

Cultural Competence in the Care of SOC Patients with Hair Loss

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Disclosures

- Acne Store
- Admiral
- Aerolase
- AbbVie/Allergan
- Avava
- Avita Medical
- Beiersdorf
- Cutera
- Dermavant
- Eli Lilly
- Endo Aesthetics
- EPI Health
- Galderma
- Incyte
- Juenes Aesthetics
- L'Oréal
- Ortho Derm
- Pfizer
- Prolineum
- Scientis
- Sente
- SkinBetter Science
- SkinCeuticals
- Symatase
- UCB
- UpToDate

Objectives

- Define Cultural competence vs. cultural humility
- Racial differences in the hair morphology
- Terminology
- Hair grooming practices
- Office visit
 - Medical history & PE
 - Differential diagnoses
 - Treatment

Cultural Competence & Humility

- Cultural Competence
 - A range of cognitive, affective, and behavioral skills that lead to effective and appropriate communication with people of other cultures
- Cultural Humility in Medicine*
 - Involves a commitment to engage in a critical self-reflection
 - Rectify the imbalance of power in the patient-physician dynamic
 - Create a mutual beneficial patient-physician partnership

*Tervalon M, Murray-Garcia J. J Health Care Poor Underserved 1998;9(2):117-125.

Racial Differences in Hair Morphology

- Classified into 3 simplified subgroups
 - Asian, Caucasian, Black
- Black Hair
 - Tighter curl pattern
 - Hair dryness
 - Hair fragility
 - Alopecia

	EAST ASIAN	CAUCASIAN	AFRICAN-AMERICAN
HAIR CROSS-SECTION			
AVERAGE STRAND COUNT	500,000 PER PERSON	700,000 PER PERSON	200,000 PER PERSON
GENERAL STRAND SHAPE			

Khumalo NP, Doe PT, et al. JAAD 2000;43(5 PT 1):814-20.

Porter CE, Diridollou S, et al. Int J Dermatol 2005;44(Suppl 1):4-5.

Racial Differences in Hair Density

- Retrospective case series of 22 AA and 12 White patients
- 4-mm punch biopsy specimens
- Total hair density
- Total number of terminal and anagen hair follicles
- Hair density was lower in **AA patients (18 terminal hairs)** compared to **white patients (30 terminal hairs)**
- This difference must be considered when performing scalp biopsies in hair loss patients

Hair Texture is Diverse



Challenge

- Lack of physician familiarity and knowledge of hair care practices unique to women of African descent can lead to communication barriers
- Solutions:
 - Encourage dermatologists in residency training, academics and private practice to seek alternative approaches to overcome barriers in understanding hair grooming practices unique to patients of African descent

Table 3

Terminology of common hairstyles and practices in black patients.

Big chop	Process of cutting off chemically relaxed hair ends
Blow-out	Brushing hair in the presence of moderate-to-high heat to straighten hair
Braid	Interlocking of ≥ 3 pieces of hair; not affixed to the scalp; may be combined with hair extensions for increased thickness and length
Co-wash	Process of washing hair with a conditioner instead of a shampoo; typically done on natural hair to maintain moisture
Cornrows	Braids affixed to the scalp with hair parted in straight or intricate rows
Dreadlocks, locks, sisterlocks	Intertwined sections of hair formed from uncombed hair tangling into clusters; hair may be rolled between the palms (palm rolling) to initiate and maintain process; hair is eventually permanently locked into sections; different from braids, which have a precise pattern and may be unbraided; sisterlocks are a much thinner variant of locks
Flat-ironing	Thermal straightening process where hair is pulled between two heated metal plates
Flat twists	Twists affixed to the scalp similar to cornrows but twisted instead of braided
Greasing scalp	Process of applying a pomade or oil to the scalp after washing hair and throughout the week; often done to cover scale from seborrheic dermatitis misinterpreted as dry scalp
Natural hair	Hair that has not been chemically processed
New growth	New unprocessed hair that has grown during a long-term style or chemical relaxer
Pomade	Ointment applied to hair to improve manageability; often applied to scalp (see greasing scalp)
Plaits, single braids, microbraids	Individually braided sections that vary in size; not affixed to the scalp; may be manipulated to form different styles
Pigtails	Hairstyle often worn by children in which hair is parted into sections, gathered using a rubber band or hair tie; loose ends are twisted or plaited
Pressing	Thermal hair straightening, also known as hot-combing; heated metal comb and hair oil are used to straighten hair
Relaxer	Chemical process to straighten hair permanently; frequently described as a perm by patients; however, perm is the permanent waving of straight hair, whereas relaxer is the permanent straightening of curly hair
Sew-in	Weave that is sewn onto hair braided into cornrows
Transitioning	Process of transitioning from relaxed to natural hair; also referred to as going natural or growing out hair
Twist-out	Twists or flat twists that have been untwisted and worn loose
Twists	Twisting two pieces of hair around each other; also known as two-strand twists
Weave, extensions, tracks	Synthetic or natural hair that can be sewn, braided, or glued to hair
Wig; lace front	Scalp covering made of synthetic or human hair; lace front is a type of wig with a frontal thin mesh or lace that camouflages in the frontal hairline

Hairstyles and Hair Grooming Practices Are Diverse

Thermal
straightening

Chemical
straightening



Permanent
waving

Natural styles --
afro, braids,
twists, and
locks



Hair weaving
and extensions

Hair
maintenance
products

CCCA: Recommendations For Chemically Relaxed Hair

- Have a professional apply the relaxer (salon)
- Have the hair stylist base the entire scalp prior to relaxer application
- Use a milder relaxer or a sensitive scalp formulation
- Decrease the frequency of touch-ups
- Take a “relaxer holiday”; suggest braids or a wig
- Suggest “chemical-free” natural hairstyles



Natural Hairstyles



Hair Prosthesis “Wigs”



Many Faces of Alopecia



Evaluation of Hair Loss

- Duration, age of onset
- Hair thinning vs. hair shedding vs. hair breakage
- Pattern of hair loss
 - Diffuse vs. localized
- Associated symptoms
 - Itching, pain, burning, scale
- Medical history
- Medication history
- Family history
- Nutritional history
- Psychosocial history
- Hair care practices
- Androgen excess (women)

Hair & Scalp Examination

- Proper patient positioning
- Overall scalp exam
 - Pattern
 - Distribution
 - Frontal hairline
 - Hair color
 - Hair length
 - Eyebrows/eyelashes
- Close up examination
 - Scarring vs. nonscarring
 - Scalp epidermal changes
 - Erythema
 - Hypo-/hyperpigmentation
 - Scales/crusts
 - Papules/pustules
 - Hair tufting
- Hair pull test
- Hair card test
- Dermoscopy

Hair Shedding: Differential Diagnosis

- Hair loss by the roots

- Telogen effluvium
- Alopecia areata
- Pattern hair loss
- Drugs
- Loose anagen syndrome

- Hair Breakage

- Tinea capitis
- Trichotillomania
- Acquired Trichorrhhexis nodosa (Improper hair care)
- Structural hair shaft disorders
- Anagen effluvium

An Approach to Examining Tightly Coiled Hair Among Patients With Hair Loss in Race-Discordant Patient-Physician Interactions

Table. Actions, Tips, and Sample Language for Examining Tightly Coiled Hair

Action	Tip	Sample language
Obtain a hair loss history with cultural humility.	Begin the inquiry with a common hair care practice that all people with hair, regardless of hair type, do regularly.	"Have you ever colored your hair?"
	Avoid placing the blame for hair loss on the patient.	"As a child, did you experience having braids or styles that were painful?"
Ask about hair washing history while seated.	Asking the patient how often they wash their hair during the hair examination can give the impression that the dermatologist thinks the patient's hair is dirty.	"Do you wash your hair once a month, every 2 weeks, or weekly, or does it depend on the style?"
If a parent or friend in the room is actively involved in the visit and is providing history and helping reveal affected areas of the scalp, ask them to come over to the examination table.	The presence of a parent or friend at the examination table can comfort the patient and prevent them from inspecting the dermatologist's techniques or facial expressions from afar. If the patient is a child, this is highly recommended.	"Please join me."
Ask the patient or parent to remove hair adornments.	Removing these items prevents the possibility of the dermatologist pulling the hair and making the patient uncomfortable and provides an opportunity to observe how gentle or rough the patient or parent handles the hair.	"Do you mind removing your hair ties and barrettes?"
Tell the patient when the hair and scalp examination will begin.	Ask the patient or parent to identify the areas of concern and to participate in sectioning the hair to improve ease of access to the scalp. Verbalize what you see (broken hairs, reduced hair density, pustules, or erythema).	"Is it OK to begin the examination?"

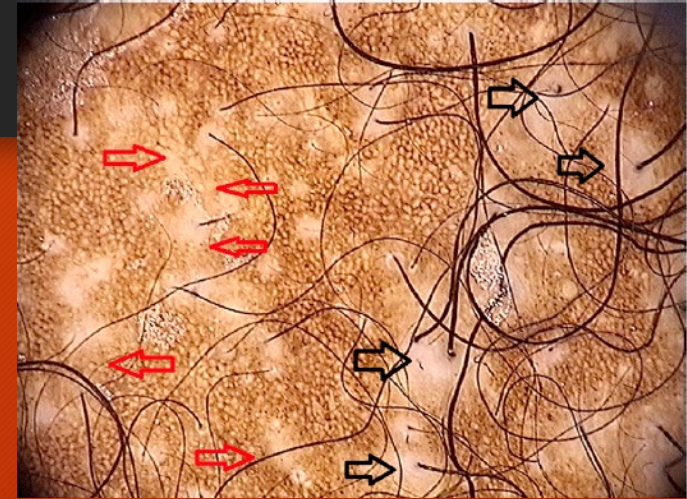
Hair & Scalp Disorders in Women of Color

- Acquired trichorrhhexis nodosa
- Seborrheic dermatitis
- Central centrifugal cicatricial alopecia (CCCA)
- Traction alopecia (TA)



CCCA: Dermoscopy

- Peripilar white/gray halo around the emerging hairs (black arrows)
- Hair shaft variability
- White patches of follicular scarring that interrupt the regular honeycomb pigmented network (red arrows)
- Presence of mild peripilar erythema (red arrows)
- “Starry sky” pattern



Seborrheic Dermatitis

- Frequency of shampooing
- Weekly or every other week
- Salon vs at-home
- Caution with anti-dandruff shampoos that may cause hair dryness
- Daily hair moisturizes to prevent hair breakage
- Vehicle is important - solution vs. foam vs. oil vs. ointment
- Frequency of application - daily vs. 2-3x/week



Acquired Trichorrhhexis Nodosa



Acquired Trichorrhhexis Nodosa

- Professional hairdresser
- Cut the damaged hair
- Avoid hair chemicals -- relaxers, hair coloring
- Avoid excessive heat
- Avoid hair sprays, styling gels
- Use a large tooth comb
- Sleep on a satin pillowcase

•After shampooing hair conditioners

- Deep conditioning
- Hydrolyzed proteins
- Hydrolyzed human hair keratin proteins

• Daily hair moisturizers “leave-in”

- Dimethicone
- Silicone
- Essential oils



➤ [J Drugs Dermatol. 2022 Jul 1;21\(7\):751-757. doi: 10.36849/JDD.6972.](#)

Coconut, Castor, and Argan Oil for Hair in Skin of Color Patients: A Systematic Review

[Celine Phong](#), [Victor Lee](#), [Katerina Yale](#), [Calvin Sung](#), [Natasha Mesinkovska](#)

- Improve hair growth, hair quality and to treat infestations
- 22 articles were reviewed
- Coconut oil = treat brittle hair and hair infestations
- Castor oil = weak evidence for improvement in hair quality
- Argon oil = no evidence

Traction Alopecia

- Common hair loss condition secondary to prolonged traction and sustained pulling of the hair that leads to perifollicular inflammation and follicle destruction
- Can lead to a permanent form of alopecia
- Often seen in women of African descent
- Avoid shaming
- Discuss alternatives



Patchy Traction Alopecia

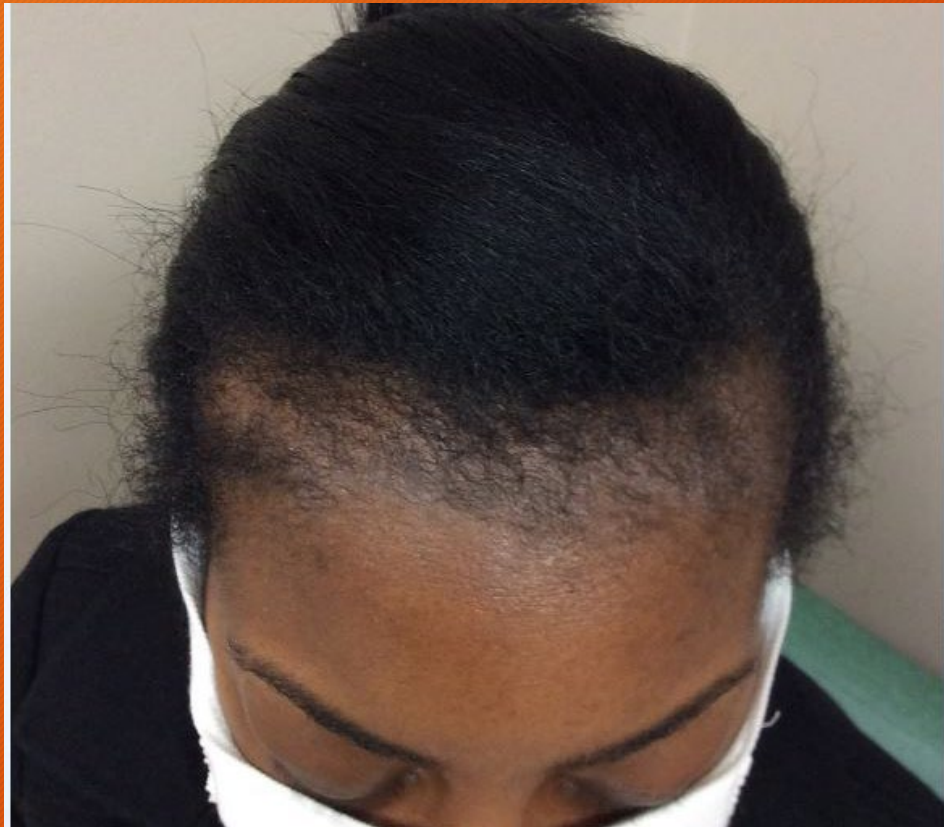


Faux Dreadlocks or Locs

Ethnic Hairstyles That Increase Risk of TA

Adult hairstyles/practices that increase risk of TA	Modification/recommendation to patient
Weaves	Avoid using bonding glue, choose sew-in weave option (Haskin and Aguh, 2016)
Tight/heavy/long braids	Leave edges out when getting hair braided (may use edge control balm to style edges); avoid up-dos when styling braids; if up-dos preferred, gently loosen proximal ends of frontal hairline braids to decrease tension after hair tie in place; ask stylist to loosen braid if pain or stinging is experienced at time of braid placement, decrease volume and length of weave added to hair to decrease tension on hair follicle, leave styles in place no longer than 2–3 months; consider twists instead of braids
Chemically relaxed hair	Chemically relaxed hair combined with other hairstyles has highest prevalence of TA. Avoid weaves, braids, and extensions; if avoidance is not possible, decrease volume, length, and longevity of hairstyle; consider transitioning to natural hair and styling with temporary blow-out or thermal method when straight hair is desired
Wigs that rub frontal hair line	Satin wig cap or velvet wig band should be used to protect the hair and hairline; avoid cotton and nylon because these can cause friction and absorb moisture (Haskin and Aguh, 2016)
Ponytails, buns, and up-dos	Replace rubber bands with covered elastic ties or other types of hair ties without metal. If sleek appearance desired, instead of pulling hair tightly, use alcohol-free gels and hairstyling cream; use satin scarf to help set hair and control frizz
Dreadlocks and sisterlocks	Avoid length because this can increase weight and damage to hair follicle; avoid combining locks along the frontal hairline; when styling locks, loosen locks at frontal hairline once styled
Prolonged or repetitive styles	Give hair a break to recover between styles; consider wearing a wig with satin cap or other loose protective hairstyles
Pediatric hairstyles/practices that increase risk of TA	Modification/recommendation to parent
Tight cornrows	Avoid excessive pulling of hair during braiding of a cornrow; loosen tension of hair at the hairline before braiding loose end of cornrow; satin pillowcase or bonnet can help maintain style; consider flat twist instead of cornrows
Hair bound with rubber bands	Use covered elastic bands/ties or other hair bands without metal to decrease pulling and breakage caused by traditional rubber bands
Tight pigtales and ponytails	Frizz or unkempt appearance is a common reason for tight styles. Hairstyling balms, pomades, creams, and alcohol-free gels used with styling can help control frizz. Satin bonnets, satin scarves, or satin pillowcases can reduce frizz
Braids styled in updo or pulled back	Allow braid in frontal hairline to hang freely or once hair tie is in place, gently pull proximal ends of frontal hairline braids to decrease tension; avoid pulling loose braided end of cornrow perpendicular to director of the style (particularly cornrows braided along the frontal hairline); consider twists instead of braids
Prolonged braided or repeated braided styles	Prolonged tension from tight hairstyles can lead to TA; avoid leaving hairstyles in place longer than 2–4 weeks (up to 2 months for older children); moisturize hair along frontal hairline to decrease breakage; take breaks between braids/cornrows and avoid repetitive patterns of tension

Female Pattern Hair Loss



- Topical 2% Minoxidil solution BID
- Topical 5% Minoxidil foam qd
- Both vehicles can cause dryness of the hair & scalp
- **Hair fragility & hair breakage**
- Black hair is dry and brittle due to the structure - reference
- Alternative formulation:
- Compound **5-8% Minoxidil in petrolatum**

Dyspigmentation from Therapy



Conclusions

- Cultural competence of the healthcare provider and staff improves quality of care for patients.
- We must strive to understand and acknowledge the cultural differences of certain populations and incorporate that knowledge into how we treat patients.
- We must keep an open mind, show empathy and provide hope for all patients.

Thank you



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