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Trichology in the Age of Misinformation: Bridging the Gap Between Evidence-Based Dermatology and Social Media Narratives

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Introduction & Objectives:

In the digital era, the management of hair loss is increasingly influenced by social media narratives, influencer marketing, and online advertising. Despite the availability of evidence-based treatments such as Minoxidil, Finasteride, Dutasteride, and Platelet-Rich Plasma (PRP), patients are frequently exposed to misinformation that promotes unverified, often ineffective remedies. This constant exposure can undermine treatment adherence and trust in medical guidance. The objective of this talk is to examine the nature and impact of misinformation surrounding trichology on social media and to explore practical strategies dermatologists can adopt to combat these narratives while reinforcing their role as trusted medical professionals.

Materials & Methods: A qualitative analysis was conducted based on patient consultations in a clinical dermatology setting, where patients reported exposure to and influence from social media content related to hair loss treatments. Examples of misinformation were collated from platforms such as Instagram, YouTube, and Facebook, focusing on trends such as topical oils, microneedling at home, biotin megadoses, and herbal serums marketed as “cures.” The talk also draws from recent studies on patient behavior, digital health literacy, and social media influence in healthcare decision-making. Practical approaches to patient education, content creation, and digital engagement by dermatologists are examined.

Results: Patients exposed to social media misinformation frequently questioned or discontinued prescribed treatments, opted for unproven alternatives, and presented with delayed or worsened hair loss. Several cases highlighted the emotional distress caused by unrealistic expectations and conflicting advice. Dermatologists who engaged with patients through educational social media content and simplified communication reported improved treatment adherence and greater trust. Proactive digital presence—featuring myth-busting content, real-patient testimonials, and visual explainers—proved effective in bridging the gap between scientific dermatology and public perception.

Conclusion: Misinformation in trichology poses a growing challenge to evidence-based dermatology. However, it also offers an opportunity for dermatologists to reclaim the narrative through responsible use of social media and enhanced patient communication. By actively addressing myths, setting realistic expectations, and simplifying scientific information for digital platforms, dermatologists can build credibility, improve adherence, and protect patients from the pitfalls of pseudoscience. In an age where the loudest voice often wins attention, dermatologists must become louder advocates for truth in trichology.