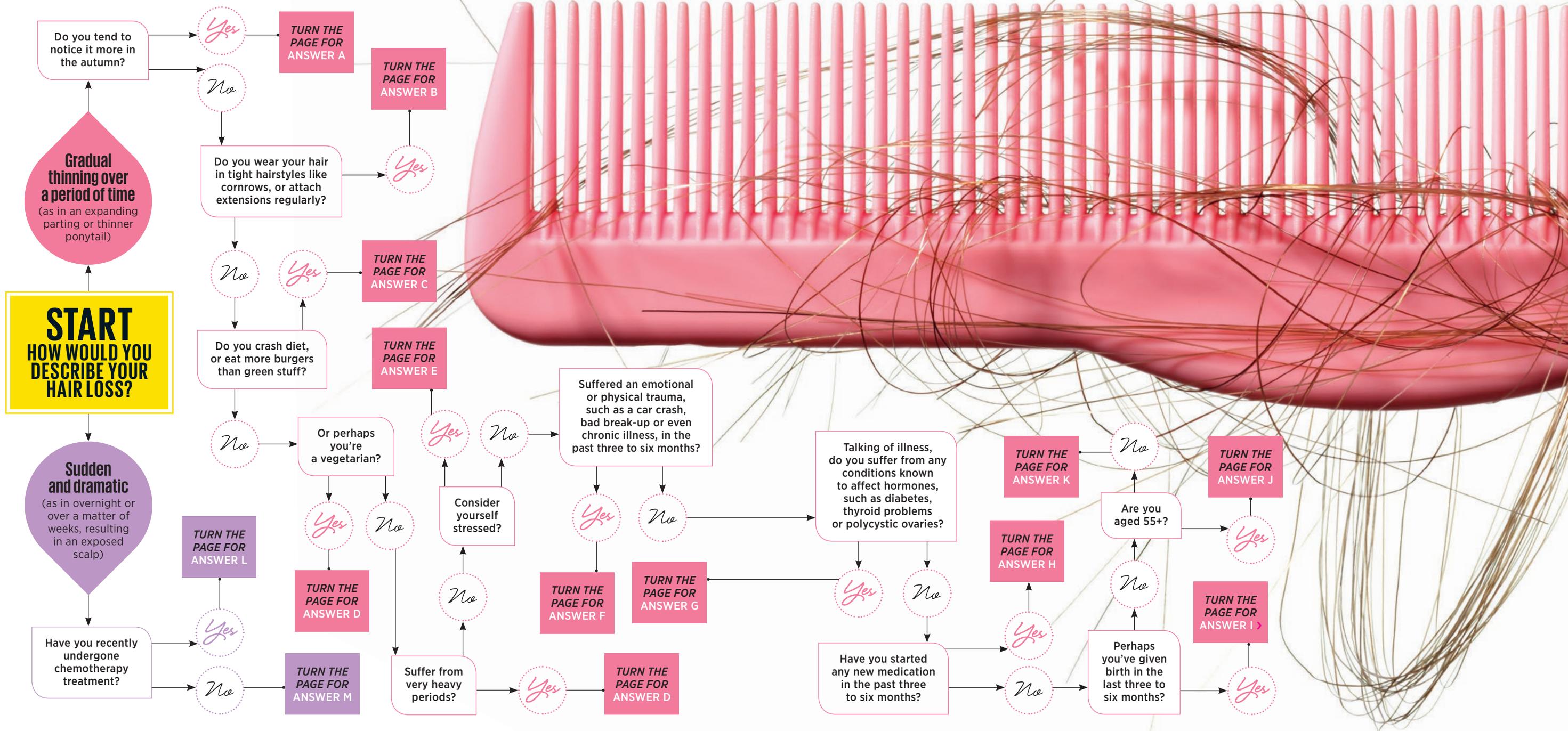


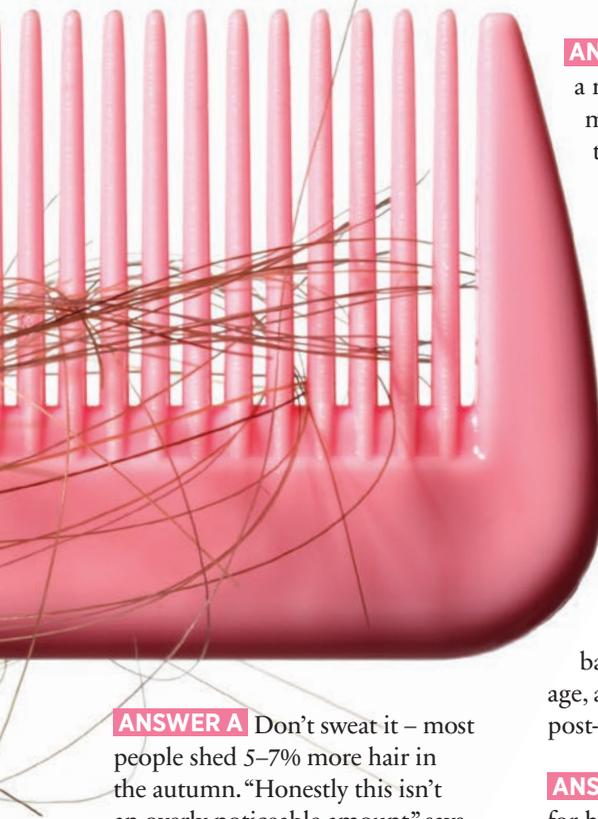
HELP! I'M LOSING MY HAIR!

No woman is prepared for the soul-destroying impact of a bald patch.

But it happens to one in five of us. Take our test to find out why...



*G'MON... WHY THE HELL AM I GOING BALD?



ANSWER A Don't sweat it – most people shed 5–7% more hair in the autumn. “Honestly this isn't an overly noticeable amount,” says trichologist Iain Sallis. Just keep an eye on it come January.

ANSWER B This is traction alopecia, where tension on the hair can damage follicles permanently – so loosen up!

ANSWER C The minerals, vitamins and amino acids found in a balanced diet are a must for healthy hair growth. See your GP for a deficiency test.

ANSWER D Cut out red meat? You may be iron deficient. The blood loss from periods can also tip you into anaemic territory.

ANSWER E Stress-related hair loss is usually attributed to one traumatic event (see answer F) but don't underestimate the drain long-term, low-level stress can have on your body.

ANSWER F A shock or trauma can cause hair follicles to go into hibernation around three months after the event. As you recover, so too should your hair growth.

ANSWER G Hormones have a real say in how your hair grows, meaning any illness that affects them can have a knock-on effect.

ANSWER H Some medications can cause hair loss, but don't stop taking prescribed meds without talking to your GP.

ANSWER I Postpartum alopecia is down to oestrogen levels taking a tumble after pregnancy. Your hair should return to its former glory within a year of giving birth.

ANSWER J Androgenetic alopecia, or female pattern baldness, is more common with age, and affects around 50% of post-menopausal women.

ANSWER K “Finding the trigger for hair loss can be tricky,” admits trichologist Iain Sallis. To investigate further, seek advice from a member of The Institute of Trichologists.

ANSWER L Chemo causes something called anagen effluvium, where the hair cells are poisoned and die temporarily. The good news: hair growth should recover around three to six months after treatment has ended.

ANSWER M Visit your GP who can investigate a possible autoimmune-related alopecia. The more permanent ‘scarring’ form is extremely rare, so don't be scared to seek help, OK? ♦

What are my treatment options?

Minoxidil GPs will prescribe this lotion for most hair-loss cases. It can also be purchased at pharmacies. It works by blocking a pesky enzyme on the scalp that converts testosterone into a hair-damaging hormone called dihydrotestosterone (let's call it DHT). You still need to find the trigger for your hair loss in order to cure it permanently, though. **Regaine For Women Once A Day Scalp Foam, £34.95.**



Supplements

A scatter-gun approach to supplements isn't advised, so get a blood test with your GP to confirm which vitamins and minerals you're lacking. Still desperate for a recommendation? Trichologist Iain Sallis loves **Hair Jelly Protein Capsules, £29.95.**



Scalp tonics

Leave-in tonics applied to the scalp can help to extend the hair-growth phase.

Azelaic acid is thought to have anti-DHT properties (present in **Philip Kingsley Tricho 7 Volumizing Hair & Scalp Treatment, £50**), and some plant extracts have been shown to work (we're talking about you, baikal skullcap, key ingredient in **Phyto Phytologist 15, £79**).



Densifying products

Products that promise to densify usually contain tiny fibres that cling to the hair to instantly (but temporarily) thicken it. Try **Viviscal Conceal & Densify Volumizing Fibers, £19.99.**

