

## No evidence of effective treatments for alopecia

<b>Clinical question</b>	How effective are treatments for alopecia?
<b>Bottom line</b>	There is no good trial evidence that any treatments provide long-term benefit to patients with alopecia areata, alopecia totalis and alopecia universalis. There are no randomised controlled trials on the use of diphencyprone, dinitrochlorobenzene, intralesional corticosteroids or dithranol, although they are commonly used for the treatment of alopecia areata. Similarly, although topical steroids and minoxidil are widely prescribed and appear to be safe, there is no convincing evidence that they are beneficial in the long-term.
<b>Caveat</b>	Most trials have been reported poorly and are so small that any important clinical benefits are inconclusive. Some of the skin treatments can have unpleasant side effects, such as itching or hair growth in areas of the body away from where the cream was applied. Oral steroids may cause serious side effects. Also, there is no guarantee that any hair regrown during treatment will persist once treatment is finished. None of the studies asked participants to report their opinion of hair growth or whether their quality of life had improved with treatment.
<b>Context</b>	Alopecia areata is a condition that causes patchy hair loss. The size and number of patches and progress of the disease can vary between people. It can affect the entire scalp (alopecia totalis) or cause loss of all body hair (alopecia universalis). It is a relatively common condition, affecting 0.15% of the population. Although in many cases it can be a self-limiting condition, nevertheless hair loss can often have a severe social and emotional impact.
<b>Cochrane Systematic Review</b>	Delamere FM et al. Interventions for alopecia areata. Cochrane Reviews 2008, Issue 1. Art. No.: CD004413. DOI:10.1002/14651858.CD004413.pub2. This review contains 17 studies involving 540 participants.
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