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through thick and thin

Faced with a very unnerving sight—her scalp—Nancy Smith went in search of her crowning glory: a full head of hair.

I first noticed it in the mirror on an elevator. I was making last-minute makeup adjustments on the way to a party, and when I moved my head just so under the glaring overhead lights, I could see my scalp through my hair. Not a bald spot, mind you, but a thinning of what had always been a lovely little widow's peak.

My heart jumped. I brushed my hair around on top of my head, but it didn't help. I still had an unimpeded view of my scalp through what appeared to be a diminishing stand of fine blonde hairs.

Initially I thought I had damaged my hair. Maybe my last color treatment was too harsh, or years of blow-drying were taking their toll. Or maybe it was the combination of stress (writing has its challenges) and a crash diet (for a fast-approaching beach vacation). Surely my hair would grow back once my life settled down. Women don't lose their hair permanently. Right?

Not exactly. "Many of my clients have thinning hair," replied my hairdresser, Mark, when I asked him the question. "We can help camouflage it with color, volumizing products, and extensions, but quite a few of my clients are getting hair transplants." He pointed to a woman with thick, shoulder-length dark hair. "See that woman over there? She's had a transplant."

Mark was gesturing toward a typical Frédéric Fekkai client: a 40-something woman, dressed in head-to-toe Prada, toting a large Kelly bag packed with papers and a

Treo that she kept a thumb on throughout her appointment. "If you ask her, she'll say she hasn't, but believe me, she has."

Why all the mystery? It's not as though American women are shy about their Botox injections and cosmetic eye surgery. Yet whenever I broached the subject of

on the Internet and in drugstores. According to the American Hair Loss Association, 99 percent of them don't work.

With hope fading fast, I didn't know whether to seek solace on the couch of a shrink or schedule a consult with a dermatologist. Therapy might help me

accept my diminishing resource, but I wasn't looking to love my inner bald. I wanted hair, lots of hair. So I had to believe science offered the best option. "The first step is to make sure you have the right diagnosis," Avram told me as he circled my chair, gently fluffing my hair with his fingertips. We were in an exam room in his New York office, and he was in scrubs, having just completed four hours of surgery to correct someone else's hair-loss problem. As he fluffed, Avram explained that women lose their hair for a wide variety of reasons: hormone changes after childbirth, diabetes, thyroid disorders, autoimmune diseases such as lupus, and some medicines (including lithium, blood thinners, vitamin A and retinoids, chemotherapy, blood-pressure

drugs, diuretics, and beta-blockers). An iron deficiency severe enough to cause anemia, sometimes brought on by excessive dieting, can wreak havoc on your body, including your hair. If my hair loss was a symptom of an illness or a drug reaction, he said, my medical history would reveal it, and in most cases a blood test would quickly confirm it. *health* >232



BRUSHED ASIDE
AMONG WOMEN, THINNING HAIR IS A TABOO SUBJECT. PHOTOGRAPHED BY IRVING PENN.

hair loss with my friends, conversation came screeching to an uncomfortable halt. "Hair loss is much more emotionally upsetting for women," says Marc R. Avram, M.D., a leading cosmetic dermatologist in New York and an associate professor at Weill Cornell Medical College. "Bald men are often considered sexy, but would Julia Roberts be as sexy without all that hair?" It's no surprise, then, that the demand for hair-loss remedies continues to grow, fueling a thriving market in restoration products

BEAUTY HEALTH & FITNESS

thinning hair

Fix that underlying condition, and the hair loss would soon be reversed.

Avram picked up a clipboard and began asking the usual list of doctor's-office questions: "Do you have diabetes?" No. "Have you lost a lot of weight lately?"

Despite my recent attempts, the answer was no. As the litany of questions continued, I couldn't help noticing that Avram had thinning hair on top. "Not thinning," he said. "One hundred percent of the hair is transplanted.

Without it I would be completely bald."

He pushed the bangs back from my forehead and scrutinized my hairline. "The density is good here and here," he said, pointing to the back and sides of my head. "And it's not bad on top, but your hairline is beginning to break apart."

I would have preferred a malfunctioning thyroid to a balding head

Based on my medical history and pattern of hair loss, Avram concluded that my problem was female-pattern hair loss. "Bald isn't the right word for women," Avram said. A woman's hair thins over the entire head, although it's not uncommon for the loss to be more pronounced down the middle. The hairline doesn't recede, it just becomes more see-through. Female-pattern hair loss is the most common cause of thinning hair, affecting more than 30 million women. It can start as early as the 20s and progress so slowly you don't notice it until your mid-30s or 40s. (I first spotted signs of loss in my mid-50s.) It is genetic, and without some kind of intervention, it is permanent.

Despite the name, if you have female-pattern hair loss, you aren't really losing your hair; its structure is physically changing. Each strand becomes miniaturized, growing smaller and less robust over time. In fact, if you are shedding hairs in greater numbers than usual—if you find more on your brush or in your shower every day—it's probably caused by some other medical condition, and it is reversible. With irreversible hair loss, you don't shed. You can distinguish between the two with a simple test called the hair pull. Grab a bunch of hair

between fingers and thumb and tug. If the test yields five or more hairs, that's normal; everyone sheds that much. But if your hair appears to be thinning and you're not shedding more than usual, it's likely to be female-pattern loss.

I spent the next few days yanking at my hair, hoping to extract fistfuls of it. It's a testament to how distressing the notion of permanent hair loss is that I would have preferred a malfunctioning thyroid to a balding head. But my hair held tight. All evidence pointed to Avram's diagnosis. What made it so disconcerting was the uncertainty: I might not lose any more than I already had. Or I could become one of those women with a smattering of hair hovering like cotton candy atop their heads.

"There's absolutely no reason for a woman to be devastated by this," says renowned New York City dermatologist Patricia Wexler, M.D. Ten or fifteen years ago, maybe. Back then, in the relative infancy of the field of cosmetic dermatology, the best solution was a wig or an Hermès scarf. But recent breakthroughs in medication and surgical techniques are giving women real options. "Hair loss is undertreated because most women don't know what's happening to them," says Wexler. "My hair began to thin when I was in my 40s, but I was prepared for it because my mother's hair and my aunt's hair had done the same thing." Her jaw-length bob seems thick enough to me. "Extensions," she says. "I prefer a low-maintenance life, so they're a perfect solution for me. But there are very effective treatments for women who do want something more permanent."

Hair loss at any age is upsetting, but for young women, the problem can be particularly devastating. "It was horrible," Sayya, a 33-year-old medical assistant whose long, glossy black hair started thinning in her early 20s, told me. "I had no idea what was wrong. I felt like everyone was staring at my hair, thinking, Oh, my God, she's going bald." Convinced the problem was of her own making, she blamed it on stress, then on her nutrient-poor college diet. "My mom was so worried that she began to research what might be *health* >234

HAIR APPARENT

Leading experts turn a sharp eye on four promising remedies.

FEKKAI MORE

CLAIM: This four-step hair-care system includes Niaplex, a nighttime follicle-boosting treatment that releases niacin (vitamin B₃) onto the scalp.

BOTTOM LINE: "There's some science to this," says Paul Yamauchi, M.D., Ph.D., a dermatologist in Santa Monica, citing a 2005 study on topically applied niacin. "It's not the same thing as Fekkai, but it's the same principle."

THE McANDREWS METHOD

CLAIM: The full-day hair-transplant process was pioneered by dermatologist Paul McAndrews, M.D., who uses a stereoscopic microscope to separate individual hair follicles before implanting.

BOTTOM LINE: "When it's done properly, it's extremely natural and can last a lifetime," says Arielle N.B. Kauvar, M.D., director of New York Laser & Skin Care.

HAIRMAX LASERCOMB

CLAIM: Gliding the FDA-approved comb slowly over the scalp three times a week energizes follicles by using low-level laser therapy.

BOTTOM LINE: "There are situations when hairs can be stimulated to grow, possibly as a result of local inflammation or heating—after a reaction to a vaccine, for example, or a skin burn," says Kauvar.

NIOXIN SCALP RENEW

CLAIM: An intense in-salon head massage using alpha-hydroxy acids and enzymatic exfoliants to remove follicle-clogging dead skin cells.

BOTTOM LINE: "Massage increases blood flow, which probably helps," says Karen Burke, M.D., Ph.D., a dermatologist at Mount Sinai Medical Center, NYC. "But if you can massage on minoxidil, the one thing proven to really help hair grow, that's better."

—JANCEE DUNN

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BEAUTY HEALTH & FITNESS | thinning hair

done,” Sayya recalled. “She found a vitamin that was supposed to help restore hair for new mothers, and I took that for a while. Then I stopped using any products on my hair. Nothing helped,” she said. “I was totally frustrated.”

After five years of more of the same, she had to admit there was more to it than a vitamin deficiency or stress and made an appointment with a doctor. “He said it was

female-pattern loss and made treatment recommendations,” Sayya remembered. “But I didn’t want something that would take months or years. I wanted my beautiful hair back—now!” The quickest fix was a transplant, a procedure that would have been unthinkable for women 20 years ago. Until the eighties, surgeons took plugs out of the scalp where the hair was thinning and replaced them with clumps of eighteen to 20 hair follicles harvested from the back of the head, where hair is more plentiful. Too often, the transplanted

hair grew out in what looked like strange hedgerows running across the patient’s head. “They were pretty unsightly even for men and were out of the question for women,” says Mark E. Krugman, M.D., assistant clinical professor of plastic surgery at the University of California, Irvine School of Medicine. It wasn’t until advances in microsurgery allowed for grafts as small as two or three hairs that transplants became a real possibility for women. Now more than 1,000 grafts can be scattered among a woman’s existing hairs in a completely natural pattern.

Because Sayya was young and her hair loss was in the early stages, she required only about 400 grafts. The two- to four-hour outpatient procedure, performed under local anesthesia, begins with the surgeon’s removing a narrow strip of scalp from the back of the head to use as donor hair. How much lost hair can be replaced depends on the quality of donor hair. (Researchers are close to a permanent solution for both men and

women—hair cloning. “It’s the next big breakthrough, and it’s not that far away—ten, 20 years,” Avram says. “It will be the end of baldness as we know it.”)

Incisions for the implants are like pinpricks, and they usually heal overnight. Sayya was able to resume regular activities within a week and had her long hair back in about eight months. (The grafts have to grow out pretty much from scratch.) “After my transplant,” she says, “I was no longer afraid of how people saw me.”

For Sayya, the results were exactly what she wanted: more hair relatively quickly without being outed.

For me, hundreds of tiny little incisions in my scalp seemed like overkill. In truth, most casual observers wouldn’t even know I had a problem. But I wasn’t willing to risk having my hair slowly disappear until I did need surgery. “You can definitely stop the loss,” Avram said, sug-

gesting I try minoxidil (sold over the counter as Rogaine), the only FDA-approved drug for female-pattern hair loss. It’s like using a good cream to slow the development of wrinkles. The sooner you start, the better off you are. A few drops on my scalp

where the hair is thinning every night before I go to bed; that’s it. If I stop, Avram warned, my hair will start thinning again.

What about Propecia, the so-called miracle pill that my male friends gush about? “It is effective for men,” Avram says, “but it can’t be given to women of childbearing age because of the risk of birth defects, and there haven’t been studies that show it works very well in women anyway.”

I still haven’t completely conquered the sense of stigma about losing my hair—it took me two trips to the drugstore to actually buy Rogaine. (The first time, I bought a toothbrush I didn’t need.) But in the privacy of my bathroom, I’ve been using it every night for the past year or so. My hair has become much less fine, and a recent inspection of my widow’s peak revealed five or six short nascent strands of hair. It may not be the same full head of hair I had in my teens, but I’ll be happy to keep what I’ve got. □ *beauty >236*

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