Scarring Alopecia: The Attitudes, Knowledge, and Referral Patterns of Hair Stylists and Barbers

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ABSTRACT
Disorders of hair loss are commonly encountered by hair stylists, who are in a unique position to identify early signs and symptoms. The goals of this study were to assess hair stylists' knowledge of and propensity to refer patients with scarring alopecias. One-hundred-eighteen stylists completed surveys to this effect. The majority of respondents (66.1%) stated that they had been asked by clients to evaluate for hair loss, whereas approximately half reported routinely referring clients with hair loss to a dermatologist. Although knowledge of alopecia varied, the vast majority indicated they would be willing to undergo further training in identifying hair loss disorders and would be willing to discuss this information with clients. These results demonstrate that hairdressers frequently interact with patients suffering from hair loss and that many are receptive to receiving additional training to ensure proper identification and prompt referral.

INTRODUCTION
The most common hair complaints seen by dermatologists include progressive thinning and excessive shedding of the scalp hair. Complaints may include decrease in hair coverage, inability to maintain hairstyle, or extreme thinning of ponytail size. The delayed detection and diagnosis of alopecia may be detrimental for scarring alopecias such as central centrifugal cicatricial alopecia (CCCA) and lichen planopilaris because hair regrowth can rarely occur if treated very early. Hair loss is often a significant source of psychological distress and therefore emphasis should be placed on early detection and referral for counseling.

Research has shown that using beauty salons as a setting for implementing health promotion programs capitalizes on the relationships hairdressers have with their clients. Stylists are in a unique position to detect scalp anomalies because they routinely assess this area during a client appointment. Interventions targeting the education, detection and physician referral...
of melanoma, hypertension, breast cancer, and prostate cancer have successfully utilized hairdressers.4-7

METHODS

This study was approved for exempt review by the Tulane University Institutional Review Board. Cross-sectional data were obtained via questionnaire administered to certified hairdressers at 51 salons in the New Orleans Metropolitan area. The majority of salons, with the exception of four barbershops, serviced both men and women. Blank surveys were given to all employees at each establishment and were collected forty eight hours later. Surveys were received from 118 respondents. Response rate is unknown.

RESULTS

Our findings indicate that many hairdressers already examine their clients for hair loss and about half of the time they will refer their client to a dermatologist. Table 1 provides hairdressers’ hair loss detection and referral practices. Table 2 provides hair stylist beliefs of permanent versus non-permanent alopecia.

Most hairdressers (66.1%) responded that they have been asked by clients to examine them for hair loss. When hairdressers notice hair loss, almost half of the respondents (49.2%) refer their client to a dermatologist. Most respondents (68.6%) received some form of hair loss training while in beauty school, though most were largely unfamiliar with the most common types of alopecia. The majority (79.7%) of hairdressers were willing to learn more about the different types of hair loss and a larger portion of respondents (90.7%) indicated that they would be willing to discuss hair loss with their clients if they were trained to identify the different types of hair loss. Of the five education modes surveyed, respondents preferred attending a continuing education seminar or using the Internet to receive further information.

Overall, the majority of stylists responded that they believe a scalp exam by a hairdresser is helpful for finding the cause of hair loss and some even reported having a client return with a medical diagnosis.

DISCUSSION

The study identified key knowledge deficits in detecting specific hair loss patterns among hair stylists and barbers. While most stylists received some form of hair loss training in beauty school, the majority of respondents were generally unfamiliar with the eleven listed alopecia subtypes despite reporting confidence in their ability to recognize permanent versus nonpermanent hair loss. The types of hair loss most familiar to the stylists included alopecia areata and androgenic alopecia.

While this study provided a generalized descriptive overview of hairstylist knowledge of alopecia, further investigation is required and may include investigating the type of hair loss education provided by beauty schools. Further research is also warranted to explore these trends in salons with predominantly African American clientele.
Table 1. Hairdressers’ hair loss detection and referral patterns, N=118

| Variable                                                      | N   | %    |
|---------------------------------------------------------------|-----|------|
| Received training in beauty school about hair loss            |     |      |
| No                                                            | 37  | 31.4 |
| Yes                                                           | 81  | 68.7 |
| Know about the different types of hair loss (referred to in Table 2) |     |      |
| No                                                            | 42  | 35.6 |
| Yes                                                           | 76  | 64.4 |
| Frequency that clients ask stylists to examine them for hair loss |     |      |
| Never                                                         | 40  | 33.9 |
| Yearly                                                        | 15  | 12.7 |
| Monthly                                                       | 41  | 34.7 |
| Weekly                                                        | 16  | 13.6 |
| Daily                                                         | 6   | 5.1  |
| Frequency that stylists have noticed permanent hair loss regardless of client asking |     |      |
| Never                                                         | 23  | 19.5 |
| Yearly                                                        | 31  | 26.3 |
| Monthly                                                       | 42  | 35.5 |
| Weekly                                                        | 16  | 13.6 |
| Daily                                                         | 6   | 5.1  |
| Frequency stylist refers client to a doctor after noticing unusual hair loss |     |      |
| Never noticed                                                 | 8   | 6.8  |
| Rarely                                                        | 31  | 26.3 |
| About half the time                                           | 20  | 16.9 |
| Most or every time                                            | 59  | 50   |
| Client came back with medical diagnosis after doctor referral |     |      |
| Never made a referral                                         | 17  | 14.4 |
| No                                                            | 68  | 57.6 |
| Yes                                                           | 33  | 28.0 |
| Confidence in ability to identify permanent vs nonpermanent hair loss |     |      |
| Not at all confident                                          | 41  | 34.7 |
| Somewhat confident                                            | 59  | 50   |
| Very confident                                                | 18  | 15.3 |
| Believe scalp exam by a hairdresser is effective in hair loss detection |     |      |
| Not at all helpful                                            | 21  | 17.8 |
| Somewhat helpful                                              | 67  | 56.8 |
| Very helpful                                                  | 30  | 25.4 |
| Interest in learning more about hair loss                     |     |      |
| No                                                            | 24  | 20.3 |
| Yes                                                           | 94  | 79.7 |
| Willingness to educate clients on hair loss                   |     |      |
| No                                                            | 11  | 9.3  |
| Yes                                                           | 107 | 90.7 |
| Preferred source for learning about hair loss                 |     |      |
| Internet                                                      | 45  | 38.1 |
| Lecture                                                       | 19  | 16.1 |
| Pamphlet                                                      | 11  | 9.3  |
| Video                                                         | 24  | 20.3 |
| Continuing education                                          | 56  | 47.5 |
Table 2. Hair stylist beliefs of permanent versus non-permanent alopecia, N=118

| Alopecia                          | Permanent (%) | Not Permanent (%) | Not familiar (%) |
|----------------------------------|---------------|------------------|-----------------|
| Telogen effluvium                | 2.54          | 12.7             | 84.7            |
| Anagen effluvium                 | 0.85          | 16.1             | 83.1            |
| Central centrifugal cicatricial alopecia* | 21.2          | 15.2             | 63.6            |
| Alopecia areata                  | 36.4          | 29.6             | 33.9            |
| Discoid lupus erythematosus*     | 14.4          | 6.77             | 78.8            |
| Frontal fibrosing alopecia       | 21.2          | 17.8             | 61              |
| Male pattern baldness (androgenic alopecia) | 65.3          | 8.47             | 26.2            |
| Lichen planopilaris*             | 2.54          | 9.32             | 88.1            |
| Folliculitis decalvans*          | 6.78          | 7.62             | 85.6            |
| Traction alopecia                | 16.1          | 25.4             | 58.5            |

*Hair loss pattern associated with permanent, scarring alopecia

Because certain types of scarring alopecia, such as CCCA, are more predominant in African Americans, the knowledge and attitudes of the hairstylists serving this population would be particularly valuable when developing new training programs. Lastly, including images and descriptions in addition to names of the various alopecias may be better understood by hair stylists unfamiliar with medical terminology.

**CONCLUSIONS**

In summary, hairdressers frequently interact with patients suffering from hair loss and many provide product recommendations and physician referrals. These results provide evidence that most stylists are engaged in alopecia screening and education and that most are receptive to additional training to expand this role. This suggests that training hairdressers in alopecia screening and patient education may be a worthwhile and promising opportunity for early detection of irreversible hair loss and prompts further investigation.

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