



ALOPECIA AND ACCEPTANCE: THE INFLUENCE OF LENGTH IN TIME SINCE DIAGNOSIS IN COPING WITH HAIR LOSS DISORDERS

Ryan Veal

Dr Gerard Kennedy

Alopecia Areata Facts

- People with Alopecia are not sick!!!
- A chronic, immunological disorder.
- Recurrence is common and unpredictable.
- The cause of the disorder remains largely unknown.
- Several treatments exist, but there is no conclusive cure.
- No higher prevalence levels for sex or race.
- May occur at any age, yet approximately 60% of diagnoses are made in those under 20 years old.
- Not to be confused with male pattern baldness (Androgenic Alopecia).
- Affects approximately 2% of the Australian population. (450 000 people with some form of alopecia in Aust.)

Rationale

- Mixed findings on whether alopecia is caused by stress or anxiety.
- Onset of alopecia can leave a person at a high risk of developing psychological problems (depression, anxiety and a negative impact to quality of life).
- Acceptance suggested as the only helpful coping strategy available.
- Differences often reported between a dermatologist's perceptions of alopecia in regard to quality of life compared to the patient's.
- Since the early 1990s a lot of the literature has called for referrals to mental health professionals or psychological assessment to be undertaken alongside diagnosis of AA.

Aims

- The study examined whether acceptance is the inevitable coping strategy that people with alopecia adopt following the onset and progression of the hair loss disorder.
- Also investigated were the comparative coping strategies adopted between people who have grown accustomed to having AA over many years compared with people recently diagnosed, and also the associated psychological impact of these coping strategies.
- An additional focus of the study was satisfaction with the diagnosing doctor in relation to susceptibility to comorbid psychological problems, and whether higher levels of satisfaction could predict acceptance as an adopted coping strategy.
- Finally, whether diagnosing doctors had referred to mental health professionals alongside alopecia diagnosis was investigated.

Methods

- Forty-two participants (formal diagnosis) were recruited from across the country with help from AAAF.
- 34 females with an average age of 42.4
- 8 males with an average age of 24.2
- Questionnaire pack:
 1. Demographics
 2. Depression, Anxiety and Stress Scale (DASS42)
 3. Skindex-29 (Quality of life)
 4. Body Image Coping Strategies Inventory (BICSI)
 5. Patient Satisfaction Questionnaire (PSQ-18)

Results

1. Positive rational acceptance was not correlated with time since diagnosis.
2. In line with prior research, coping styles that do not employ positive rational acceptance were associated with higher levels of depression and anxiety, and also negative impact on QOL.
3. There were significant differences in the appearance fixing coping style employed between people who have been recently diagnosed with alopecia in comparison to people who have been living with the disorder for a considerable period of time.

Results

4. As satisfaction with diagnosing doctor decreased, negative impact to quality of life increased. There was no relationship between satisfaction with doctor and depression or anxiety.
5. Higher levels of satisfaction with doctor at the time of diagnosis would led to an increase in the use of positive rational acceptance as a coping style.
6. Recommendations for referral to mental health professionals alongside alopecia diagnosis in the clinical setting were largely unutilized. (3/42 people had been referred; 14/42 had sought mental health care on their own).

Implications

- Positive rational acceptance is the only helpful coping strategy.
- Positive rational acceptance does not seem to be an inevitable coping strategy.
- The importance of empathy in doctors involved in non-life threatening disorder diagnosis.
- Mental health referrals/psychological assessment alongside diagnosis appear largely unutilized. Referrals could help promote acceptance based coping styles.