

Diphencyprone (DCP) Treatment

What is Diphencyprone (DCP) Treatment?

Diphencyprone (DCP) is a liquid chemical that can help to stimulate hair growth in patients with alopecia areata (AA) when painted on the scalp.

When might DCP be prescribed?

DCP is normally prescribed for persons with Alopecia areata to the scalp where the percentage of hair lost is greater than 50% of the scalp. You may have already been treated with other medications such as topical steroids or steroid injections to areas of hair loss. If these are unsuccessful or your hair loss becomes widespread, the option of DCP may be offered.

How does DCP work?

DCP works by causing contact dermatitis/ eczema to the skin where the DCP has been applied. Your body's immune system is then stimulated, causing inflammation on the surface of the skin and a diversion of white blood cells take place. Moving these away from the hair follicle allows hair to regrow.

When should you not have DCP treatment?

DCP is not recommended during pregnancy or when breastfeeding. Adequate contraception is recommended during treatment and for six months after.

How is DCP treatment delivered?

DCP treatment is applied by a trained member of staff within the Dermatology Department. At the beginning we paint a small patch of skin with DCP on your arm. Within a few days this will become red and itchy. This is a good sign as it shows you have had an allergy to DCP.

Following this you will attend the department once a week. The treatment is painted directly onto your scalp using a cotton wool ball. The treatment dose will start out as a very weak solution, and this will gradually increase over time.

Following treatment, you will need to keep your scalp covered for 6-8 hours, and this needs to exclude all light. You will need to avoid touching the area for 24 hours. If you do touch the area you will need to wash your hands immediately.

How quickly will it work?

The first signs of hair regrowth typically appear after three months or more. This means you will need to be motivated and able to attend the department once a week, particularly in the earlier days when you are experiencing scalp discomfort without the benefits of hair growth.

If there is no sign of hair re-growth by six months then DCP treatment will usually be stopped.

While each treatment will take approximately 15 minutes, receiving the treatment is a long-term commitment.

It is estimated that 50-60% of patients treated with DPC have a good response to treatment. While not all will experience complete hair regrowth, many will experience an acceptable level of hair re-growth that allow them to stop wearing a wig.

Are there any risks or complications?

Local Skin Reactions:

- Eczema (redness, scaling or itching) on the scalp where the DCP is applied is expected.
- Sometimes the eczema may be more severe and uncomfortable than expected. In these cases, you should apply the topical steroid cream you have been supplied with every 8-12 hours until this has settled.
- Dry and scaly skin – you can use an emollient twice a day on these areas.

Other Side Effects:

- Enlarged lymph glands are common during DCP treatment.
- Pompholyx – small itchy blisters can occur on the hands and feet. This is more common in patients that had eczema before starting DCP.
- Hyperpigmentation on areas that have been treated.

- Urticaria can occur in up to 10% of people treated with DCP. An anti-histamine may be required should you experience this.
- Scalp or facial oedema – this will be treated similarly to urticaria.
- Vitiligo can occur in up to 7% of people treated with DCP. This is more common in patients with darker skin.
- Fever or flu like symptoms – this will usually resolve in 24 – 48 hours but you are encouraged to keep hydrated and take pain relief such as paracetamol.
- Widespread autoeczematisation – this is very rare and you may experience a severe reaction where DCP has been applied as well as other areas.
- Headaches and palpitations have been reported to occur although it is not clear if these are caused by DCP.

If you were to experience any of the above side effects it is important that you inform the Dermatology Department on 01392 405517.

If you would like further information and support regarding your skin condition, you can find helpful resources and support groups on the following website; <https://skinsupport.org.uk>

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by Royal Devon staff undertaking procedures at the Royal Devon hospitals.

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