Best Practices for Hair Care and Styling in Patients with Alopecia

Oyetewa Asempa, MD, FAAD, interviewed by Alexis Carrington, MD

ALEXIS CARRINGTON, MD: Welcome, everybody, to another episode of *Dialogues* podcast. I am Dr. Alexis Carrington, one of the chief dermatology residents at George Washington University in D.C. I have a huge honor and pleasure to have Dr. Asempa here. We're going to be talking about haircare styling, haircare practices, things that we need to know as dermatologists, as well as in the public, for taking better care of hair, as well as for hair loss. Dr. Asempa, she is doing amazing things, so many things I can talk about for her introduction, but we're going to jump right into it.—

--She is a leading expert in hair loss and scalp disorders. She is serving as Assistant Professor of Dermatology and Director of skin of color clinic at Baylor College of Medicine. With her specialized knowledge in diagnosing and treating various types of alopecia, she is at the forefront of addressing hair concerns across diverse patient populations. She is passionate about education, educating both patients and physicians, on the best approaches on how to take care of our hair, our hair health, from medical treatments to improving styling. Her expertise is what makes her the perfect voice for this podcast episode and I just can't wait to hear all the pearls and expertise that she has to share. But first, thank you so much.

OYETEWA ASEMPA, MD, FAAD: Thank you so much for having me. That was an amazing introduction, thank you so much.

ALEXIS CARRINGTON, MD: We're going to jump right into it. I just want to hear, what do we need to know as practicing dermatologists what hairstyles we should recommend, not be recommending for our alopecia patients?

OYETEWA ASEMPA, MD, FAAD: The truth is it becomes such a complex topic. If you've seen my social media, I like to make videos that kind of grade hairstyles, because there's no perfect

hairstyle, and well there are some terrible ones, but there's a lot of nuance. How it's done. How long it's left in. So the first things that I tell my patients, before I even talk about styling, is actually the haircare. Because it's actually maybe even more important than the styling and helps to inform which styles work.—

--Most of my alopecia patients, especially if it's patients of color, are not doing the basics frequently enough, like washing their hair. So if you're not able to wash the scalp regularly, then there are certain styles that I wouldn't recommend. There's a term called "protective styling" in the African-American community. Usually when that term is used, a patient thinks braids or they think like a wig. But when I hear that term, I think a style that requires low manipulation. A style that they're going to still be able to wash and condition their hair on a regular basis, meaning once a week or at max once every two weeks.—

--And a style that doesn't allow their hair to be rubbing on things. So that includes rubbing on extensions. So usually I'm recommending an extension-free style, where they can wash their hair every 7 to 14 days, that does not require them to mess with their hair every day. So that really limits the styles. Sometimes patients are not excited about taking those recommendations and that's where the counseling comes in. I know you have other questions so we can go from there. But generally speaking, I'm talking styles that are extension-free and that don't require rubbing or messing with the hair on a regular basis.

ALEXIS CARRINGTON, MD: We're going to be talking about this. What specific hairstyles would be considered ones that are low manipulation, don't rub into anything? What are some that come to mind that we should know about?

OYETEWA ASEMPA, MD, FAAD: I grade styles as like A, B, C, or F. And A styles are the styles that are least likely to cause damage, generally speaking. Some of my favorite styles are two-strand twists, which is essentially for those who might not know when you just take the

patient's own hair and twist it around itself. So for a patient who has naturally curly or coily hair, keeping the hair stretched as opposed to out in what we call like a wash and go, where the patient's natural texture is, again super gorgeous and wild and free, but you're maybe not allowing the hair to be stretched in a way that it's not going to break or have more damage.—

--So I usually really recommend low-tension styles, like a two-strand twist with their real hair. Or braids, but with their real hair. So that causes a lot less tension than adding extensions to the braids. So single-stranded braids or two-strand twists are my absolute favorite styles. Also in that category come flat twists, cornrows if they're large, again with the patient's real hair. And then for some patients, they have extensive hair loss already and so a wig probably has to come into play.—

--The safer type of wigs that I tend to consider safer are headband wigs, especially for people with frontal hair loss, like traction alopecia. I'm sure we'll get into that. That kind of keeps the front of the scalp safe from friction from like lace or things like that. I'm sure we'll get into those.

ALEXIS CARRINGTON, MD: Absolutely. What I really want to know is, like you were saying, there are some hairstyles that are great, like the two-strand twist that you were talking about, and some that aren't. How do you approach, when you are counseling a patient and it's a very delicate balance where it's like, "But I've been using this hairstyle for so long." How do you approach it and do it in a delicate way, to try to transition them or recommend another hairstyle to them?

OYETEWA ASEMPA, MD, FAAD: First, I try to assess where the patient is at. That's two parts. One, where they are with their scalp and hair. So that means are they coming to see me for something else, because if they're coming to me for acne, I'm not going to be like, "Hey, take out your braids." So do they have hair loss and where is the hair loss? Is it on the crown of the scalp, vertex? Is it on the frontal scalp? So that's number one. For the number two, where they

are mentally, emotionally, culturally. Because there are so many deep-rooted societal issues for why people choose to wear their hair in certain ways.—

--So I really want to assess both because it doesn't really matter what I say to a patient. If they're like, "I cannot go into the world with a two-strand twist," which is very common. A lot of my patients are like, "I know that that's style that you think is safe. I will not wear that style." So if someone says that to me, I'm not going to beat them over the head with that style. I'm going to say, "Okay, well, let's start from where you are. What styles are you willing to wear? Tell me more about how you want to look." If a patient tells me, "No matter what, I must have straight hair," which sometimes is the case, then I say, "Okay, well, you have all this frontal hair loss," as an example, "let's consider a headband wig for a time while we're treating your frontal scalp."—

--Or, "Let's consider transitioning to silk presses instead of relaxers for a time." So it really ends up being a very nuanced conversation. I've created a document that's made it so much easier because I go through all the styles and I grade them A, B, C, and F in the document. It has a lot of pictures and they can kind of go through and see what styles I consider safe, ones I also consider less safe, and the ones that I absolutely hate and say, "I do not want you to do this style," and then we can kind of have that conversation from there.

ALEXIS CARRINGTON, MD: That is really helpful because it can be, and I admit, a very delicate and sometimes difficult conversation to have because you don't want to essentially have like a negative connotation towards the patient.

OYETEWA ASEMPA, MD, FAAD: Absolutely. The elephant in the room, too, is that I have it a little bit easier with patients than some of our colleagues would. Because if they perceive that your hair, as the dermatologist, is different from them as the patient, they're also going to be less open to your suggestions. Because they perceive that I'm similar to them, they're more likely to listen to me. But even with that, it's nuanced. I think that the written content that you're

able to give a patient, a handout and say, “Hey, this is something that is kind of verified by a dermatologist that specializes in hair loss and in scalp disorders. Look through this and let’s talk about it.”—

--I think that makes it a lot easier than having to sit down and have a whole hairstyling consultation. Because we’re not stylists, at the end of the day we’re dermatologists. But the styles are so important to actually mastering and treating the hair loss. So both are important but I find those written documents, just having those styles, really helpful. I’m of course happy to provide that to you or to anyone who wants it.

ALEXIS CARRINGTON, MD: That would be amazing. That would help out so much, especially with seeing patients, that would be truly amazing. I really would love to just get your thoughts or insight in, especially because we hear this, we see it on social media, hear from our patients, the concept or possible pseudo concept of 4C hair, 3A hair. Is that scientifically valid, is that true? What are you thoughts on that and what should we think about if patients bring that up?

OYETEWA ASEMPA, MD, FAAD: There’s no scientific basis to that. That was actually created by Oprah’s stylist, I’m trying to remember his name but it was one of Oprah’s stylists in the ‘90s, who really just kind of categorized it for the purpose of making products and selling products to people with certain hair types. So that was designed completely based on look at someone and you see they have straight hair, wavy hair, curly, or coily hair. So while it’s not a scientific basis, I do think generally speaking there are some rules that can sometimes fall into place based on those lines, but there is no true biologic basis to that hair typing system.—

--But that’s the system that the patients know. So generally speaking, if a patient tells you that they have type 4 hair, what they mean is they have coily type hair that is going to be more naturally dry. It’s going to break more easily and you have to be more delicate with the hair to make sure that it thrives. If someone says they have type 3 hair, generally they mean they have

curly hair that is more delicate than straight or wavy hair, but maybe less delicate than coily hair. So it's tough but no, there's no scientific basis to it.—

--The L'Oreal group, a research group, their international group actually did do a study. I need to confirm, I actually have all the slides on the dates for this study, where they looked at over 1,000 people in multiple countries, I believe 18 different countries, and they looked at things like the curl diameter and the index of each curl. They came up with an eight hair type system, that goes from type 1 to type 8. That was based on plotting all of the findings of that study. I think that's a little bit more scientific than the four type system.—

--Sometimes I do show that chart to patients. But the truth is, I think for the average dermatologist it's easier to think about it like this. The tighter someone's curl is, the more dry their hair naturally is, the more care you need to do with your styling. The looser someone's curl is, or the more wavy or straight their hair is, then the hair has a little bit more resilience in dealing with being manipulated in certain ways.

ALEXIS CARRINGTON, MD: Getting into that haircare, getting back to the basics, we were talking about hairstyles, but now just getting to the basics of haircare, what do you recommend to your patients in terms of shampooing, washing their hair, brushing, comb, all of those? What do you discuss with them?

OYETEWA ASEMPA, MD, FAAD: I think of it, and similar to skincare, you need a routine, so we call that a haircare regimen, and it needs to be consistent. So I tell my patients the most important thing is washing the hair and scalp every 7 to 14 days, depending on how they wear their hair. So that's number one. If they are coming out of a style where they haven't manipulated with their hands the hair for a week or two, I always recommend them doing something before shampooing, called a pre-poo, where they're going to use some type of a product like a conditioner to detangle their hair before washing.—

--That detangling before washing is so important, because washing tangled hair leads to matting in curly and coily hair. So a lot of patients will get very frustrated with their hair during the wash process. I talked in my lecture yesterday about wash day as a concept. That certain patients will understand or certain of our colleagues will understand, growing up wash day was an eight hour ordeal. So when some dermatologists recommend to their patients, “Hey, wash your hair every day,” what the patient is thinking in their head is, “You want me to be spending four to eight hours on my hair daily?” which doesn’t make sense.—

--Also as an aside, and we’ll get back to the haircare regimen, sebum is super important to think about. Sebum is the scalp’s and the body’s natural conditioner. In curly and coily hair, it doesn’t travel down the shaft as easily as it does in straight hair. It attracts dirt and oil, so straight hair gets dirty much faster than curly and coily hair. So curly hair does not need to be washed on a daily basis. So I tell them every 7 to 14 days wash, after that, using a deep conditioner. It’s going to be much more hydrating than the average rinse out conditioner, to really help to make sure that the moisture is back into the hair.—

--And then throughout the week, depending on the style, I do recommend using some type of a leave-in conditioner or a liquid and an oil on the hair, not on the scalp, to keep the hair moisturized throughout the week.

ALEXIS CARRINGTON, MD: I’m just floored because hearing the regimen, it can be so easy to get lost in the sauce with all of the things that we see on the internet, so it’s just reassuring to hear.

OYETEWA ASEMPA, MD, FAAD: Absolutely. And for someone who is dealing with breakage, I don’t recommend combing and brushing every single day. I usually recommend ideally again, picking a style where they’re not going to have to manipulate their individual hair strands except on the days that they are washing their hair. Back in the day, you might have heard from

magazines “100 brush strokes a day,” that is going to completely break off curly and coily hair. And even for straight hair is going to cause damage. So it’s not necessary. So really detangling on the days that you wash is the most important thing.

ALEXIS CARRINGTON, MD: When it comes to just misconceptions that we as dermatologists and honestly society have when it comes to haircare practice, what would you say that you see in clinic are some big misconceptions that some dermatologists have that could be affecting patient care that we should be aware of?

OYETEWA ASEMPA, MD, FAAD: I think the number one is the one that I just mentioned, so I’ll reiterate it because it’s so important. I’d say probably the number one reason that a patient loses faith in their dermatologist in the hair and scalp space is because they’ve been told to wash their hair daily. And usually with ketoconazole shampoo, which has SLS, the most stripping of all the sulfates in it. So on top of the fact that they’re not going to wash their hair every day, they’re using a sulfate that is extremely drying to the hair. So the patient is going to notice, even if they attempt to wash every day, that their hair is going to get tangled more, it’s going to get very dry, it’s going to start to break off, and that’s going to cause them to lose significant faith in their dermatologist.—

--So a lot of patients actually come to me saying, “Hey, I had to leave this dermatologist because they told me to wash my hair with this shampoo every day, what do you think?” So I think that’s the biggest thing that I recommend is telling your patients to wash their hair with each shampoo, or say every time they wash, use this shampoo as opposed to every day. So that’s number one. Number two is I find ciclopirox to be a lot less drying, because the sulfate in ciclopirox is a lot less stripping than it ketoconazole.—

--Ciclopirox is harder to get covered through insurance so I usually go through a compounding pharmacy or go through a coupon service like GoodRx or I don’t know if we’re allowed to talk

about that on here but anyway. Or going through some kind of a coupon service, but it is a lot less drying than ketoconazole. So I think that's the number one and two thing is the daily washing myth with curly hair.

ALEXIS CARRINGTON, MD: Honestly, I just want to give you the floor on just saying what you think we should know, like the takeaways. And just things that we should know as we start seeing our patients again in this new year. So I just want to give you the floor and just say anything that we should know about haircare and hairstyles to recommend.

OYETEWA ASEMPA, MD, FAAD: A lot of the time, there's a gap in how we treat hair loss, because we think that the medical therapies that we're doing are enough. But for a lot of our patients, and especially for patients of color, no matter what medical therapy you're doing, if the styling is not correct the medical therapy is not going to work as well as it should. Because so often, the styling that the patient is doing is either contributing to or causing the hair loss. So styling becomes a medical issue when a patient is dealing with hair loss. One really great tip for patients who are experiencing frontal hair loss, recommending bangs for the patient.—

--Because a lot of styles with the patient's natural hair, if they have a bang cut they can cover that frontal hair loss without constantly having to apply tension to it. Because a lot of the time, patients the more hair loss they have in the front of the scalp, they're now going to want to do things that cause more damage to their frontal scalp. So a style that causes more tension on the frontal scalp or a wig that they glue down to the frontal scalp, which is going to further pull out even the vellus hairs sometimes and cause significant scarring hair loss over time.—

--So I usually am recommending to those patients no extensions directly applied to the hair. Definitely no tension, so no box braids or things that are going to cause more tension if they already have that frontal hair loss. But then also bangs is an excellent way to cover it but still allow them to access the front of the scalp every single day. Because I'm usually having them

use topical medications on the scalp daily or every other day and so if it's tied up in a style that they can't get to the scalp, then how are we going to treat the scalp?—

--Similarly, if the patient has hair loss on the crown of their scalp, like CCCA on the vertex scalp, it's really important to think about styles where they don't have a lot of tension on the edges but they can still kind of keep that covered, depending on how much hair they have. Sometimes that is going to be a wig, so I talk about the safer wigs. If they are going to use a wig that has lace to it, one that they don't use glue to attach. I do want to point something out here. Depending on who is listening, this might sound very overwhelming, all the different styles that I'm just randomly throwing out there.—

--I spend a lot of time thinking about styling as it relates to dermatology. So all of these things are things I think about on a regular basis. But I think the average dermatologist might not even know what some of these styles are, which is why having data to hand out to patients that's already made up I think makes it a lot easier to have these conversations with patients. As opposed to saying you're going to now become a YouTube expert and learn all of these styles very quickly. But the unfortunate truth is a lot of your patients are not going to get better as quickly as they should from their hair loss if they're doing treatment with you, getting ILK or whatever you're doing for the hair loss.—

--And they're going home and getting long, tight braids or working with stylists that are ripping out their hair by combing through it too much or getting relaxers and color treatment when they already have breakage on the hair, so it can be really tough.

ALEXIS CARRINGTON, MD: This was just chock full of pearls. I really need the transcript for this episode because this is, and the handouts that you were saying, this is an amazing talk. I can't wait to share this with my patients. This is very helpful. Dr. Asempa, this was phenomenal, thank you so much.

OYETEWA ASEMPA, MD, FAAD: Thank you so much for having me.

ALEXIS CARRINGTON, MD: Thank you so much.

Commentary

Rylee Cook with Jules Lipoff, MD, FAAD (ed.)

When counseling patients with alopecia, it is just as important to address hair care and styling practices as it is to prescribe medical treatments. These conversations can be delicate but are critical to helping patients prevent further hair loss and achieve the best possible outcomes. Patient education on safer styling alternatives and the importance of early intervention is key to minimizing irreversible scarring alopecia. In this episode of Dialogues in Dermatology, Dr. Alexis Carrington interviews Dr. Oyetewa Asempa, director of the Skin of Color clinic at the Baylor College of Medicine, about haircare styling and practices in patients with skin of color.

Key Takeaways on this Topic from Today's Episode included:

- Low-tension, natural hairstyles are preferred for Black patients with alopecia to reduce the risk of traction and scarring alopecia. Recommended options include twist-outs, two-strand twists, flat twists, or braids using the patient's natural hair.

- Physicians who are not people of color may not appreciate how Black patients take care of their hair and should take the time to be culturally competent or they may find their clinical advice doesn't land. For instance, suggesting that a Black woman should wash her hair daily is likely to be met with skepticism and produce a major disconnect. Dr. Asempa for one likes to suggest detangling with conditioner before shampooing, and washing the scalp and hair perhaps every 7 to14 days.

- For patients interested in wigs, Dr. Asempa suggests that headband wigs are the safest option, particularly for those with frontal hair loss, as they minimize tension on the hairline. Lace-front or glue-in wigs, on the other hand, can potentially exacerbate hair loss.

References

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