

Frontal Fibrosing Alopecia (FFA)

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1. What is Frontal Fibrosing Alopecia?

Frontal Fibrosing Alopecia (FFA) is a type of **scarring hair loss** that most commonly affects **women, especially after menopause**, but it can also occur in men and, less commonly, in younger women.

In FFA, the hairline gradually recedes, often starting at the front and sides of the scalp. The condition can also affect eyebrows, eyelashes, and sometimes body hair.

2. Why does it happen?

The exact cause of FFA is not fully understood. It is thought to be an **autoimmune reaction**, where the immune system mistakenly attacks hair follicles.

Factors that may play a role include:

- **Hormonal changes** (particularly around menopause)
- **Genetic predisposition**
- **Environmental factors** (such as skincare, sunblock's, or haircare products, although evidence is limited)

FFA is **not contagious** and is **not caused by poor hair care**.

3. What are the symptoms?

- **Gradual recession of the hairline**, especially at the front or sides
- **Loss of eyebrows** (common early sign)
- Itching, redness, or burning sensation along the hairline
- Rarely, loss of body hair or eyelashes

Over time, the affected areas can become smooth and shiny, indicating scarring and permanent loss of hair.

4. How is FFA diagnosed?

A dermatologist can usually diagnose FFA by:

- **Examining your scalp and hairline**
- **Taking a small skin sample (biopsy).** This is not always necessary but may be needed in unusual cases of if more than one type of hair loss is present at the same time.
- **Blood testing to test for diabetes, vitamin deficiency, auto antibodies, etc**

Early diagnosis is important, as treatment can help **slow or stop further hair loss**, though it cannot regrow hair where scarring has occurred.

5. Treatment options

While there is **no cure for FFA**, treatments can help **reduce inflammation** and **slow progression**. Treatment is tailored to each individual and may include:

Topical treatments

- Steroid creams, gels or scalp lotions.
- Anti-inflammatory lotions (e.g., calcineurin inhibitors = “Protopic”)
- Regain 5% foam especially if there is coexisting female pattern hair loss

Oral medications

- **Anti-inflammatory drugs** (such as hydroxychloroquine)
- **5-alpha reductase inhibitors** (finasteride or dutasteride), often used in women and men to reduce hormone-related effects on hair follicles
- **Oral minoxidil is sometimes used**

Injections

- Corticosteroid injections into the scalp to reduce inflammation in specific areas
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6. Self-care and support

- Be gentle with your hair and scalp — avoid tight hairstyles, harsh chemicals, or excessive heat.
 - Use **sun protection** (hats and mineral sunblock's that do not have any chemicals) to protect the hairline and scalp.
 - Seek support if the condition affects your confidence — support groups or counselling can help.
 - Hair pieces or wigs may be required in severe cases but with early aggressive treatment this may be unnecessary.
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7. Prognosis

FFA is typically **slowly progressive**. Treatment can **halt or slow** further hair loss, but regrowth is uncommon where scarring has already occurred. Regular follow-ups with your dermatologist help monitor changes and adjust treatment.

8. When to seek urgent advice

Contact your dermatologist promptly if you notice:

- Rapid worsening of hair loss
 - Significant pain, itching, or scalp redness
 - Side effects from your medication
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9. Further resources

- British Association of Dermatologists: www.bad.org.uk
 - Alopecia UK: www.alopecia.org.uk
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Disclaimer: This leaflet provides general information and is **not a substitute for medical advice**. Always follow your dermatologist's guidance for diagnosis and treatment.



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