation in AA is systemic and early intervention, especially in more severe subtypes, is vital to optimize results. Emerging research indicates poorer response to oral JAK inhibitor therapy with over four years of a current AA flare. The use of minoxidil in AA may also be considered. Multiple studies have demonstrated the utility of oral minoxidil as an adjunctive agent when combined with oral JAK inhibitors.

3. Pay attention to boxed warnings for oral JAK inhibitors. The boxed warnings for oral JAK inhibitors came from rheumatology literature. These warnings include serious infection, malignancy, MACE (major adverse cardiovascular events), thrombosis, and higher rates of all-cause mortality. It is important to contextualize this given the inherent differences in the rheumatology and dermatology populations. Patients with RA often have a higher baseline risk of cardiovascular risks, including MACE and stroke. Dermatology patients are often younger and overall healthier individuals. Nonetheless, it is important to consider risk factors for potential adverse events prior to initiating a JAK inhibitor.

4. You are your patient's best advocate. Despite FDA approval of multiple therapies to treat AA, patients may still be denied medication coverage or face significant delays when starting therapy. Using scales such as the AASc (Alopecia Areata Scale) can be used during clinic visits as an efficient way of documenting the full disease burden, ultimately with the goal of minimizing barriers to care. It incorporates multiple disease domains, including eyebrow and eyelash involvement, nail changes, as well as patient-reported symptoms, resulting in three severity classes (mild, moderate, and severe).

5. Cranial prostheses, or wigs, are an important aspect of treatment for patients with AA, especially children who often suffer from bullying or isolation. Some patients may not be tolerant of or only partially responsive to therapy. Research shows that AA has a negative quality of life impact on adults as well as children and their families. Adolescents with AA suffer from higher rates of bullying compared to their unaffected peers and girls may experience more bullying and emotional distress. Cranial prostheses are important for those who chose to wear them. However, they remain cost prohibitive for many patients. A letter of medical necessity template should be utilized to most efficiently advocate for your patients, using language such as "cranial prosthesis" and "durable medical equipment." It is also recommended to document AA's psychosocial impacts, disease severity, and recalcitrance to first-line medical therapies. DR

References:

See **www.aad.org/member/publications/more/dir** for references.