

International Journal of Medical Science and Innovative Research (IJMSIR)

IJMSIR : A Medical Publication Hub Available Online at: www.ijmsir.com

Volume – 5, Issue –3, June - 2020, Page No. : 132 - 136

A Demographic profile of alopecia Areata: A cross sectional study at Teritary Care Hospital Northern Western Rajasthan

<sup>1</sup>Dr.Deepika Singh Jadon, Resident Doctor, Department of Dermatology, Venereology and Leprosy, Sardar Patel Medical College, Bikaner, Rajasthan.

<sup>2</sup>Dr. B.C. Ghiya, Associate Professor, Department of Dermatology, Venereology and Leprosy, Sardar Patel Medical College, Bikaner, Rajasthan.

<sup>3</sup>Dr. R.D. Mehta, Senior Professor, Department of Dermatology, Venereology and Leprosy, Sardar Patel Medical College, Bikaner, Rajasthan.

**Corresponding Author:** Dr. B.C. Ghiya, Associate Professor, Department of Dermatology, Venereology and Leprosy, Sardar Patel Medical College, Bikaner, Rajasthan.

Citation this Article: Dr. Deepika Singh Jadon, Dr. B.C. Ghiya, Dr. R.D. Mehta, "A Demographic profile of alopecia Areata: A cross sectional study at Teritary Care Hospital Northern Western Rajasthan", IJMSIR- June - 2020, Vol - 5, Issue -3, P. No. 132 - 136.

Type of Publication: Original Research Article

**Conflicts of Interest: Nil** 

## Abstract

**Background:** Alopecia areata (AA) is a common chronic inflammatory disorder characterized by non-scarring hair loss on the scalp or any other hair bearing area of body.

**Method:** Prospective cross-sectional study was conducted in our hospital. 110 patients with AA were included in the study. Morphological profile were observed.

**Results:** In our study maximum patients (34.55%) were 16-30 Yrs age group followed by 31.82% patients of 31-45 Yrs age group, 29.09% patients of 0-15 Yrs age group and only 1.82% patients were more than 60 Yrs age group. Mean age of patient was 23.76±12.50 Yrs. 65.45% patients were female and 34.55% patients were male.

**Conclusion:** In our study maximum patients were young male.

# **Keywords:** Alopecia Areata, Demographic, Age. **Introduction**

Alopecia areata is a common chronic inflammatory condition characterized by non-scarring hair loss on the scalp or any other hair bearing area of body. It accounts for 25% of all alopecia cases presenting to dermatologists.<sup>1</sup> The overall incidence is about 20.2 per 100,000 person and 2-3% of all new outpatient dermatology services in the USA & UK<sup>2</sup>. There are 0.7% of new cases in India. The lifetime risk of alopecia areata in the general population is approximately 2%.<sup>4</sup>

Alopecia areata incidence appears to increase almost linearly with the age, but the mean age of onset appears between 25-36 years.<sup>5</sup> Early onset alopecia areata between 5 and 10 years old predominantly presents as more severe subtypes.<sup>4</sup> Data shows no demonstrable

Corresponding Author: Dr. B.C. Ghiya, ijmsir, Volume - 5 Issue - 3, Page No. 132 - 136

sex predilection. It is associated with increased risk of other autoimmune disease (16%), including lupus erythematosus, vitiligo and autoimmune thyroid disease. Over half of patient with alopecia areata experience poor health – related quality of life (QOL). Though patient of alopecia areata of all age group and both sexes may experience decreased QOL with alopecia areata, risk factor for poor health related QOL include the age between 20 and 50 years, female sex, lightening of skin color, hair loss more than 25%, family stress and job change. Patient with extensive alopecia areata experienced more adverse psychological effect than those with limited alopecia areata.6

## **Material And Method**

The prospective cross-sectional study was conducted in the department of Dermatology, Venereology and Leprosy, Sardar Patel Medical College, Bikaner, Rajasthan. The approval was taken from the institutional ethics and thesis committee. A total 110 patints were enrolled as study population irrespective of age and sex in the outpatient department of Dermatology, Venereology and Leprosy at SP Medical College, Bikaner from September 2018 to September 2019.

All the selected alopecia areata patient's data were recorded in proforma as epidemiological data (name, age, sex & occupation), relevant history, clinical examination including general, systemic and cutaneous examination, laboratory investigation, treatment history and characteristic lesion were also like; Number of patches were noted.

#### **Inclusion criteria**

- 1- All clinically diagnosed case of alopecia areata
- 2- Who had given informed consent
- 3- Untreated patient.

## **Exclusion Criteria**

1- Patient who had already treated and refused to examine.

## **Data Analysis**

To collect required information from eligible patients a pre-structured pre-tested proforma was used. For data analysis Microsoft excel and statistical software Epiinfo was used and data were analyzed with the help of frequencies, figures, proportions, measures of central tendency.

#### Observations

Table 1: Age distribution

Age in yrs	No of patients (n=110)	Percentage
0-15	32	29.09
16-30	38	34.55
31-45	35	31.82
46-60	3	2.73
>60	2	1.82
Total	110	100.00
Mean age	23.76±12.50	

In our study maximum patients (34.55%) were 16-30 Yrs age group followed by 31.82% patients of 31-45 Yrs age group, 29.09% patients of 0-15 Yrs age group and only 1.82% patients were more than 60 Yrs age group. Mean age of patient was 23.76±12.50 Yrs.

Table 2: Sex distribution

Sex	No of patients	Percentage
	(n=110)	
Male	72	34.55
Female	38	65.45
Total	110	100.00

In present study 65.45% patients were female and 34.55% patients were male.

Dr.Deepika Singh Jadon, et al. International Journal of Medical Sciences and Innovative Research (IJMSIR)

 Table 3 : Population distribution

Area	No of patients	Percentage
	(n=110)	
Rural	54	49.09
Urban	56	51.91
Total	110	100.00

In our study 51.91% patients were from urban residential area and 49.09% patients from rural residential area.

Table 4: Religion wise distribution

Religion	No of patients	Percentage
Hindu	103	93.67
Muslim	7	6.36
Total	110	100.00

In present study, 93.67% patients were hindu and

6.36% patients were muslim

Table 5: Disease onset

Disease onset(Yrs)	
Mean	23.51
SD	12.70

In our study mean duration of onset of disease was 23.51+12.70 Yrs.

Table 6: Disease duration

Disease	No of patients (n=110)	Percentage
duration		
(weeks)		
< 4	3	2.72
4-8	57	51.81
9-12	20	18.18
13-24	30	27.27
Total	100	100.00

In present study 51.81% patients were 4-8 weeks disease duration followed by 27.27% patients were 13-24 weeks duration,18.18% patients were 9-12 weeks

and 2.72% patients disease duration was less than 4 weeks.

Table 7: Association with other disease

Associate	No of patients	Percentage
disease	(n=110)	
Diabetes	1	0.91
Atopy	17	15.45
Down	1	0.91
syndrome		
Thyroid	3	2.72
Psoriasis	1	0.91
Total	23	20.90

#### Discussion

A prospective cross-sectional study was conducted in the department of Dermatology, Venereology and Leprosy, Sardar Patel Medical College and PBM Group of Associated Hospitals, Bikaner, Rajasthan.

Alopecia areta (AA) is an autoimmune disease which frequently starts in childhood.<sup>7,8</sup> It has variable presentation, not only in the time of onset but also in the duration, extent, and pattern of hair loss.<sup>9,10</sup> Moreover, the course of disease is unpredictable as such there is spontaneous regrowth of hair occurring in 80% of patients within the first year of onset but there is sudden relapse also in some patients.<sup>11-12</sup> Due to the clinical variability and unpredictable nature of disease, diagnosis and management may be difficult and sometimes challenging.

In our study different age group observed, 38 patients (34.55%) between 16-30 year, 35 patients (31.82%) of 31-45 year, 32 patients (29.09%) of 0-15 year and 2 patients (1.82%) of more than 60 year. Mean age of patient was  $23.76\pm12.50$  year and mean age of onset was  $23.51\pm12.70$  year.

Globally, the incidence of alopecia areata varies<sup>13</sup> from 0.57% to 3.8%. In India, it is 0.7% according in a

## Dr.Deepika Singh Jadon, et al. International Journal of Medical Sciences and Innovative Research (IJMSIR)

hospital-based study.<sup>3</sup> The mean age of onset of Alopecia Areata is, in the fourth decade of life. However, alopecia areata in beard area, the onset of disease can occur over a wide range of ages.<sup>14</sup> In our study, it was 23.76±12.50 years, which is in accordance with the mean age of 39.1 years as reported<sup>15</sup> by Saceda-Corralo et al. The mean age of participants in Mahmoudi H et al. study was 26.32 year<sup>16</sup> and similar result observed in Rudnicka et al. study<sup>17</sup>. In Karadağ Köse and Güleç's study it was 25.15 year.<sup>18</sup>

In the present study, 65.45% patients were Male, 34.55% Female. Mahmoudi H et al observed that out of 200 patients, 116 patients (58%) were male, 84 patients (42 %) female; a male preponderance was noted in this study too<sup>15</sup>. In present study 54 patients (49.09%) had rural and 56 patients (51.91%) urban residential background.

In present study, out of 110 patients, 57 patients (51.81%) gave history of 4-8 weeks of the disease duration, followed by 30 patients (27.27%) of 13-24 weeks disease duration, 20 patients (18.18%) of 9-12 weeks and 3 patients (2.72%) disease duration was less than 4 weeks. The mean duration of disease was 10.63+12.09 weeks.

Out of 110 patients, 23 patients (20.90%) had associated disease, 17 patients (15.45%) presented with atopy, 3 patients (2.72%) had thyroid disease and 1 each patient (0.91%) had diabetes, Down's syndrome and psoriasis respectively. Our findings suggest that thyroid disease in 3 patients (2.72%) was slightly higher than studies<sup>3</sup> by Sharma VK et al. They found thyroid disorder in 1% of patients. Tan E et al. in their study thyroid disease was present in 2.3% patients<sup>13</sup>.

#### Conclusion

In our study maximum patients were young male.

## Reference

- MC Michael AJ, Pearce DJ, Wasserman D, Camacho FT, Fleischer AB, et al. Alopecia in the United States: outpatient utilization and common prescribing patterns. J Am Acad Dermatol 2007;572 Suppl:S 49-51.
- Safavi KH, Muller SA, SumanVJ, Moshell AN, Melton LJ 3<sup>rd</sup>. Incidence of alopecia areata in Olmsted county, Minnesota, 1975Through 1989. Mayo clinproc 1995;70:628-33.
- Sharma VK, Dawn G, Kumar B. Profile of alopecia areata in Northern India. Int J Dermatol 1996;35:22-7.
- Pratt CH, King LE, Messenger AG, Christiano AM, Sundberg JP. Alopecia areata. Nat Rev Dis Primers. 2017;3:17011.
- Messenger AG, McKillop J, Farrant P, McDonagh AJ, Sladden M. British Association of Dermatologists' guidelines for the management of alopecia areata. Br J Dermatol. 2012;166(5):916-26.
- Shellow WV, Edwards JE, Koo JY. Profile of alopecia areata: A questionnaire analysis of patient and family. Int J Dermatol 1992;31:186-9.
- D'Ovidio R. Alopecia areata: News on diagnosis, pathogenesis and treatment. G Ital Dermatol Venereol. 2014;149:25–45.
- Bertolino AP. Alopecia areata. A clinical overview. Postgrad Med. 2000;107:81.
- 9. Mounsey AL, Reed SW. Diagnosing and treating hair loss. Am Fam Physician. 2009;80:356–62.
- Finner AM. Alopecia areata: Clinical presentation, diagnosis, and unusual cases. Dermatol Ther. 2011;24:348–54

- Ito T. Recent advances in the pathogenesis of autoimmune hair loss disease alopecia areata. Clin Dev Immunol 2013. 2013:348-546.
- Lew BL, Shin MK, Sim WY. Acute diffuse and total alopecia: A new subtype of alopecia areata with a favorable prognosis. J Am Acad Dermatol. 2009;60:85–93.
- Tan E, Tay YK, Goh CL, Chin Giam Y. The pattern of alopecia areata in Singapore- A study of 219 Asians. Int J Dermatol 2002;41:748-53
- Fricke ACV, Miteva M. Epidemiology and burden of alopecia areata: a systematic review. Clin Cosmet Investig Dermatol. 2015;8:397-403
- Mahmoudi H, Salehi M, Moghades S, Ghandi N, Teimourpour A, Daneshpazhooh M. Dermatoscopic finding in 126 patients with alopecia areta: A Cross-sectional study. Int J Trichology 2018;10:118-123.
- Saceda-Corralo D, Grimalt R, Fernandez-Crehuet P, Clemente A, Bernardez C, Garcia-Hernandez MJ, et al. Beard alopecia areata: A multicentre review of 55 patients. J Eur Acad Dermatol Venereol 2017;31:187-92
- Rudnicka L, Olszewska M, Rakowska A, Slowinska M. Trichoscopy update 2011. J Dermatol Case Rep. 2011;5:82–
- Karadağ Köse Ö, Güleç AT. Clinical evaluation of alopecias using a handheld dermatoscope. J Am Acad Dermatol. 2012;67:206–14.