WHAT WORKS BEST FOR YOUR PATIENT?

Alopecia areata assessment

SALT[1]

Divides scalp into four areas and measures percentage hair loss

Most frequently used tool; may be overused

Suboptimal for SOC populations

SALT II[1]

Proposed update to SALT

Extended to include hair density and loss pattern

pSALT[1]

Pediatric version of SALT

BETA[4]

Measures hair loss in the eyebrows

Uses facial landmarks of eyebrow anatomy and density to calculate severity

BELA[5]

Measures eyelash loss

Incorporates percentage distribution and prominence of eyelashes on upper lid

AAPI[2]

Divides scalp into four areas to assess percentage hair loss

Also incorporates pull tests and trichoscopy

AASI[3]

Assesses scalp, beard, and upper face individually to give composite score of hair loss severity

ALBAS[6]

Evaluates hair loss from the beard

Beard hair loss is the second most common concern for males with AA

Composite scoring[1]

Research suggests a need for composite scoring of AA, looking at the whole body to create an overall understanding of severity

Nails?[1,7]

No currently used score assesses severity symptoms in the nails

Common symptoms include pitting, trachyonychia, leukonychia, and brittle nails

These symptoms negatively impact QoL

Psychosocial burden?[1]

AA is widely known to negatively impact QoL and psychosocial wellbeing

No formal incorporation of psychosocial scoring in severity assessment

Psychosocial impact is an essential criterion of severity

Abbreviations: AA, alopecia areata; AAPI, Alopecia Areata Progression Index; AASI, Alopecia Areata Severity Index; ALBAS, ALopecia BArbae Severity; BELA, Brigham Eyelash Tool for Alopecia; BETA, Brigham Eyebrow Tool for Alopecia; pSALT, Pediatric Severity of Alopecia Tool; SALT, Severity of Alopecia Tool; SOC, skin of color: QoL, quality of life.

References: 1. Darchini-Maragheh E, et al. Clin Exp Dermatol. 2024;ilae320. **2.** Moussa A, et al. Int Wound J. 2022;30(1):24–33. **3.** Majid I, et al. J Cosmet Dermatol. 2021;20(8):2565–2570. **4.** Tkachenko E, et al. J Investig Dermatol Symp Proc. 2020;20(1):S41–S44. **5.** Manjaly P, et al. J Am Acad Dermatol. 2021;85(1):271–272. **6.** Nwosu A, et al. Skin Appendage Disord. 2023;9(3):179–186. **7.** Pelzer C, Iorizzo M. J Clin Med. 2024;13(11):3292.

Developed by EPG Health. This content has been developed independently of the sponsor, Pfizer, which has had no editorial input into the content. EPG Health received funding from the sponsor to help provide healthcare professional members with access to the highest quality medical and scientific information, education and associated relevant content. This content is intended for healthcare professionals only.

medthority