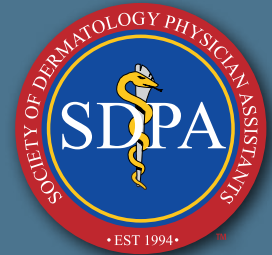


# JDPA

Journal of Dermatology for Physician Assistants



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**SUPPLEMENT**  
for National Alopecia  
Areata Foundation

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# FROM THE PATIENT'S PERSPECTIVE

## *All in Good Time*

By Maria Beckett

What a difference thirty-five years can make! That's how long I have had alopecia areata, and that is nearly how long it has taken me to not only accept that I have it, but to also talk openly with others about it as well. My first sign of hair loss occurred while I was in grade school. My mother uncovered a small bald patch on the back of my head while combing my hair. Upon its discovery, she immediately began implementing "home-grown" treatments (vigorous scalp massages, tar-based shampoo, medicated scalp ointment), which over time appeared to have resolved the problem.

When I was fourteen and just entering high school, I began losing my hair once more. It started with a small patch about the size of a quarter on the right side of my head just above my ear. Unfortunately, the methods from several years back did not seem to do the trick this time. The quarter-sized patch grew to the size of my palm. Another patch formed on the back of my head, and another inconveniently arrived on the top of my head where I would often part my hair. Our family doctor told us it was alopecia areata. He may have mentioned that it was an autoimmune disease, though I don't remember. What I do remember was the plug of skin taken from my scalp and the unsuccessful treatments we tried including prednisone pills and cortisone shots.

From the vantage point of a fourteen year-old, I was a mess! I wanted desperately to be "normal" again and to have a full head of hair like "normal" people do. After all, no one else I knew of had this silly disease. So there I was, a teenager, losing my hair and trying not to let anyone find out. And as I sit here now some thirty-five years later, I realize that I spent a significant part of my adolescent and adult life trying to hide my condition so that those around me would not perceive me as different. I actually wore a scarf on my head all through high school and most of college to protect from that unexpected gust of wind (something with which many alopecians are all too familiar). I gave up swimming, which was one of my favorite activities. I even gave up the notion of attending the Air Force Academy because I was afraid I would not be able to style my hair in a way that would conform to the school regulations.

In my professional life, I taught myself several alopecia areata survival tactics for the workplace. My favorite was

learning to arrive at meetings early to get the best seat in the conference room. This was the seat that backed up to a wall and not to a window. Why, you may ask? Well, the exterior light from the window would reveal the bald spots that were creatively camouflaged by my remaining, very thin hair. Outside of the workplace, baseball caps were my head cover of choice. I have quite a collection.

Over the years I underwent many types of treatments, some that yielded moderate results and many that didn't. Additional scalp biopsies were taken. I tried topical

steroids, more cortisone shots, minoxidil, anthralin, and diphencyprone. I even attempted a few holistic treatments including natural vinegar. While I did experience a mild amount of hair regrowth over those years, the largest bald patches have been persistent and continue to

prevent me from wearing my hair in a manner that would be considered socially "normal." I also lost my eyelashes along the way as well the hair in my nose, ears, and the hair on my arms and legs. Since my early twenties, I have been fighting a persistent battle with eczema, which I am told is not uncommon for people with alopecia areata.

So needless to say, I have seen my share of dermatologists. I have even seen rheumatologists on two separate occasions when it was suspected that I might have lupus. I don't. Irrespective of the outcome of the treatments they provided, my experiences with these doctors, while mainly positive,

*"My affiliation with NAAF has provided me with the courage to be open about my diagnosis and to encourage and enlighten others."*



The National Alopecia Areata Foundation (NAAF) supports research to find a cure or acceptable treatment for alopecia areata, supports those with the disease, and educates the public about alopecia areata.

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## FROM THE PATIENT'S PERSPECTIVE

have been mixed. I have seen several dermatologists who were especially rigorous in their approaches to effectively treat my hair loss. One doctor I saw in the early nineties was impressively knowledgeable of the disease and genuinely seemed to want my hair to regrow just as much as I did. On the other hand, another doctor (head of dermatology at a prestigious medical university) did not seem to appreciate the fact that my hair loss was not a cosmetic issue. My hair was a part of me and, at the time, my self-esteem. I wanted it back. I was not ready to give up treatment, but after running through the prescribed checklist of treatments (scalp biopsy, cortisone shots, and anthralin), he metaphorically patted me on my head by literally telling me there was nothing more he could do and to “buy wigs” and “have fun with it.” I was shocked and disappointed, but I didn't give up hope.

Although that was the last time I saw a physician to treat my alopecia areata, I did not give up searching for answers. Sometime later I discovered the National Alopecia Areata Foundation (NAAF), a national patient advocacy group committed to identifying a cure and suitable treatments for alopecia areata. For years I followed NAAF, scouring the organization's website and reviewing posts on the online bulletin board. I even attended local support group meetings in Towson, Maryland. I made modest donations and for years kept track of where and when the next annual conference would be. Not until 2010, when my husband purchased our plane tickets to fly to the conference in Indianapolis, did I actually attend.

It was at this conference that my life and my outlook about this disease changed. I connected with many patients, young and old, and learned first-hand that I am not alone, and my experience is neither unique nor weird. I met courageous women who choose not to wear a hairpiece and are eager to educate others about alopecia areata. Incredibly, during that first conference I gained a sense of strength that I had not known before. My affiliation with NAAF has provided me with the courage to be open about my diagnosis and to encourage and enlighten others.

So here I am, thirty-five years later. I have alopecia areata, and I am still OK. Oh yeah, I finally bought those wigs, and as quiet as it's kept, I'm having fun! **J**



*Maria Beckett, a former business owner, is a member of the National Alopecia Areata Foundation (NAAF) Board of Directors. As an individual who was first diagnosed with alopecia areata as a teenager, Maria has an acute appreciation for the importance an organization like NAAF means to patients and their loved ones.*

*Maria serves as a Patient Representative with the US Food and Drug Administration (FDA), providing the FDA with the unique perspective of patients and family members directly affected by a serious or life-threatening disease.*

*Along with her husband John, Maria loves to travel, golf, and ski. She gets great enjoyment from family life, which includes three wonderful adult children, Keyia, Christopher, and Nathan.*

## Take Home Points for Derm PAs:

By Steven K. Shama, MD, MPH

**1.** *Maria took half her life, nearly thirty-five years, to come to terms with her hair loss. The next time you as a clinician see a young person with alopecia areata and knowing that there is no absolute cure, will you start the many treatments and send the patient off or will you offer yourself, your availability, and your heart to this person whose precious self-esteem may rest in your hands?*

**2.** *I might have titled this Perspective, “The Courage to Be Open,” since it took Maria over thirty years to make connections with the National Alopecia Areata Foundation in order for her to realize that her experience was not unique nor was she alone. These same thoughts should be those that we express to patients with*

*alopecia areata whom we are seeing for the first time. We should make sure that we always leave them with hope and worth.*

**3.** *As with any chronic disease without a cure, empathy is probably our best prescription. We do not have to experience all the diseases our patients have to express empathy. It takes being in that moment with them and truly listening to how their disease has changed their lives for us to find the words that will comfort them. I am always reminded of that beautiful thoughtful medical expression, “To cure sometimes, to relieve often, to comfort always.” I have written of this before in the JDPA, and I feel that it should be repeated as a mantra by us on a daily basis.*



# Dermatology Physician Assistants



## Physician Assistants (PAs) in dermatology play a number of varied and vital roles.

PAs are medical providers licensed to practice medicine with physician supervision. From patient care and education, to skin surgery, treatment of chronic skin conditions, and cosmetic procedures, PAs are dynamic members of the healthcare team. PAs practice in every medical and surgical specialty and have been collaborating with dermatologists for 30 years, providing a wide variety of services. These include diagnosing, prescribing medications, ordering and interpreting lab tests, wound suturing, and medical or surgical treatment of a wide variety of clinical diseases. As with all PAs, dermatology PAs are legally and ethically bound to practice only under physician supervision.

## PAs are trained in intensive, accredited education programs.

Because of the close working relationship that PAs have with physicians, PAs are educated in the medical model designed to mirror and complement physician training. PAs take a national certification examination and to maintain their certification, they must complete 100 hours of continuing medical education every two years and take a recertification exam every six years. Graduation from an accredited PA program and passage of the national certifying exam are required for state licensure.

How a PA practices dermatology varies with training, experience, and state law. In addition, the scope of the PA's responsibilities corresponds to the supervising physician's scope of practice. In general, a PA will see many of the same types of patients as the physician. Referral to the physician, or close consultation between the PA and physician, is based on the dynamic relationship between the physician and PA.

**The Society of Dermatology Physician Assistants (SDPA)** is a non-profit professional organization, composed of members who provide dermatologic care or have an interest in the medical specialty of dermatology. Fellow members provide medical services under the supervision of a board certified dermatologist.

More information can be found at [www.dermpa.org](http://www.dermpa.org) and [www.aapa.org](http://www.aapa.org).

