Wigs

M J Cheesbrough

Wigs were originally popularised in Britain by Queen Elizabeth I, who is said to have owned no fewer than 80, and Mary Queen of Scots is reputed to have worn one at her execution. Louis XIII of France went prematurely bald in 1624 and by disguising his baldness with a wig, started a fashion that lasted over 150 years. In the seventeenth century the grandest wigs were worn by the wealthy and important, hence the expression "big wigs." The demand for wigs was so great that children were forbidden to go out alone in case thieves cut off their hair.

Today five types of wigs are worn: necessity wigs to cover baldness, fashion or fun wigs, legal wigs, wigs worn for religious reasons, and theatrical wigs. Necessity and fun wigs merely differ in their indications for use. A variety of fibres are used in their construction, but the commonest material is acrylic, which makes high quality and fairly cheap wigs.

Significance of hair

The large number of salons in every high street bears witness to the importance of the state and style of the hair to people's self image. Few people are unconcerned by losing hair, and for many alopecia is deeply upsetting. There are no objective studies of the psychological effects of alopecia, but Elizabeth Steel in her book *Coping with Sudden Hair Loss* describes the effects it had on her.¹ Through case histories she highlights a common thread of shock, unhappiness, loss of confidence, and work, social, and sexual difficulties combined with feelings of lack of understanding by health professionals. Furthermore, patients with disorders of self image (dysmorphophobia) often have symptoms referable to their hair or scalp,² which suggests a deep seated psychological importance of the head and scalp as well as other anatomical sites.

The Department of Health recognises the distress that alopecia causes and therefore allows wigs to be

prescribed through the NHS. These can be prescribed only by hospital consultants, and most are prescribed by dermatologists, neurosurgeons, radiotherapists, and oncologists. Although wigs can be supplied for men, women, and children, 70 of the 74 patients provided with wigs by Huddersfield Health Authority in 1987-8 were women. An unknown number buy their wigs privately.

Criteria for supply of wigs

The Department of Health's regulations state that wigs may be provided only when a consultant considers one to be necessary and when the baldness is due to any of the following conditions: (a) congenital dystrophy of the skin; (b) alopecia totalis; (c) alopecia areata (severe and long standing); (d) extensive scarring after trauma, x ray application, or an inflammatory condition; (e) illness or treatment when baldness, though not permanent, is likely to be prolonged (for example, after intracranial operation or radiotherapy); and (f) prolonged administration of cytotoxic drugs.

As the regulations state that "it is not the intention that normal male baldness should itself justify the provision of a wig under the National Health Service, nor that elderly (ie over the age of 70) female patients whose hair is thinning due to normal age, qualify..." (National Health Service Provision of Medical and Surgical Appliances paras 23 and 24) baldness due to physiological hair loss is therefore excluded. In a dermatologist's practice most patients' baldness is due to alopecia areata or totalis—that is, alopecia areata affecting the whole of the scalp. I prescribe wigs for anyone who wants one providing he or she fulfils the regulations.

Construction of wigs

The base or foundation is made first and is either hard or soft. Hard bases are made from flexible plastic or fibreglass and soft bases from cotton, terylene or nylon, or silk and may be partly or completely lined. Hard bases are never used for real hair wigs and are mainly found in mens' wigs to provide better adhesion. The hair may be either real or acrylic. Acrylic is now so good that few real hair wigs are prescribed on the NHS (though consultants have to specify which they require for the patient). Real hair wigs are usually made from European human hair, but hair from Asians or animal hair (such as yak hair) may be used. Acrylic wigs are cheaper and easier to care for and clean. They can be hand washed by their owners whereas real hair wigs have to be dry cleaned by a specialist.

Supply of wigs

The normal route for supply of wigs on the NHS is for the consultant to send the patient, with the prescription, to the appliance officer, who organises the administrative and financial details. The patient is then passed on to the hospital "wig agent," who is normally a trained hairdresser and attends the hospital regularly. The agent helps the patient to choose the appropriate style and colour, and the available choice is

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Patient with severe alopecia areata with and without her wig

extremely wide. Real hair wigs have to be made to measure and the agent takes the necessary measurements, whereas acrylic wigs are stock sizes and adjusted to any head. Samples and colour brochures are available to help the patients make a choice, and when indicated, the agent may make a domiciliary visit at the hospital's expense. When the wig has been chosen an order is placed with a regional health authority contractor, and after delivery the agent is responsible for checking its fitting and instructing the patient in its care and maintenance. Acrylic wigs are usually delivered within a few days, but real hair wigs may take eight to 12 weeks.

Some authorities operate a voucher scheme, giving patients vouchers redeemable at selected hairdressers or department stores. Whether patients get their wigs from hospital or outside it is important that private fitting rooms are available; bald patients have complained of their embarrassment at having to try on wigs in the concourse of department stores or hospital appliance departments.

Renewal and costs

Patients are usually supplied with two wigs (one to wear and one to clean). In this hospital acrylic wigs are replaced at the rate of one a year and human hair wigs at the rate of two every three years, but there are no official rules and consultants have discretion. Patients vary in the rate at which their wig wears out, and it is not necessary for consultants to see patients for each renewal; they can give a long term prescription for as long as they want.

At present, patients pay £22 for each acrylic wig and £90 for each real hair wig, which represents about half the real cost of them. National figures for total expenditure on wigs by the NHS are not kept, but Huddersfield Health Authority supplied 104 wigs to 74 patients in 1987-8 at a total expenditure of about £3700. The estimated national expenditure by the 200 health districts would therefore be about £740 000, which is about three quarters of the expenditure on drugs for a single district.

Patients who are in hospital when their wigs are supplied are entitled to free wigs, as are outpatients under the age of 16, 16 to 19 year olds still in full time education, and patients receiving income support or family credit. People on low incomes may be entitled to help with the cost of wigs, and the precise criteria are described in leaflet WF11/April 1988, which can be found in any hospital or Department of Health office.

Care of wigs

All wigs should be dry combed and brushed daily like normal hair, but they must not be combed or brushed when wet. If the wig does get wet in the rain or when swimming it should be allowed to dry before combing or it will matt. Decorations such as ribbons, butterfly combs, and hats can be worn. The agent will normally give further advice on looking after wigs and can be contacted directly or through the appliance officer. The box gives a list of do's and don't's for the care of wigs.

Wig blocks can be used for storage, but wigs can be folded and put away in a drawer when not in use. An adjustable strap is provided at the back of acrylic wigs and for women this is all that is required to keep the wig in place. Optional two sided adhesive pads can be used for extra security in women and these are essential for male toupees (partial wigs or hairpieces to cover incomplete baldness). Some men find better adhesion with wigs with hard rather than soft bases. Being bespoke, real hair wigs should stay in place without any extra help.

Do's and Don't's

Acrylic wigs

- 1 Wash in luke warm water with a cold rinse
- 2 Do not use a hair dryer. Heat damages acrylic fibres and can make them frizzle or melt, but they do not catch fire
- 3 Keep away from direct heat
- 4 Do not apply heated rollers but cold rollers can be used

Human hair wigs

- 1 Avoid soaking in water as this loosens the hand knotting. It may also cause matting of the hair
- 2 Dry clean by specialist only. This is arranged by the appliance officer and patients are allowed one free clean a month (cost to the NHS £6)
- 3 Heated rollers can be used
- 4 Only have the wig permed professionally because of the risk of damage from water
- 5 Do not dye the hair unless it is done professionally

Complications and acceptability

Irritation and allergy from the materials can occur but are exceptionally rare and have never happened in any of my patients. Were this to occur the offending material would have to be identified by patch testing so that a wig free of the substance could be made.

Patients make few complaints about the wigs supplied and the fact that most continue to wear them out and come back for replacements attests to their cosmetic acceptability. You should explain to patients that they are not getting NHS wigs but that the NHS is making a financial contribution to the provision of a fashionable wig, which should at least bring the patient back to his or her former appearance and may even enhance it. A *Which?* report on male hair pieces in 1969 questioned users of the pros and cons of wigs.³ Respondents felt that the advantages of hair pieces included looking younger, increased confidence, warming of the head, and protection from knocks. The disadvantages reported included the feeling of being committed to wearing a wig to maintain the secrecy of baldness, a tendency for the colour to change or fade, being uncomfortably hot in summer, disarrangement by wind, needing more care than natural hair, and the possibility of looking younger than one's wife.

Appendix

HELPFUL INFORMATION

Leaflet WF11/April 1988 from hospitals, Department of Health offices or leaflets unit, Box 21, Stanmore, Middlesex, HA7 1AY.

Hairline International, Chantry Vellacott, Chartered Accountants, Post and Mail House, Colmore Circus, Birmingham, B4 6AT (please enclose stamped addressed envelope). This a self help organisation.

- 1 Steel E. *Coping with sudden hair loss*. Wellingborough, Northamptonshire: Thorsons Publishing Group, 1988.
- 2 Cotterill JA. Dermatological non-disease: a common and potentially fatal disturbance of body image. *Br J Dermatol* 1981;104:611.
- 3 Consumers Association. Hairpieces for men. *Which?* 1969 October: 313-9.

Further reading

Woodforde J. *The strange story of false hair*. London: Routledge and Kegan Paul, 1971.

Consumers Association. Wigs and hairpieces for women. *Which?* 1971 Feb:49-55.