



TRICHOTILLOMANIA

<http://www.aocd.org>

Trichotillomania is a hair-pulling disorder that presents with an irresistible urge to pull out one's own hair from different areas of the body with the most common being from the scalp, eyebrows, and eyelashes. Hair-pulling may involve other areas such as pubic hair, chest hair, limb hair, and underarm hair. It is a type of impulsive control disorder where patients may feel a sense of tension, anxiety, and a strong urge to pull hair with relief after the hair is pulled. Although patients may present with constant tugging, twisting, and twirling of hair which may be normal behavior, it can be distinguished with trichotillomania since trichotillomania results in identifiable hair loss. Most patients pull their hair in private and try to conceal the disorder from others. Hair-pulling can be done unconsciously such as when patients are stressed, bored, or just resting. Other times, hair-pulling can be intentional and patients can perform a ritual when pulling their hair. This disorder affects females more frequently than males and usually begins in childhood. Identifying trichotillomania is important as it can lead to skin damage, permanent hair loss, distress, and embarrassment which can negatively impact a patient's life.

The cause of trichotillomania is not clearly understood but is believed to be a combination of genetic and environmental factors. Imbalances in the natural brain chemicals called neurotransmitters, such as serotonin and dopamine may also contribute to this impulse control disorder. Risk factors include family history, age (usually begins in ages 11-13), gender, preexisting disorders (OCD, depression, anxiety, eating disorders), and negative emotions (poor self image, loneliness, frustration).

Patients may present with patchy bald areas or a diffuse loss of hair on the scalp, or on any other areas of body hair. An uneven appearance of hair should be checked thoroughly on the body along with hair regrowth that may present as stubbles in the bald areas. Patients can also present with sparse eyebrows or eyelashes. Some patients with trichotillomania may also chew on or eat their pulled out hair (trichophagy) which can lead to a hairball (trichobezoar) in the digestive tract. This can lead to further complications by causing a blockage in the bowels.

Along with a complete medical history, a thorough examination of the skin, hair, and scalp should be performed. A biopsy may be needed to rule out other causes of the hair loss such as a skin/scalp infection. If trichotillomania is suspected, the patient may be referred to a psychiatrist or psychologist to further evaluate the patient for this impulse control disorder.

The main treatment for trichotillomania is a form of psychotherapy called habit reversal training that helps the patient identify when they have the urge of hair pulling to help them reverse the act. Desensitization and aversion are other methods of treatment. Medications such as TCAs (clomipramine), SSRIs (fluoxetine), anxiolytics, neuroleptics have been effective in reducing symptoms of trichotillomania in some patients. Some forms of alternative medicine that may help with trichotillomania include hypnosis and relaxation techniques. Support groups may also help with patients with trichotillomania.

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