

Support Patient-Centered Care in Alopecia Through Cultural Awareness

In the treatment of alopecia, accounting for diverse social and cultural beliefs and practices may help increase trust between patients and providers and reduce disparities in care^{1,2}



- While alopecia is common to all races, racial and ethnic variations in hair can affect a patient's experience with hair loss¹
- Alopecia may interfere with cultural well-being in patients whose religions and cultures have guidelines related to hair maintenance¹

Featuring



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Patient sentiments from real-world practice shared by Dr Tiffany Mayo and Dr Joyce Teng



My doctor seemed to avoid touching my hair. They made me feel like I was contagious.

I feel bad about myself and ashamed, so I don't do certain things because I'm afraid my wig will fall off.

I left his office feeling like something was wrong with me and like it was my fault, so I did not go back.



Cultural Awareness Facilitates Effective Communication With Patients of Color With Alopecia³

Understanding how racial and cultural differences impact the treatment of alopecia^{1,3}

Impact on the patient

Some Black patients feel that dermatologists lack an understanding of their hair, resulting in delays or apprehension to seeking care.

Certain hair treatments and styles (eg, cornrows, weaves, and extensions) may affect existing alopecia.

Considerations

- ✓ Understand afro-textured hair and terminology on cultural practices, as well as early signs and symptoms of disease
- ✓ Discuss how patients' hairstyles or hair care practices may contribute to hair damage/loss
- ✓ With your patient's consent, consider sending a written communication to their hairstylist to notify them of the diagnosis and treatment plan, and to encourage a team-based management approach



Learn more about culturally sensitive treatment of alopecia in Black patients*

Treatment of alopecia in patients of color requires an understanding of common terminology, hair care practices, and early symptoms of disease³

Note on Research Limitations: While this resource includes information on certain racial, religious, and spiritual backgrounds, it is important to acknowledge the limitations and overall lack of research on alopecia in specific patient populations.^{4,5} There is a critical need for more comprehensive studies to better understand how alopecia affects diverse populations and to ensure culturally considerate care for all patients.

Understanding Your Patient's Religious Practices May Be Key to Respectful Care

Establishing trust is an important first step in the conversation about hair loss. To help create a supportive environment, you might begin with questions about your patient's preferences on who else should be present in the room and if they would feel comfortable removing their headwear, if needed, for the examination.⁴



When I asked my patient if it might be okay if she removed her headwear so I could examine her scalp, she paused, then said yes. She thanked me for asking.

—Tiffany Mayo, MD

If you ever find yourself unsure of how to proceed, the best approach is to start with a few simple questions. For example, you can ask what they would like you to know about their condition or cultural practices. Remember, we are not only teachers but also learners. This helps start the conversation on the right foot and ensures that we are respectful and considerate of our patient's special needs and preferences.

—Joyce Teng, MD, PhD



Care Considerations to Support Religious and Spiritual Practices of Patients

Islam⁴



Hijab

- Muslim patients may not make physical contact with the opposite gender (eg, shaking hands)
- Muslim women may prefer to see a female physician
- Male physicians might inquire if a female patient would like a chaperone present
- Although Muslim women cover their hair in public, hair is still important to their identity, and alopecia may significantly impact their quality of life
- Hijabs made of jersey or cotton are less likely to slip
- Some under-caps may be tied in the back or allow for size adjustment (as opposed to one-size, tube-like under-caps)

Judaism^{4,6}



Kippah and Sheitel

- Orthodox Jewish patients may not make physical contact with the opposite gender (eg, shaking hands)
- Male physicians may inquire if a female patient would like a chaperone present
- Jewish patients may not be able to use electronic therapies (eg, lasers) during Sabbath observance (Friday night at sundown until Saturday evening at sundown)
- If the patient wears a sheitel (wig) or kippah with clips, the location of the clips may be alternated
- Jewish patients who experience hair thinning or alopecia at or near the crown of the head may have difficulty keeping a kippah in place, and it is not permissible for the peyot (side curls or sideburns) to be cut
 - Double-sided tape, adhesive strips, or large or knit kippahs may be used

Care Considerations to Support Religious and Spiritual Practices of Patients (continued)⁴

Sikhism



Turban/dastar



Patka

Christianity



Veil



Veil

- The patient may choose to refrain from wearing the turban/dastar or patka during times when it is not mandatory (eg, during sleep)
- The patient may leave their hair out when not wearing the turban or patka. If the hair is too long and bothersome, a low ponytail or braid is an alternative to counteract tension in the scalp
- It is often not permissible for hair to be cut

- The patient may be advised to refrain from wearing the veil tightly and consider leaving the hair loose in private

Rastafarianism



Locs



Headwraps

Native American Culture



Braids



Braids

- Hair should be handled gently and not twisted too tightly
- It is not permissible for hair to be cut

- Hair has spiritual significance and often represents strength, resilience, and connection for Native American patients⁷



[Learn more about religious headwear and alopecia*](#)

Improve Cultural Awareness to Foster Trust and Support Adherence to Treatment¹



Create a supportive environment through shared decision-making to help empower patients¹

Because ongoing management of alopecia requires regular follow-ups, ensure both dermatologists and the extended care team (eg, nurses and advanced practice providers, clinical pharmacists) are **aware of the different cultural aspects of alopecia**.

Partner with advocacy organizations to learn about alopecia in people of color, including the Skin of Color Society, American Hair Research Society, Docs4Hair, and American Hair Loss Association*



Ongoing institutional education and engagement helps ensure empathetic, culturally sensitive care for patients with alopecia



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