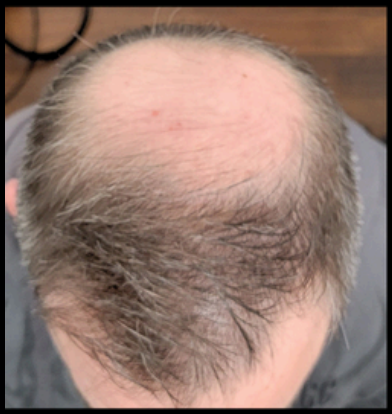
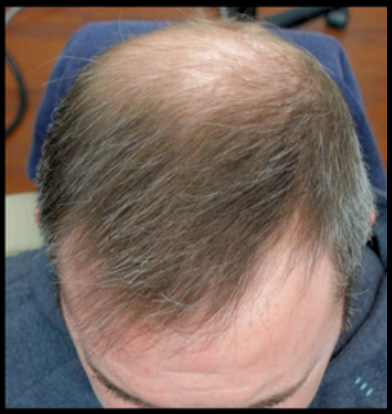
# THE HAIR LAB REPORT

Published by TrichoEDU





Advanced hair loss. A plan built around the client

## GLP-1 and Hair Loss: What the Research Shows

*What it means for clients sitting in your chair.*

TRICHOEDU SPOTLIGHT

**From burnout behind the chair to a career she didn't see coming**

*A TrichoEDU journey, in her own words*

SEPT. 2026 ISSUE 01

# WHAT I'M SEEING IN CLINIC

## GLP-1 Hair Loss:
## A Conversation We Cannot Ignore

*"I started losing weight, and now my hair is shedding."* We are hearing this in clinic every single week, and the research is finally catching up to what our clients have been telling us.Here is what the numbers actually show.

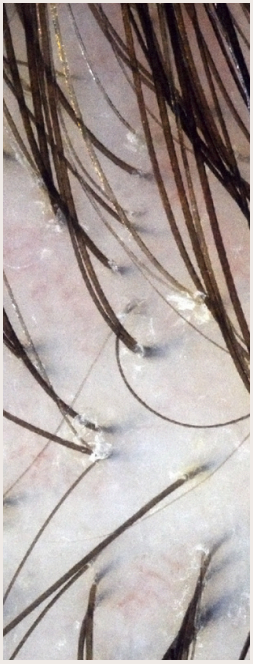
Starting with the biggest study we have. Researchers followed nearly 40,000 people on GLP-1 medications and compared them with people on other diabetes drugs. The GLP-1 group lost more hair.[1] That does not mean everyone on these medications will shed. It means the risk is real enough that we should be talking about it with every client who mentions starting one.

One thing clients get wrong: Ozempic itself does not list hair loss on its own label.[2] That data actually comes from Wegovy, the same drug, semaglutide, at a higher weight-loss dose.[3] Still, over a thousand people have reported hair loss to the FDA on their own,[4] and a 2025 study published in the Journal of the American Academy of Dermatology found the same pattern in a large patient group.[5] Dermatologists are seeing the same pattern you are, and now there is language for it.

**So what is actually driving the shedding?**

It is probably not the drug attacking the follicle directly. Rapid weight loss itself is a known trigger for telogen effluvium, a temporary shedding pattern the body falls into after any major physical shock.[6] Layer on top of that the appetite suppression. GLP-1 therapy can cut calorie intake by 16 to 39 percent,[7] which makes it genuinely hard to get enough protein, iron, zinc, vitamin D and B vitamins, all of which the hair cycle depends on.

> WHAT TO SAY TO YOUR CLIENT: *GLP-1 medications come with real rules, same as any prescription:* appropriate labs, protein targets, and dose changes managed by a doctor. A lot of clients are getting these from online platforms without that oversight, and the shedding is often the first visible sign something is off.
> You can ask, with care: *"Who is monitoring you on this, and are you getting bloodwork done?"* That question alone can send someone back to real medical care.



Look at the whole picture: hair loss pattern, nutrition, GI symptoms, hormones, stress, and timing. It might not be the GLP-1 at all, this could be genetic or scarring alopecia showing up at the same time.

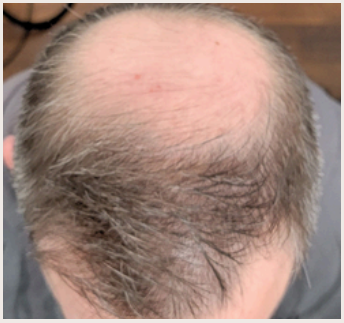
- **Pattern matters.** Diffuse shedding across the whole scalp points toward telogen effluvium (consistent with a GLP-1 trigger). Thinning concentrated at the part line or crown, especially if it was already present before starting the medication, points toward androgenetic alopecia that the weight loss simply unmasked or accelerated the GLP-1 didn't cause it, it just made it visible faster.
- **Scarring changes the whole conversation.** Redness, itching, burning, or visible loss of follicular openings means this isn't a GLP-1 conversation at all.
- **Timing is the tell.** Ask when the shedding started relative to when they started the medication and relative to how fast they lost weight. A close, fast-following timeline supports a drug/weight-loss link. A slow, unrelated timeline suggests you're looking at something separate that just happens to be happening at the same time.
- **Hormones deserve their own question, especially in women.** Thyroid changes, perimenopause, and postpartum status can all produce shedding that has nothing to do with the medication and everything to do with what else is going on in the body.

ALOPECIA AREATA?
One case report linked it to semaglutide,[8] but a larger review found no clear link.[9] Sudden patchy loss still warrants medical evaluation. Alopecia areata causes sudden, well-defined bald patches rather than the diffuse thinning typical of telogen effluvium

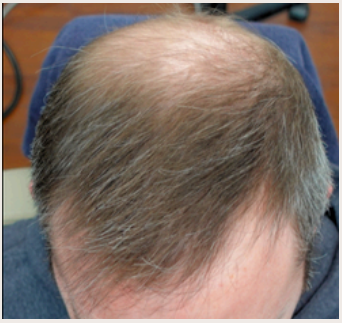
# Advanced Hair Loss.
# A Plan Built Around the Client.

*"If I have to put something on every day, it just wouldn't happen."*

Age 54 · Progressive hair loss since approximately age 17



Baseline: visually consistent with advanced Norwood VI-pattern loss



Follow-up: significant improvementin visible density and coverage

## The Timeline: 5 to 6 Months

**His Plan**

- Targeted supplementation
- Four Alma TED treatments
- Growth-factor support
- LockRx exosome support
- Stress-management strategies

**The Assessment**

***Health History***

Before any treatment discussion, we completed a full intake: age of onset, family history of hair loss, current medications, prior hair-loss treatments and their outcomes, nutritional status, sleep, stress load, and any recent illness, surgery, or major weight change. Nothing in his history suggested a secondary cause.

***Scalp and Follicular Analysis***

Dermascope imaging was used to examine follicular density, hair shaft diameter variation, and scalp condition directly. The images confirmed:

- Consistent follicular miniaturization across the frontal and mid-scalp, the hallmark of androgenetic alopecia
- No perifollicular erythema, scale, or scarring
- No loss of follicular ostia, meaning the follicles themselves were still present and structurally intact, just miniaturized

***Pattern Classification***

Frontal recession combined with vertex thinning, progressing gradually since his late teens. There was no diffuse, all-over shedding pattern that would point toward telogen effluvium, and no scarring pattern that would require immediate referral.

**Why This Protocol**

That came from the conversation. He wanted the fastest, most effective protocol available, but with two firm conditions: nothing to do daily, and as few in-office visits as possible. So the protocol was built around three things: what the assessment confirmed, what would move fastest given those constraints, and what he would actually follow through on.

*The plan that gets followed will always outperform the plan that gets abandoned.*

# She Wasn't Trying to Become a Trichologist

*Suzi Watkins in her own words*

### Where it Started

I had been doing hair for decades, mostly long, thick hair. Highlights, color, blowouts, it took time and was physically demanding. I started noticing how much I enjoyed my fine-haired clients, so I thought, maybe I'll specialize in fine hair. That decision led me to TrichoEDU. I had also lost my own hair after a hysterectomy, and my doctor just said "hormones." I didn't know there were more questions to ask.

### What it changed in her business

I can see three clients, work a five-hour day, and make four times what I used to make in a full day behind the chair. I've doubled my income year over year for the past two years, and I have far more control over my schedule and my life.

### What it actually taught her

The biggest change wasn't that I suddenly had every answer. It was that I knew how to ask better questions. Instead of jumping to a product, I started listening to the whole story, and knowing when a client needed to be referred.

*"I found an area where there was a real need and built something around it."*

### For every stylist reading this

You don't have to become a full-time trichologist. You already see your clients regularly, and you already have their trust. Sometimes it's simply saying, "I've noticed a change in your hair. Have you noticed it too?" Know what to notice, know the red flags, and know when to connect a client with someone who can help. We don't want your clients. We want to give them hair, so you can keep doing it.

Now I regularly hear, "I have hope again." That's what TrichoEDU gave me the tools to give back.

Suzi Watkins
Board Certified Trichologist
www.Dr4haircom

KEEP THIS ON FILE

# Food for Hair

*We talked about protein, iron, zinc, and vitamins on page 2.*
Here's the simple version: what your body needs, and where to actually get it

**PROTEIN**

Hair is almost all protein. If you're not eating enough, your body simply won't put it toward growing hair. It has more important places to send it.

**FRUITS & VEGGIES**

Eating iron-rich food isn't enough on its own. Vitamin C helps your body actually absorb that iron. Pair them and you get a lot more out of the meal

**GIVE THIS TO YOUR CLIENTS**

The full download covers all six nutrients, ready to hand over at the chair

## Get the Full Food for Hair Guide

Every nutrient. Every food source. Free, no email.

CLICK HERE >

*I always ask, how are your eating habits? You don't have to eat perfect. Do you eat more good than bad? More whole foods than processed?*

**That question alone makes people relax.** Nobody wants to feel judged about what they eat, especially when they're already self-conscious about their hair. But the truth is simple: your body needs fuel to run properly, and hair is one of the first places it shows when that fuel is missing.

*I'm not here to hand anyone a perfect diet. I'm here to help and educate. Life is busy, and most people don't need a meal plan. They need a gentle reminder.*
*- Tabitha*

# FROM TABITHA

I'm Tabitha Fredrichs, founder of TrichoEDU. Before I ever picked up a dermascope, I spent years behind the chair, cutting, coloring, and listening to clients tell me things I didn't yet have the training to answer. Everything in this report comes from that same place: real clients, real questions, and the belief that hair professionals deserve real education for what happens when hair starts to change.
Thank you for reading Issue 01. If one page in here changes one conversation you have this week, this whole thing was worth building.
*- Tabitha*

**TrichoEDU Courses & Certifications**
**Scalp Lab Foundation** - for scalp spa professionals and hairstylists ready to start understanding the scalp, not just the hair.

**Full Trichology Practice** - the complete path to practicing trichology with real clinical confidence. Board Certification through the American Naturopathic Medical Association.
**Scope of Practice** - built for med spas and hair restoration physicians integrating trichology into existing care.

**TrichoEDU.com · @trichoedu**

## COMING UP!

**HAIR LAB LIVE - NASHVILLE Jan. 2027**
Everything in this report, taught in person. Hair Lab Live is where TrichoEDU students and hair professionals come together for hands-on training, real case work, and the kind of education that doesn't fit on a page.

Open to anyone who wants to learn more. No prior TrichoEDU experience required.
Sign up: TrichoEDU.com/live

**NEXT ISSUE - NOVEMBER 2026**
Issue 02 of The Hair Lab Report is coming soon.

**TrichoEDU Research Desk**


1. Tang, et al. Risk of hair loss associated with GLP-1 receptor agonists in adults with type 2 diabetes: target trial emulation. BMJ. 2026;394:e100077.
2. Ozempic (semaglutide) injection. Prescribing information. Novo Nordisk. Hair loss not listed as a common adverse reaction.
3. Wegovy (semaglutide) injection. Prescribing information. Novo Nordisk. Hair loss reported in 3.3% of treated patients vs. 1% placebo.
4. Rojas Lopez, et al. Alopecia as an Emerging Adverse Effect Associated With GLP-1 Receptor Agonists for Weight Loss: A Scoping Review. Cureus. 2025;17(8):e90021.
5. Glucagon-like peptide-1 receptor agonist medications and hair loss: A retrospective cohort study. Journal of the American Academy of Dermatology. 2025.
6. GLP-1 therapies and hair loss: A systematic review of current evidence and implications for counseling. 2026 systematic review, PROSPERO CRD420261297384.
7. Nutritional Priorities to Support GLP-1 Therapy for Obesity. Joint advisory, American College of Lifestyle Medicine, American Society for Nutrition, Obesity Medicine Association, and The Obesity Society.
8. Alzahrani, et al. Alopecia areata following semaglutide treatment for weight loss: A case report. JAAD Case Reports. 2025.
9. GLP-1 therapies and hair loss: A systematic review, 2026, found no significant association with alopecia areata specifically in database analysis.