Tower Bridge Hospital London

Tower Bridge Hospital London
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020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · DERMATOLOGY

Hair loss
which type, and what actually works

Hair loss is common, distressing, and surrounded by an industry selling things that do not work. What matters clinically is distinguishing between shedding that will recover, pattern loss that is progressive, and scarring loss that destroys follicles permanently — because only the third is urgent.

Arrange prompt assessment if you have

- **smooth, shiny scalp with loss of follicle openings** — this suggests scarring and needs treating urgently
- **redness, scaling, pain, burning or itching** with the hair loss
- **rapidly spreading patches**, or loss of eyebrows, eyelashes or body hair
- hair loss with **weight change, fatigue, irregular periods or excess facial hair**
- hair loss in a **child**, which needs a different assessment

Scarring alopecias destroy the follicle permanently, and hair that has been lost does not return — but treatment stops progression. Anything that looks scarred, or is inflamed and symptomatic, should be seen within weeks rather than watched for months.

The common types

- **Telogen effluvium** — diffuse shedding all over, typically two to three months after a trigger: illness, surgery, childbirth, crash dieting, severe stress, or stopping the pill. It recovers fully over six to twelve months once the trigger passes.
- **Male pattern hair loss** — receding temples and thinning at the crown, driven by genetics and hormones. Progressive.
- **Female pattern hair loss** — widening of the central parting with preserved hairline. Progressive.
- **Alopecia areata** — sudden smooth round bald patches, an autoimmune condition. Often regrows spontaneously but can recur.
- **Traction alopecia** — loss along the hairline from tight braids, weaves, extensions or tight ponytails. Reversible early, permanent if prolonged.
- **Scarring alopecias** — less common, permanent, and the group where early treatment matters most.

Worth testing

- **Ferritin and full blood count** — iron deficiency is a very common contributor, particularly in women with heavy periods, and ferritin can be low with a normal haemoglobin.
- **Thyroid function** — both over- and underactive thyroid cause shedding.
- **Vitamin D**, and in some cases zinc.
- **Hormone profile** where there are signs of PCOS or excess androgen.
- Coeliac screening where there are gut symptoms or unexplained deficiency.

Treatments with evidence

Works

- Topical minoxidil for pattern hair loss, in men and women
- Oral finasteride or dutasteride for male pattern loss
- Anti-androgen treatment for some women, under supervision
- Steroid injections into patches of alopecia areata
- Correcting genuine iron or thyroid abnormality

Little or no evidence

- Most over-the-counter hair growth supplements
- Caffeine shampoos and thickening products
- Laser combs and helmets, on current evidence
- Taking supplements for deficiencies you do not have
- Biotin, unless you are genuinely deficient, which is rare

Timescales

Hair grows about a centimetre a month, and any treatment needs at least six months before it can be judged. Shedding often **increases** in the first few weeks of minoxidil as resting hairs are pushed out to make way for new growth — this is expected and is the commonest reason people stop. Treatments for pattern loss maintain hair while used; stopping means losing the gains over the following year.

Protecting the hair you have

- Avoid tight styles, heavy extensions and prolonged traction.
- Limit heat styling and chemical relaxing, and use heat protection.
- Do not skip meals or crash diet; hair is metabolically expensive and is shed first.
- Treat scalp conditions such as seborrhoeic dermatitis and psoriasis, which worsen shedding.

Book an appointment if hair loss is progressing, patchy, painful or scarring, or you would like the blood tests done properly before spending money on products. We offer dermatology assessment, full blood testing, and evidence-based treatment including prescribing.

Assessment, blood tests and treatment

Seven days a week, 9am–7pm, on Whitechapel Road.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open 7 days, 9am–7pm

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Dermatology** · **Blood tests** · **Women's health** · **All patient leaflets**

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This leaflet is based on current NHS, NICE CKS and British Association of Dermatologists guidance on hair loss. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.