ORIGINAL RESEARCH

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.[1] 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.[2] Hair loss is often a significant source of psychological distress and therefore emphasis should be placed on early detection and referral for counseling.[3]

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 respondent**s** 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

	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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