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Alopecia Areata's Cumulative Life Course Impairment

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Abstract

Alopecia areata (AA), despite strong evidence showing its detrimental impact on quality of life (QoL), is frequently viewed by both doctors and insurance as a cosmetic issue. The Cumulative Life Course Impairment (CLCI) concept tries to define the cumulative consequences of sickness that prevent certain individuals from realising their "full life potential." It can help doctors identify high-risk individuals to encourage early intervention and increase access to therapy as an alternative to longitudinal data.

Keywords: Emotional burden • Alopecia areata • Stigmatisation

Introduction

Alopecia areata (AA), a condition that causes unexpected, non-scarring hair loss, is sometimes seen as a cosmetic issue rather than a medical one. Due to the disease's influence on patients' personal, social, economic and physical well-being, there is, nonetheless, ample data documenting the detrimental effect on quality of life. Poor self-esteem, social isolation, unfavourable coping mechanisms and an inability to realise one's full potential in life may be perpetuated over time by the cumulative handicap [1]. Here, we examine the intricate interplay of (1) stigmatisation, (2) physical and mental comorbidities and (3) coping mechanisms to define the cumulative life course impairment (CLCI) of AA. The model combines existing cross-sectional data that previously only represented illness burden as point-in-time snapshots. The CLCI model thus functions as a stand-in for longitudinal data to better depict the life course epidemiology of the illness by looking at cumulative impacts.

Description

Social, economic and emotional stress are fueled by stigmatisation and cultural perceptions about hair loss. Previous research has attempted to assess these impacts by generating cross-sectional data in the individual functional areas. However, based just on these snapshots, the full impact of the disease cannot be completely understood. A more thorough evaluation of impairment takes into consideration the complicated chain of emotional and physical effects across a lifetime [2].

Kimball et al. initially put up this idea as the "CLCI." The combined consequences of stigmatisation, medical and psychological co-morbidities and coping mechanisms are assembled using this model. The idea was initially created to assess psoriasis, but it has subsequently been used to examine a number of other dermatological disorders, such as vitiligo, atopic dermatitis, epidermolysis bullosa, chronic wounds, acne, hidradenitis suppurativa, melanoma and nonmelanoma skin malignancies [3]. It shows to be a potent tool for assessing illnesses that result in severe psychosocial distress, significant subjective symptoms, and/or functional impairment.

Although they make for engaging stories, individual patient testimonials can't fully convey the ramifications for the patient group as a whole. Instead, longitudinal data would be the ideal way to evaluate life course epidemiology. However, due to the intricacy of the necessary statistical approaches, it is almost impossible. In contrast, CLCI acts as a proxy. Here, we apply the fundamental ideas of the CLCI concept to AA by locating cross-sectional data inside each of the established model's categories. As a result, we offer a distinctive perspective on AA's overall effects and how they influence people's life courses.

As with AA, the detrimental consequences of dermatological conditions on quality of life have long been understood. However, QoL is cross-sectional by design and only captures the symptomatic, emotional and social consequences of AA at a certain point in time. In contrast, the idea of life cycle impairment describes the effects of chronic illnesses that develop across a lifetime. It examines how an illness might prevent individuals from enjoying their lives to the fullest extent possible by capturing the influence on significant life events, relationships, health and economics [4].

As seen below, AA has an impact on patients in almost every aspect of life. Although each patient's life trajectory is unique, the CLCI notion can help doctors better understand and recognise individuals who are more vulnerable. By screening for physical comorbidities (such as thyroid function testing and vitamin levels), connecting patients to behavioral/psychiatric health resources, or putting them in touch with support groups, this information can guide early intervention to stop the progression of life course impairment. The CLCI model further disproves the notion that AA is a purely aesthetic issue rather than a medical one. This tool shows the significance of better treatment choices and uniform insurance coverage while highlighting the complex nature of the condition. In order to better allocate healthcare resources, it further describes the global burden of disease.

It is also necessary to do longitudinal studies to more clearly characterise and quantify the cumulative life course impact. The creation of CLCI tools and surveys aims to standardise them across institutions and cultural contexts. The main objective of the CLCI and other epidemiologic research is the same regardless of how it is defined: to identify the patients at risk and encourage early intervention from healthcare practitioners, payment agencies and social support organisations to reduce long-term effect.

In a physiological sense, hair protects against the elements, such as the sun and airborne debris. As a result, AA-related loss makes patients more prone to allergies, sunburn and eye discomfort. However, because AA is linked to several systemic disorders, the biological function of hair is only a minor part of the overall influence on physical health [5]. Nail abnormalities are the most common association, with pitting or trachyonychia occurring in 46% of juvenile patients and 14%-19% of adults.

It seems sense that AA is closely related to other autoimmune diseases. The most prevalent condition is thyroid illness, which affects 19% of individuals; however, AA is also said to be linked to psoriasis, vitiligo, lupus, multiple

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sclerosis, rheumatoid arthritis, diabetes mellitus and other conditions. Atopic illnesses such atopic dermatitis, allergic rhinitis and asthma are also more common in people with AA. It's interesting to note that AA patients also tend to have greater sleep problems and nutritional deficiencies, such as a lack of iron and Vitamin D.

Hair serves as a symbol for gender, age, attractiveness, status, morals, health and group participation, therefore it is more than "simply hair." Patients in a qualitative survey research by Davey, et al. reported feeling "monstrous or alien," noting that bad creatures and villains like Voldemort, Gollum and Nosferatu are shown as having bald heads. They regularly confront myths about their illness or chemotherapy treatments, which can lead to ridicule or sympathy from the public. Patients are even alleged to be members of radical cults.

Conclusion

The high level of visibility and difficulties in hiding the disease exacerbate the stigma. As a result, both men and women feel compelled to cover themselves up in public by donning hats, scarves, wigs and makeup. The impact is significant since people who use AA have greater rates of self-stigmatization than people who receive mental health treatment.

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Conflict of Interest

The authors declare that there is no conflict of interest associated with this manuscript.

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