The prevalence of male pattern baldness (MPB) in Caucasians is well documented by Norwood [1] and Hamilton [2]. Takashima, Iju, and Sudo [3] and Kakizo [4] studied MPB in Japanese and found that it was minimal before the age of 40 and, although incidence increased with age, it was lower than in Caucasians.

In Singapore, P.H. Tang et al. [5] reported a prevalence of 63% in Norwood type I to VII. The prevalence increased with age from 32% among young adults aged between 17 and 26 years to almost 100% for those in their eighties.

In Bangkok, Thailand, D. Pathomvanich conducted a randomized study in 1997 including 1124 Asian men (local Thai and Chinese) between the ages of 18 and 90 [6]. The prevalence of baldness was reported as 38.52%; this alarmingly high figure approached that of Caucasians, rather than the one-fourth to one-third reported in previous studies [3]. Also as seen in Caucasians, the prevalence increased with age, affecting 11% young adults aged over 20 years and reaching 61.78% at 70 years of age. The results compared to the Norwood and Hamilton groups are summarized in Figs. 1 and 2. There were, however, two limitations in this survey. First, the small number of men over 80 years (31 men) might have biased results when compared to the Norwood study in the same age group. Also, there were two Asian subgroups involved in this study, Thai and Chinese.

In China, a population-based cross-sectional study of 3519 Chinese men in July 2008 reported a prevalence of 19.9% of MPB [7]. The prevalence increased with advancing age: 0.3% in the first and second decade, 0.4% in the third decade, 2.7% in the fourth decade, 10.1% in the fifth decade, 20.5% in the sixth decade, 43.5% in the seventh decade, and 60.0% over 70 years of age.

In Korea, J.-H. Paik et al. reported the prevalence of MPB in Korean men of all age groups as 14.1% [8]. The prevalence increased steadily with advancing age, but was lower than that in Caucasians: 2.3% in the third decade, 4.0% in the fourth decade, 10.8% in the fifth decade, 24.5% in the sixth decade, 34.3% in the seventh decade, and 46.9% over 70 years.

From these figures, the prevalence of MPB in Chinese and Korean men was similar to but significantly lower than the prevalence in Thailand. The highest
prevalence among the Asian groups studied was the 63% in Singapore; this may be attributed to the different nationalities residing in the country or the inclusion of the almost normal Norwood class I in the Singapore study.

In summary, there is a similar increase of prevalence with age among all the Asian groups studied. The majority of Asian MPB also fits into the Norwood classification. The reason for an increase in the prevalence of MPB when compared to Caucasians remains unknown, but change toward a Western diet and lifestyle may play a role. More studies from other Asian countries, such as the Indian subcontinent, Pakistan, and Japan should throw light on the actual occurrence. The wide variation in prevalence rates in the current Asian studies would require a more standardized protocol.

**Fig. 1.** Comparison of class IV–VII between the Hamilton, Norwood, and Pathomvanich studies. Asians in the Pathomvanich study and Caucasians in the Norwood/Hamilton studies both demonstrated increased prevalence with age. The prevalence of class IV–VII in Asians was lower until after age 80, when it was higher than the Norwood although still lower than the Hamilton groups.

**Fig. 2.** Comparison of class III–VII between the Norwood study and Pathomvanich study. In comparison to Norwood, the prevalence of III–VII was overall lower in all age groups.