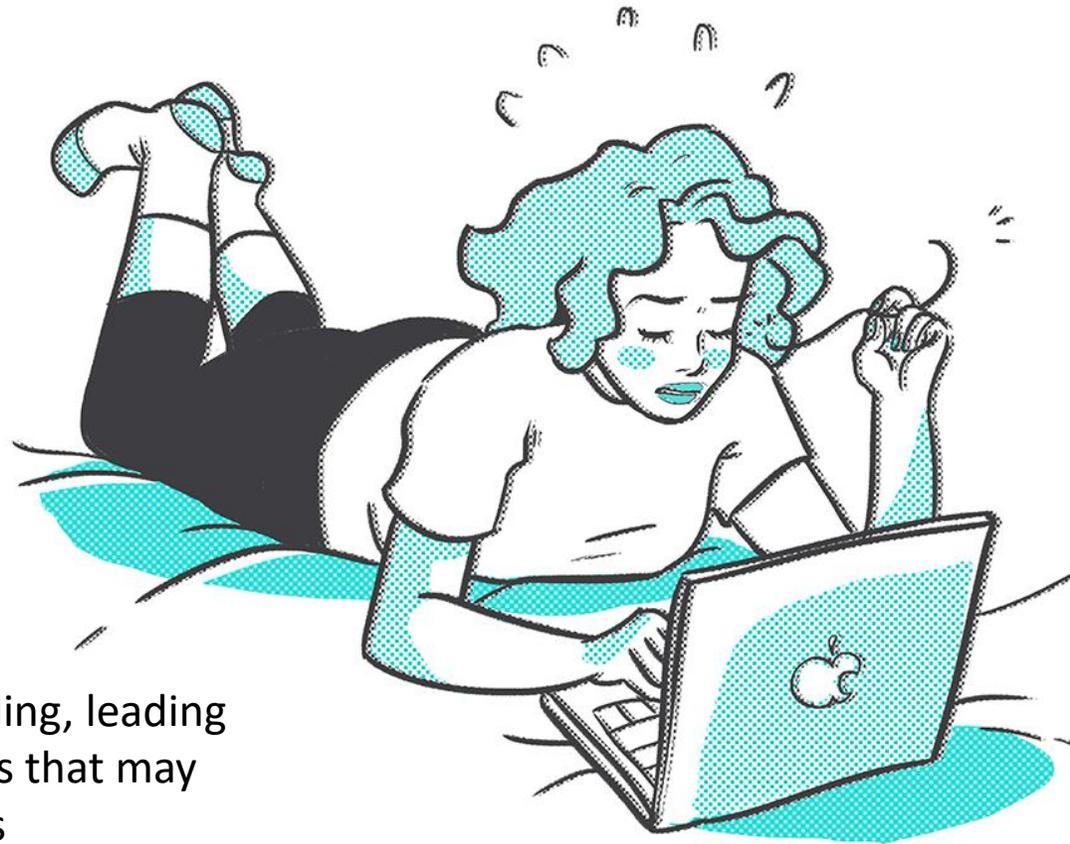


Trichotillomania

Diagnosis & Management

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...resembles both obsessive-compulsive and impulse control disorder

Increased tension before the hair pulling leads to the behavior and then subsequent relief/satisfaction

- Repetitive hair pulling, leading to variable hair loss that may be visible to others
- ... not for cosmetic reasons
- A chronic disorder
- Relatively common

Hair-Pulling Disorder (Trichotillomania)

Trichotillomania Symptoms



Compulsively pulling out hair



Noticeable hair loss



Bald patches



Chewing pulled-out hair



Daily life affected by hair-pulling

- All areas of the body may be affected, most commonly the scalp
Typical findings of an area of incomplete alopecia involving the frontal and vertex scalp
- Other areas involved are eyebrows, eyelashes, and beard
- Trunk, armpits, and pubic areas are less commonly involved



associated with
repeated attempts to
decrease or stop hair
pulling

Quick facts about trichotillomania



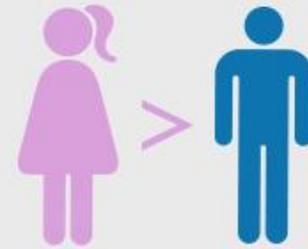
Trichotillomania affects over about **2 to 4%** of the population.



Trichotillomania is thought to affect roughly **4** out of **100**; it occurs as commonly as anorexia.



It usually manifests itself in children aged between **9-13 years**, though it can start even earlier or later.



It affects **women seven times** more than men.

Two types of hair pulling:

- *Focused pulling* is the use of an intentional act to control unpleasant personal experiences, such as an urge, bodily sensation (e.g., itching or burning), or thought
- *Automatic pulling* occurs outside the person's awareness and, most often, during sedentary activities

Most patients have a combination of these types

- The hair loss usually appears as short, broken strands near long, healthy hairs in the affected areas
- No abnormalities of the skin or scalp are present
- The hair pulling is usually painful, although pruritus and tingling may occur in the affected area



- Patients usually deny the behavior and often try to hide the resultant alopecia
- The patients may also self-mutilate in other ways, such as head banging, nail-biting, scratching, gnawing, or excoriation

Trichophagy, mouthing of the hair, may follow the hair plucking



Complications of trichophagy include trichobezoars, malnutrition, and intestinal obstruction

COMORBIDITY

Comorbid conditions include:

other body-focused repetitive behavior disorders, with excoriation disorder the most common

- OCD is also more prevalent in hair-pulling disorder than in the general population
- More than half of treatment-seeking individuals with hair-pulling disorder have a comorbid psychiatric disorder, with mood and anxiety disorders the most common
- Also, hair-pulling disorder can result in medical sequelae (e.g., trichobezoars) and decreased quality of life

COURSE AND PROGNOSIS

In the absence of intervention, its course is likely often chronic.
However, some data indicate that in a proportion of cases, remission does occur



TREATMENT



psychoeducation

Children 0-7 years

Response Prevention
Implemented by parents

Children older than 7 years

Habit Reversal Therapy

Despite prolonged behavioral treatment

significant impairment from TTM

Pharmacological treatments

1. N-acetylcysteine (NAC)
2. SSRIs
3. Clomipramine

Habit reversal training (HRT) is a set of cognitive-behavioral techniques that have been shown efficacious in the treatment of childhood hair-pulling disorder

Components of HRT include:

- Awareness training
- Competing for response training
- Social support

Therapists use stimulus control (SC) to change the patient's environment so that hair pulling is more effortful or less reinforcing

Augmentation of HRT/SC with:

- Acceptance and commitment therapy
- Dialectical behavior therapy
- Cognitive therapy

- Given their favorable side-effect profile, it may be reasonable to use NAC as a first-line agent in hair-pulling disorder, initial dose 600 mg/day, titrated to a maximum dose of 1200 mg bid
- Use SSRIs when patients have comorbid anxiety and depression
- Clomipramine may have some short-term efficacy
- Consider low-dose dopamine receptor antagonists in more treatment-refractory cases

A decorative card with a light blue background featuring a pattern of tulips. The bottom portion of the card is a solid gold color. A central gold-bordered frame contains the text 'THANK YOU' in a green, sans-serif font. The frame is adorned with ornate, symmetrical scrollwork at the top and bottom.

THANK YOU