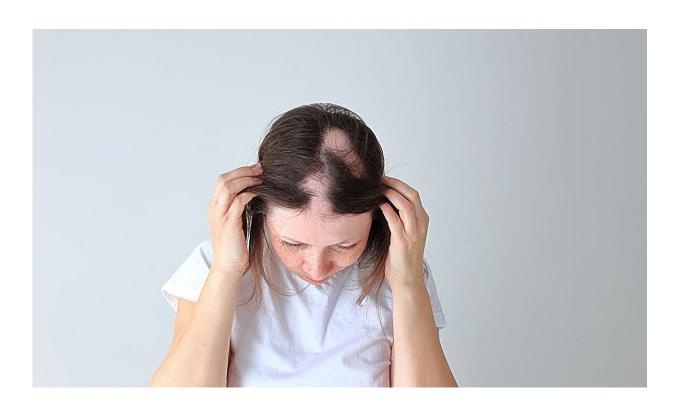


Study ties alopecia to higher prevalence of autoimmune, psychiatric comorbidities

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Patients with alopecia areata (AA) have a higher prevalence of autoimmune and psychiatric comorbidities at time of diagnosis as well as a higher risk for new-onset autoimmune and psychiatric comorbidities after diagnosis, according to a study <u>published</u> online July 31 in *JAMA Dermatology*.



Arash Mostaghimi, M.D., M.P.H., from Brigham and Women's Hospital in Boston, and colleagues examined <u>risks</u> for developing new-onset psychiatric or <u>autoimmune diseases</u> after diagnosis of AA. The analysis included data from 16,512 patients with AA and 66,048 without AA (ages, 12 to 64 years).

The researchers found that overall, patients with AA had a higher prevalence of psychiatric (30.9 versus 26.8 percent) and autoimmune (16.1 versus 8.9 percent) comorbidities at AA diagnosis.

Incidence was also higher in patients with AA without a history of these comorbidities compared with matched controls. Patients with AA had a significantly higher risk for developing a psychiatric (adjusted hazard ratio, 1.3) or autoimmune (adjusted hazard ratio, 2.7) comorbidity compared with controls.

"These data highlight the most common comorbidities among patients with AA and may help physicians counsel and monitor patients newly diagnosed with AA," the authors write.

More information: Arash Mostaghimi et al, Immune-Mediated and Psychiatric Comorbidities Among Patients Newly Diagnosed With Alopecia Areata, *JAMA Dermatology* (2024). DOI: 10.1001/jamadermatol.2024.2404

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