

A STUDY ON THE PSYCHOSOCIAL IMPACT IN MALE PATIENTS WITH ANDROGENETIC ALOPECIA AGA

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Abstract

Introduction: Androgenetic alopecia (AGA), commonly known as male pattern baldness, affects a significant portion of the male population worldwide. While primarily characterized by hair loss, AGA's impact extends beyond the physical realm, influencing various psychosocial aspects of individuals' lives. Despite its prevalence and impact, there remains a gap in understanding the full scope of the psychosocial implications experienced by male patients with AGA. Therefore, this study aims to investigate and analyze the psychosocial impact of AGA on male patients, shedding light on the emotional, social, and psychological dimensions affected by this condition. Methods: A cross-sectional questionnaire-based study was conducted in the Department of Dermatology at Saveetha Medical College. A total of 75 male patients diagnosed with AGA were included in the study. Participants underwent a comprehensive assessment, including a detailed medical history, clinical examination, and staging of the disease using the Norwood–Hamilton Baldness Scale. A questionnaire was administered online to assess the psychosocial impact of AGA on various aspects of participants' lives. Descriptive and inferential statistical methods were employed for data analysis. Results: The study revealed a diverse demographic profile of participants, with varying degrees of AGA severity and educational backgrounds. Emotional distress, functional challenges, negative social perceptions, and diverse management strategies characterized the experiences of individuals affected by AGA. AGA severity and self-esteem emerged as significant predictors of psychosocial impact. Higher AGA severity was associated with lower self-esteem and heightened psychosocial impact. Conclusion: This study contributes to a better understanding of the psychosocial implications of AGA on male patients. By acknowledging and addressing the emotional, functional, and social ramifications of AGA, healthcare professionals can enhance patient care and promote resilience among affected individuals. Tailored interventions addressing AGA severity and self-esteem can mitigate the negative psychosocial consequences of the condition, ultimately improving patient outcomes and quality of life.

INTRODUCTION

Androgenetic alopecia (AGA), also referred to as male pattern baldness, is a widespread disorder that affects a substantial proportion of males globally.[1] Although AGA is mainly defined by hair loss, its effects go beyond the physical domain and often have an impact on different psychosocial areas of an individual's life. Although male patients with AGA face significant psychosocial ramifications, there is still a lack of comprehensive research regarding the extent of these implications. The user's text is "[2]". This study seeks to examine and evaluate the psychosocial consequences of androgenetic alopecia (AGA) on male patients, providing insight into the emotional, social, and psychological aspects that are influenced by this condition.

Androgenetic alopecia (AGA) is projected to impact around 50% of males by the time they reach 50 years old, and about 80% of males by the time they reach 70 years old. Among women, the incidence is comparatively lower, with approximately 40% encountering varying levels of hair loss by the time they reach 70 years of age.[3] Androgenetic alopecia (AGA) often starts to show symptoms in early adulthood, with the initial indications of hair loss commonly emerging in males during their late teens or early 20s. In females, the beginning of this condition normally happens at a later

stage, usually around the time of menopause, but it can occasionally commence earlier. [4] AGA exhibits a robust genetic element, with inheritance patterns that differ depending on gender. In males, the transmission of the illness is usually polygenic, indicating that numerous genetic variables play a role in its development. The inheritance pattern in women is multifaceted and can be altered by genes from both the mother and the father.[5] The frequency and intensity of AGA might varies across various ethnicities. AGA, or androgenetic alopecia, is typically more prevalent and severe among individuals of European ancestry in comparison to those of Asian or African ancestry. Although AGA is mostly a cosmetic issue, it can have substantial psychological consequences for those affected.The user's text is enclosed in tags. Research has indicated that hair loss can have a detrimental effect on one's self-esteem, perception of their physical appearance, and overall well-being, resulting in elevated levels of despair, anxiety, and social isolation.The user's text is "[7]".

Although Androgenetic Alopecia (AGA) is common, there is a lack of extensive studies specifically examining the psychological and social effects suffered by male patients.[8] Previous research frequently neglects or insufficiently examines the emotional and psychological consequences of AGA, highlighting the necessity for a focused inquiry into this component. Androgenetic alopecia (AGA) can have a profound effect on a person's overall well-being, influencing their self-confidence, perception of their physical appearance, and interactions with others.[9] It is essential to comprehend the psychological consequences of AGA in order to create comprehensive strategies for patient care and enhance overall well-being.

The psychological anguish arising from AGA might contribute to the onset or worsening of mental health disorders like as depression and anxiety. This study can provide valuable insights into the psychological and social impact of AGA, which can help in developing specific interventions to address the mental health requirements of those affected.[5] The way society and culture view hair loss might make the emotional and social effects worse for men with AGA. An examination of the impact of these external influences on self-perception and social relationships might yield useful insights into the experiences of individuals dealing with this disease.[5] Enhanced comprehension of the psychological ramifications of AGA can guide therapy choices and improve patient outcomes. Healthcare providers can customize interventions to address both the medical symptoms and the emotional and social consequences of AGA by taking into account the whole well-being of patients. This study aims to address a significant deficiency in the current body of research by investigating the psychosocial consequences of androgenetic alopecia (AGA) on male patients. This research aims to improve our understanding of and develop more comprehensive methods to patient care for androgenetic alopecia (AGA) by examining the complex relationship between hair loss and psychosocial well-being.

Aim:

To investigate and analyze the psychosocial impact of AGA on male patients

Objectives:

- To determine the psychosocial impact of AGA on male patients
- To determine the association between lifestyle and AGA in male patients

METHODOLOGY

Study Design: Cross-sectional questionnaire-based study

Setting: The study was conducted in the Department of Dermatology, at Saveetha Medical College.

Participant Selection: A total of 75 patients diagnosed with AGA were included in the study. These patients were recruited consecutively from January 2023 to December 2023, ensuring a diverse sample over the course of one year. Male patients aged 18 years or older were included in the study. Patients with other causes of alopecia and who were unwilling to provide consent were excluded from the study.

Initial Assessment: During the first visit, each participant underwent a comprehensive assessment that included a detailed medical history, clinical examination, and staging of the disease using the Norwood–Hamilton Baldness Scale. This staging system allows for the classification of AGA severity based on specific patterns of hair loss.

Questionnaire Administration: The second part of the study involved the administration of a questionnaire designed to assess the psychosocial impact of AGA on various aspects of the participants' lives. This questionnaire aimed to explore the link between AGA and self-esteem, work performance, daily functioning, and social interactions.

Online Survey: After obtaining informed consent from the participants, the questionnaire survey was conducted online. This approach allowed for efficient data collection and minimized logistical constraints associated with traditional paper-based surveys. Participants were provided with instructions on how to access and complete the online questionnaire.

Psychosocial Assessment: The responses gathered from the questionnaire survey were analyzed to evaluate the psychosocial impact of AGA on the participants. This assessment included measures of self-esteem, work-related difficulties, daily functioning challenges, and social life disruptions attributed to AGA.

Ethical Considerations: Ethical approval was obtained from the relevant institutional review board before the commencement of the study. All participants provided informed consent before participating, and measures were taken to ensure confidentiality and privacy throughout the research process.

Statistical analysis:

Descriptive and inferential statistical methods were employed to analyze the data obtained from the study. Frequencies and percentages were calculated for categorical variables such as gender, AGA severity, and responses to psychosocial impact questions, while means and standard deviations (or medians and interquartile ranges) were computed for continuous variables like age and scores on psychosocial assessment scales. The distribution of AGA severity among participants based on the Norwood–Hamilton Baldness Scale was assessed, and the relationship between AGA severity and demographic characteristics was examined using chi-square tests or Fisher's exact tests for categorical variables and analysis of variance (ANOVA) or Kruskal-Wallis tests for continuous variables. Exploratory factor analysis was performed to identify underlying dimensions of psychosocial impact, correlation coefficients were calculated to evaluate the relationship between AGA severity and psychosocial impact measures, and regression analysis was conducted to identify

predictors of psychosocial impact. A P-value of < 0.05 was considered statistically significant. All analyses were performed using SPSS version 23.0.

RESULTS

The baseline characteristics of the study participants are summarized in Table 1. The sample consisted of 75 participants with a mean age of 42.5 years (SD ± 12.3). The age distribution revealed a majority of participants falling between the ages of 18 to 39, with 33.3% aged 18-29 and 26.7% aged 30-39. The severity of androgenetic alopecia (AGA) was assessed using the Norwood–Hamilton Baldness Scale, yielding a mean score of 3.2 (SD ± 1.2). The distribution across AGA stages showed varying levels of hair loss severity, with Stage II being the most common (26.7%). Regarding educational status, 40% of participants held a Bachelor's Degree, while 33.3% had a High School Diploma or Equivalent. Additionally, 20% had attained a Master's Degree or Higher, and 6.7% had undergone Technical/Vocational Training.

Table 1: Baseline characteristics of study participants

Parameter	Total number of participants n=75 (%)
Age in years (mean ± SD)	42.5 ± 12.3
Age in years	
18-29	25 (33.3)
30-39	20 (26.7)
40-49	15 (20)
50-59	10 (13.3)
≥ 60	5 (6.7)
Norwood–Hamilton Baldness Scale (mean ± SD)	3.2 ± 1.2
Norwood–Hamilton Baldness Scale	
Stage I	15 (20)
Stage II	20 (26.7)
Stage III	18 (24)
Stage IV	12 (16)
Stage V	8 (10.7)
Stage VI	2 (2.7)
Educational status	
High School Diploma or Equivalent	25 (33.3)
Bachelor's Degree	30 (40)
Master's Degree or Higher	15 (20)
Technical/Vocational Training	5 (6.7)

Table 2 presents the hair loss experience due to androgenetic alopecia (AGA) among the study participants, detailing their perceptions and symptoms related to hair density, familial history of AGA, and scalp sensations. Among the participants, 26.7% reported having a high hair density before experiencing AGA, while the majority (60%) indicated a low hair density and 13.3% found it hard to determine their pre-AGA hair density. Concerning familial history, a significant portion of participants (66.7%) acknowledged noticing AGA in other family members, while 20% reported no familial history of AGA, and 13.3% were uncertain. Regarding scalp sensations, 33.3% of participants experienced itching, tingling, or a sore scalp often, while 46.7% reported experiencing these sensations sometimes, and 20% indicated never experiencing such symptoms. These findings provide valuable insights into the participants' perceptions of their hair loss, familial predisposition to AGA, and associated scalp sensations, contributing to a better understanding of their experiences with the condition.

Table 2: Hair loss experience due to AGA in the study participants

Component/Question	Total number of participants n=75 (%)
Hair density before AGA	
High	20 (26.7)
Low	45 (60)
Hard to say	10 (13.3)
AGA in family members	
Yes	50 (66.7)
No	15 (20)
Don't know	10 (13.3)
Itching, tingling, or sore scalp feeling	
Often	25 (33.3)
Sometimes	35 (46.7)
Never	15 (20)

Table 3 illustrates the emotional impact experienced by the study participants due to androgenetic alopecia (AGA), encompassing feelings of stress, embarrassment, discomfort in various social settings, self-esteem concerns, and the effect of jokes about baldness. The majority of participants reported experiencing stress in their day-to-day life, with 40% indicating frequent occurrences and 46.7% reporting occasional stress. Regarding embarrassment related to AGA, over half of the participants (53.3%) reported feeling embarrassed sometimes, while 26.7% experienced it often. Participants also expressed varying degrees of discomfort due to AGA in different social contexts, including around family, friends, and strangers. Notably, a significant proportion reported feeling discomfort around family (40%) and friends (33.3%) to some extent. Additionally, participants shared insights into their self-esteem concerns attributable to AGA, with 33.3% indicating feeling negatively impacted to a great extent. Moreover, jokes about baldness were found to affect self-esteem, with 26.7% reporting feeling significantly affected by such jokes.

Table 3: Emotional Impact due to AGA in the study participants

Component/Question	Total number of participants n=75 (%)
Stress in day-to-day life	
Often	30 (40)
Sometimes	35 (46.7)
Rarely	10 (13.3)
Never	0 (0)
Embarrassment due to AGA	
Often	20 (26.7)
Sometimes	40 (53.3)
Rarely	10 (13.3)
Never	5 (6.7)
Discomfort due to AGA around family	
To a great extent	15 (20)
Somewhat	30 (40)
Undecided	10 (13.3)
Very little	15 (20)
Not at all	5 (6.7)
Discomfort due to AGA around friends	
To a great extent	20 (26.7)
Somewhat	25 (33.3)
Undecided	10 (13.3)
Very little	15 (20)
Not at all	5 (6.7)
Discomfort due to AGA around strangers	

To a great extent	25 (33.3)
Somewhat	20 (26.7)
Undecided	5 (6.7)
Very little	15 (20)
Not at all	10 (13.3)
Self-esteem due to AGA	
To a great extent	25 (33.3)
Somewhat	30 (40)
Undecided	10 (13.3)
Very little	5 (6.7)
Not at all	5 (6.7)
Jokes on baldness affect self-esteem	
To a great extent	20 (26.7)
Somewhat	25 (33.3)
Undecided	10 (13.3)
Very little	15 (20)
Not at all	5 (6.7)

Table 4 delineates the functional impact experienced by the study participants as a consequence of androgenetic alopecia (AGA), encapsulating challenges in performing day-to-day activities, engaging in social and leisure pursuits, maintaining relationships, managing attire, participating in physical activities, and the frequency of thoughts about alopecia. A notable portion of participants reported facing difficulties in performing day-to-day activities, with 20% experiencing such challenges frequently and 46.7% occasionally. Similarly, AGA was found to affect participants' social life and leisure activities, with 26.7% indicating frequent disruptions and 53.3% reporting occasional difficulties. In terms of relationships, 40% of participants expressed some level of problem in contact with their partner due to AGA. Furthermore, the condition influenced participants' dressing habits, as evidenced by 26.7% reporting a significant impact and 40% indicating some effect. Participation in sports or gym activities was also affected to some extent, with 20% experiencing significant difficulties and 26.7% facing some challenges. Moreover, a substantial proportion of participants (46.7%) reported frequently thinking about their alopecia, underscoring the persistent psychological impact of the condition on their daily lives.

Table 4: Functional Impact due to AGA in the study participants

Component/Question	Total number of participants n=75 (%)
Difficulty in performing day-to-day activity	
Frequently	15 (20)
Occasionally	35 (46.7)
Rarely	15 (20)
Never	5 (6.7)
Undecided	5 (6.7)
Difficulty in social life/ leisure activities	
Frequently	20 (26.7)
Occasionally	40 (53.3)
Rarely	10 (13.3)
Never	5 (6.7)
Undecided	0 (0)
A problem in contact with the partner	
To a great extent	15 (20)
Somewhat	30 (40)
Undecided	10 (13.3)
Very little	15 (20)
Not at all	5 (6.7)
AGA affects the way of dressing	

To a great extent	20 (26.7)
Somewhat	30 (40)
Undecided	5 (6.7)
Very little	15 (20)
Not at all	5 (6.7)
Difficulty in playing sports / going to the gym	
To a great extent	15 (20)
Somewhat	20 (26.7)
Undecided	10 (13.3)
Very little	25 (33.3)
Not at all	5 (6.7)
Frequency of thinking about alopecia	
Frequently	35 (46.7)
Occasionally	25 (33.3)
Rarely	10 (13.3)
Never	5 (6.7)
Undecided	0 (0)

Table 5 presents the social impact perceived by the study participants due to androgenetic alopecia (AGA), specifically focusing on their perceptions regarding the attractiveness of individuals with AGA. The data reveal varying degrees of agreement with the statement "People with AGA are less attractive." A notable portion of participants, comprising 33.3%, indicated that they agreed to a great extent with this statement, while 26.7% somewhat agreed. Conversely, 20% of participants expressed uncertainty or indecision on the matter. Additionally, 20% believed that individuals with AGA are less attractive to a very little extent, and a minority of participants (6.7%) disagreed entirely with the statement.

Table 5: Social Impact due to AGA in the study participants

Component/Question	Total number of participants n=75 (%)
People with AGA are less attractive	
To a great extent	25 (33.3)
Somewhat	20 (26.7)
Undecided	10 (13.3)
Very little	15 (20)
Not at all	5 (6.7)

Table 6 outlines the management strategies and coping mechanisms employed by the study participants in response to androgenetic alopecia (AGA). The data reveal that a majority of participants, constituting 53.3%, reported using products or supplements to prevent hair loss, while 46.7% indicated not using any such interventions. Furthermore, regarding treatments taken specifically to prevent hair loss, 40% of participants reported undergoing some form of treatment, whereas 60% indicated not seeking any treatment for this purpose. These findings shed light on the various approaches individuals adopt to manage AGA, including both over-the-counter products/supplements and medical treatments.

Table 6: Management and coping due to AGA in the study participants

Component/Question	Total number of participants n=75 (%)
Use of products or supplements to prevent hair loss	
Yes	40 (53.3)
No	35 (46.7)
Treatment taken to prevent hair loss	
Yes	30 (40)
No	45 (60)

The results indicated a moderate level of self-esteem, with a median score of 25 and an interquartile range (IQR) of 20-30, suggesting considerable variability in participants' self-perceptions. Work-related difficulties were also prevalent, as indicated by a median score of 18 and an IQR of 15-22, highlighting moderate challenges in professional settings. Participants reported moderate daily functioning challenges (median: 30; IQR: 25-35), indicating widespread difficulties in performing routine activities. Similarly, disruptions in social life were apparent, with a median score of 22 and an IQR of 18-27, reflecting moderate disturbances in social interactions as shown in figure 1.

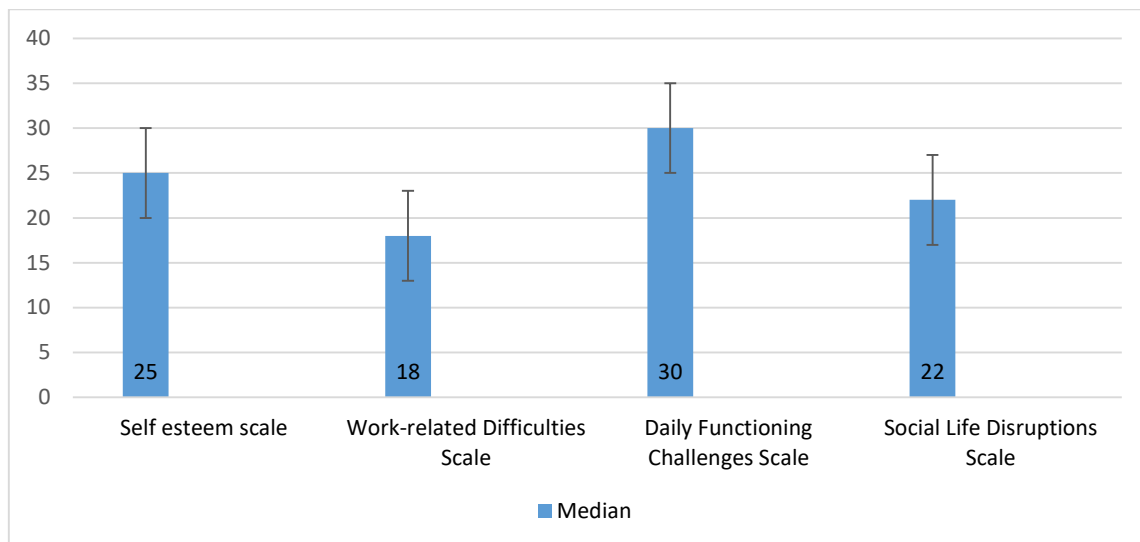


Figure 1: Scores on psychosocial assessment scales in the study participants

The relationship between androgenetic alopecia (AGA) severity and demographic characteristics was investigated, focusing on age and education level. The analysis revealed a statistically significant association between age and AGA severity, with a p-value of 0.003. This suggests that older individuals are more likely to experience higher levels of AGA severity compared to younger counterparts. However, no significant relationship was found between education level and AGA severity, as indicated by a p-value of 0.215 as seen in Table 7.

Table 7: Relationship between AGA severity and demographic characteristics

Variable	AGA severity	p-value
Age	5.23	0.003*
Education level	-	0.215

Table 8 presents the results of the exploratory factor analysis (EFA) conducted to identify underlying dimensions of psychosocial impact among individuals affected by androgenetic alopecia (AGA). The table displays three factors extracted from the analysis: self-esteem, social interactions, and daily functioning challenges. Each factor is accompanied by its corresponding eigenvalue, representing the amount of variance explained by that factor, as well as the percentage of total variance explained. The eigenvalues provide insights into the relative importance of each factor in explaining the variability observed in the psychosocial impact measures. In this analysis, self-esteem emerges as the most substantial factor, with an eigenvalue of 2.5, explaining 35% of the total variance. Social interactions and daily functioning challenges follow, with eigenvalues of 1.8 and 1.3, explaining 25% and 18% of the variance, respectively.

These findings suggest that self-esteem plays a prominent role in shaping the psychosocial impact of AGA, followed by social interactions and daily functioning challenges.

Table 8: Exploratory factor analysis of dimensions of psychosocial impact

Factor	Eigenvalue	Variance Explained (%)
Self-esteem	2.5	35
Social Interactions	1.8	25
Daily Functioning Challenges	1.3	18

Table 9 illustrates the correlation between androgenetic alopecia (AGA) severity and various dimensions of psychosocial impact. The table reveals significant negative correlations between AGA severity and self-esteem, with a correlation coefficient of -0.45 and a p-value less than 0.01, suggesting that as AGA severity increases, self-esteem tends to decrease significantly. Additionally, a moderate negative correlation is observed between AGA severity and social interactions, albeit marginally significant, indicating that higher AGA severity may be associated with decreased social interactions. Conversely, the correlation between AGA severity and daily functioning challenges is weakly positive but not statistically significant, implying a lack of robust association between these variables.

Table 9: Relationship between AGA severity and psychosocial impact measures

Psychosocial Measure	Correlation Coefficient (r)	p-value
Self-esteem	-0.45	< 0.01*
Social Interactions	-0.30	0.05
Daily Functioning Challenges	0.25	0.08

Table 10 presents the outcomes of a regression analysis aimed at identifying predictors of psychosocial impact among individuals grappling with androgenetic alopecia (AGA). The table delineates beta coefficients and associated p-values for predictor variables, including AGA severity, self-esteem, age, and gender. The analysis underscores AGA severity and self-esteem as significant predictors of psychosocial impact, with beta coefficients of 0.35 and -0.25, respectively, and p-values below 0.05, indicating statistical significance. These results suggest that higher AGA severity and lower self-esteem are linked to heightened psychosocial impact. Conversely, age and gender do not emerge as significant predictors, as their beta coefficients of 0.10 and -0.05, respectively, coupled with p-values exceeding 0.05, fail to attain statistical significance.

Table 10: Regression analysis to identify predictors of psychosocial impact

Predictor	Beta Coefficient	p-value
AGA Severity	0.35	< 0.05*
Self-esteem	-0.25	< 0.05*
Age	0.10	0.25
Gender	-0.05	0.40

DISCUSSION

This study presents a thorough analysis of the fundamental features, emotional and functional consequences, societal attitudes, management approaches, and factors that predict the psychosocial effects on individuals affected with androgenetic alopecia (AGA).

The baseline data showed that the sample consisted of 75 participants with a mean age of 42.5 years. The majority of participants were between the ages of 18 and 39. The degree of androgenetic alopecia (AGA), evaluated using the Norwood–Hamilton Baldness Scale, exhibited a range of hair loss severities, with Stage II being the most prevalent. The educational standing of the participants was diverse, with a substantial number of them possessing a Bachelor's Degree. Gaining knowledge on the population characteristics and personal accounts of hair loss in patients with Androgenetic Alopecia (AGA) offers valuable understanding of the frequency and intensity of the condition. The prevalence of younger adults in the sample indicates that AGA impacts individuals across a wide range of age groups, contradicting the mistaken belief that it exclusively affects older individuals. Furthermore, the significant occurrence of a familial history of androgenetic alopecia (AGA) emphasizes the hereditary aspect of the disorder, emphasizing the crucial need for early identification and care, especially for individuals with a family history. Other research have shown similar baseline features, such as the age distribution and severity of AGA, which suggests that the demographic profile of persons affected by AGA is consistent across different groups. Nevertheless, it is possible that there are disparities in educational attainment and family background related to AGA that are influenced by cultural and regional factors. This emphasizes the significance of taking into account socio-cultural variations when analyzing study results. The user's text is "[4]".

The psychological impact of AGA, as indicated by accounts of stress, shame, and self-worth anxieties, emphasizes the necessity of providing psychosocial assistance to those affected. The results suggest that AGA might have a substantial influence on persons' mental well-being, impacting their self-assurance, perception of themselves, and general standard of living. Engaging in counseling, participating in support groups, and undergoing psychotherapy can assist persons in effectively managing the psychological consequences of AGA. Research examining the emotional effects of AGA consistently shows that affected persons experience significant levels of stress, humiliation, and concerns about their self-esteem. This indicates that the psychological burden associated with the condition is universally felt. The user's text is "[10]". Nevertheless, the level of emotional anguish can differ based on variables including as gender, age, and cultural perspectives on attractiveness and baldness.

The impact of AGA on daily activities, social relationships, and leisure activities emphasizes the widespread influence of the condition on different elements of persons' lives. The wide-ranging effects of AGA on individuals' functional capacities and social integration are evident in the challenges they face in sustaining relationships, participating in social activities, and even in their dressing habits. Interventions focused on bolstering coping mechanisms, boosting self-regulation abilities, and fostering social assistance can assist individuals in navigating these functional difficulties with greater efficacy. The findings regarding the functional consequences of AGA, such as challenges in carrying out everyday tasks and engaging in social interactions, are typically comparable across many research, highlighting the widespread impact of AGA on individuals' daily lives. Nevertheless, the degree of functional impairment can differ depending on an individual's coping mechanisms, social support networks, and availability of resources such hair restoration procedures. The user's text is "[11]".

The notion that persons with Androgenetic Alopecia (AGA) are perceived as less beautiful is indicative of society attitudes about hair loss and prevailing beauty

standards. The way people perceive individuals with AGA can worsen the emotional and social difficulties they experience, leading to feelings of being stigmatized and socially excluded. Disseminating information to the public regarding the complex and varied causes of AGA, questioning and dispelling preconceived notions, and advocating for tolerance and inclusiveness can aid in reducing the adverse societal stigmas linked to this condition. Research on societal attitudes towards AGA has yielded inconsistent results, with certain studies revealing the presence of negative stereotypes and social marginalization towards individuals with AGA, while others emphasize a higher level of acceptance and the impression of hair loss as a common occurrence. Social opinions might vary due to cultural disparities, the impact of media, and the changing society perspectives on beauty and body image. The user's text is "[5]".

The various strategies individuals employ to address AGA, spanning from readily available items to medical interventions, underscore the significance of customized care that caters to individual requirements and inclinations. While certain individuals may choose conservative management options, others may find more intense interventions like medical treatments or surgical operations to be advantageous. By offering detailed information regarding treatment choices, possible adverse reactions, and achievable outcomes, individuals can be empowered to make well-informed decisions about their healthcare. Research on therapy options for androgenetic alopecia (AGA) has identified many methods, such as topical therapies, oral drugs, and surgical interventions. These approaches cater to the different requirements and preferences of individuals affected by AGA. The user's text is "[12]". Unequal access to healthcare services and the cost of treatments can impact the selection of management techniques across various populations.

The recognition of the severity of AGA and its influence on self-esteem as important predictors of psychosocial consequences highlights the necessity for focused therapies that specifically address these aspects. Interventions focused on promoting self-esteem, developing coping mechanisms, and offering social support can effectively reduce the adverse psychosocial effects of AGA. Furthermore, promptly identifying and addressing the severity of AGA can potentially mitigate its negative effects on persons' psychological well-being. Research examining characteristics that predict the psychological impact of androgenetic alopecia (AGA) frequently find that the severity of AGA and an individual's self-esteem are major factors. These findings emphasize the widespread influence of AGA severity and self-esteem on the psychological well-being of individuals. Nevertheless, the impact of these elements may differ based on the specific attributes of the sample, research methods employed, and surrounding circumstances. The user's text is "[13]".

These findings enhance our comprehension of the experiences of persons impacted by AGA, which can be used to build customized interventions that target the emotional, functional, and social difficulties associated with this condition. Although there may be some differences in the precise results of various research, there is a general agreement on the psychological and social effects of AGA and the factors that influence how individuals feel the illness. The user's text is "[14]". By comparing the results of many research, we can gain a better knowledge of the complexity of AGA (Androgenetic Alopecia) and use this information to develop specific interventions that cater to the various requirements of those affected.

CONCLUSION

This study elucidates the diverse effects of androgenetic alopecia (AGA) on male patients, including its impact on their emotional, functional, and social well-being. The results indicate that persons affected by AGA have a wide range of demographic characteristics, including different levels of hair loss severity and educational backgrounds. Individuals dealing with AGA experience emotional distress, functional difficulties, poor social judgments, and employ various management measures. The psychological impact of AGA is apparent in accounts of stress, shame, and self-worth anxieties, underscoring the necessity for targeted psychosocial support programs to tackle these difficulties. The extensive influence of AGA on individuals' life is evident in the functional impairment it causes, which includes difficulty in everyday tasks, social contacts, and dressing habits. Adverse societal attitudes lead to the experience of being stigmatized and socially excluded among those who are affected, highlighting the significance of encouraging acceptance and inclusiveness. The study also determines elements that can predict the psychosocial impact on individuals, with the severity of AGA (androgenetic alopecia) and self-esteem being identified as major influences on their psychological well-being. Comprehending these aspects is essential for creating specific therapies that attempt to reduce the adverse psychological effects of AGA and enhance overall patient outcomes. This study enhances comprehension of the psychosocial consequences of AGA on male patients, facilitating the creation of comprehensive patient care strategies that encompass not only the medical symptoms but also the emotional and social effects of the condition. Healthcare providers can improve the quality of life and well-being of those afflicted by AGA by recognizing and dealing with its psychological and social effects. This can help promote resilience and empowerment in the face of this difficult condition.

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