

Introduction:

- Alopecia areata (AA) is a nonscarring hair loss disorder. No therapeutics are currently available to prevent or cure AA
- The aim of our study was to evaluate the management of AA by dermatologists in France.

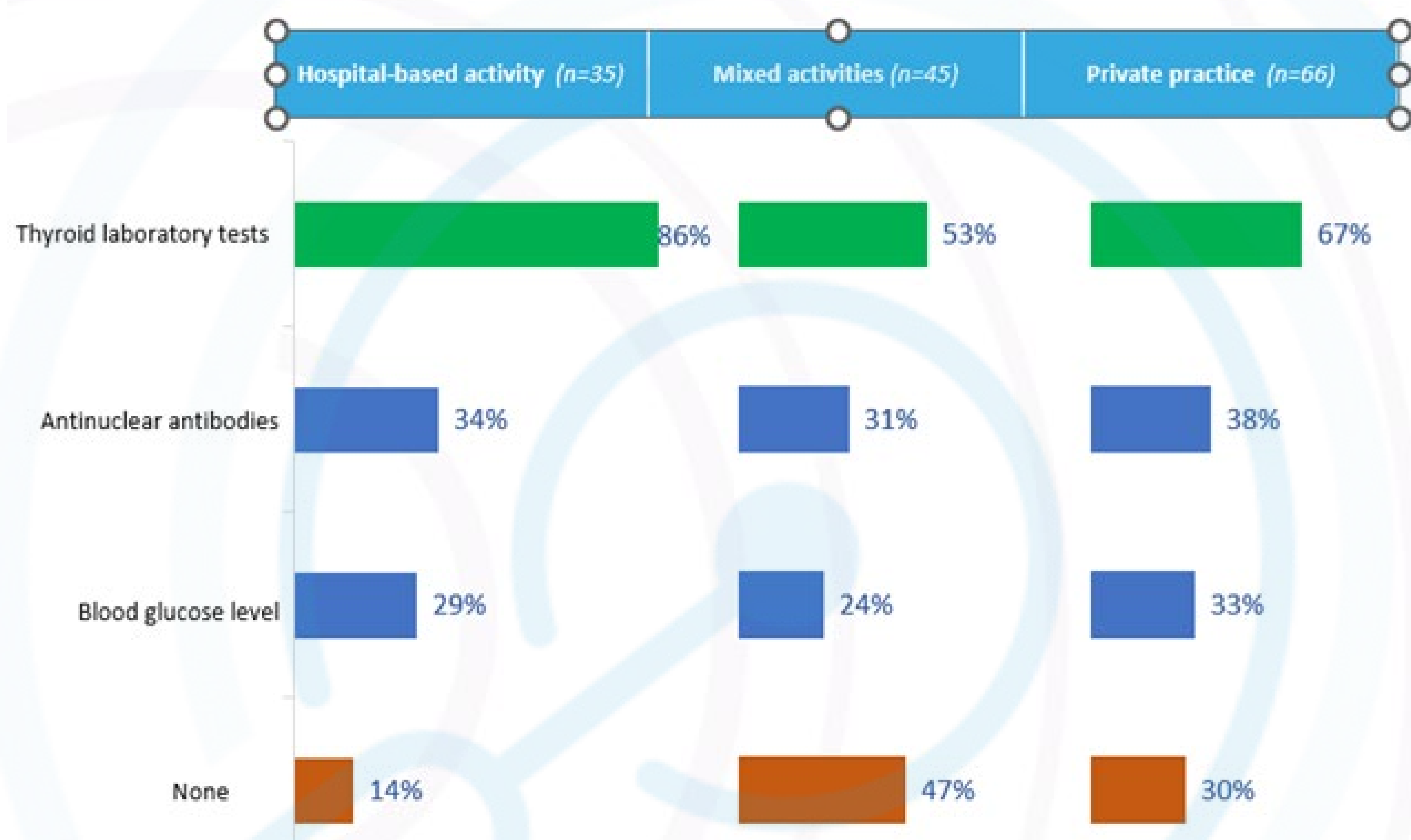
Materials and methods:

We performed a national online practice survey between November and December 2021.

Results:

- 146 dermatologists responded, 24% with hospital-based activity, 45% with private practice and 31% with both activities. Dermatologists with private practice see more patients with AA (15 patients on average per years versus 12 patients for hospital based dermatologists).
- Patients with AA represent 5% to 10% of all patients seen over a year for 14% for dermatologist with private practice versus, 3% for hospital-based dermatologists. The majority of dermatologists routinely look for a history of familial AA and stressful event preceding the AA.
- Clinically, looking for a non-scarring scalp is the first element sought, followed by the examination of the hair-bearing areas and search for the rarefaction of the eyebrows, eyelashes, and beard.
- Thyroid laboratory tests were the most prescribed analysis (see figure 1).
- Regardless of activity mode, treatments were proposed for the progressive forms of AA (patients with extensive patches). Dermatologists with private activity, favor the treatment of small patches AA.
- Severity scales (SALT, DLQI) were little used to evaluate the severity of AA (3% for private practice -31% hospital based activity). The vast majority of dermatologists assess the severity according to the extent of AA and other affected areas (95-100 %). More than 62% of dermatologists with hospital based or mixed activities take photos to follow the evolution of AA, versus 50 % of private dermatologist who don't.
- For all dermatologists, topical corticosteroids were the most prescribed treatments (87-97%) (see figure 2). In second and third intention, dermatologists with hospital-based activity, prefer IV bolus of corticosteroids (77%) and intralesional infiltration of corticosteroids (77%). For dermatologist with mixed activity, intralesional corticosteroids (80%) and methotrexate associated with systemic corticosteroids (67%) were usually indicated. Finally topical minoxidil (77%) and intralesional corticosteroids (68%) were recommended by private dermatologists. UV therapy was used by 43%, 29% and 27% of dermatologist with hospital activities, private and mixed respectively. Prescription of JAK inhibitors was reported by 5%, 26%, and 31% of dermatologists with private activities, hospital and mixed respectively.

Figure 1 : prescribed laboratory tests according to the type of activity



Discussion:

- Almost a third of dermatologists do not prescribe any analysis
- Topical corticosteroids are used by all dermatologists for alopecia areata. Concerning other treatments, prescribing patterns were different according to the type of practice (private practice versus hospital/mixed practice).
- The majority of dermatologists do not assess and score before initiating treatment for AA.

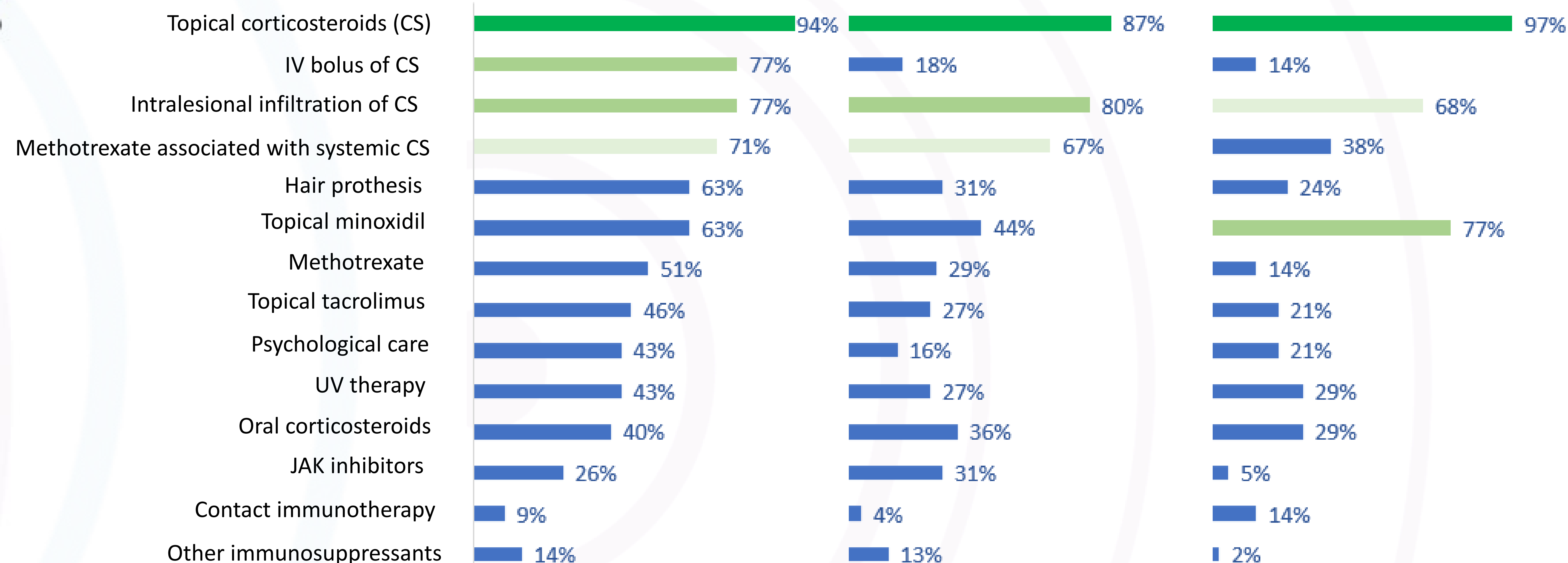


Figure 2 : prescribed treatments according to the type of activity