Trichotillomania: An Introduction to Compulsive Hair-Pulling

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3 Greek words:

- trich (hair)
- tillo (pull)
- mania (madness or excessive activity)
Trichotillomania

- Commonly known as “trich” or “TTM”
- First named by French physician Francois Henri Hallopeau in 1889
TTM

- TTM is currently classified as an Impulse Control Disorder in DSM-IV
  - together with kleptomania, pyromania, pathological gambling
  - has little in common with these
  - shares more common traits with OCD and BDD
DSM-IV Diagnostic Criteria

- Recurrent pulling out of one’s hair resulting in noticeable hair loss.
- Feeling of tension immediately before pulling out or when attempting to pull hair out.
- Sense of pleasure, gratification, or relief when pulling out the hair.
DSM-IV Diagnostic Criteria

- Hair pulling is not better explained by the presence of some other disorder.
- Hair pulling causes significant distress and an impairment of the ability to function in an important area of one’s life.

(Note: Many researchers have found a significant number of patients do not meet the tension/relief criteria.)
Clinical Presentation of TTM

- Usual age of onset - puberty
- Gender - female (90% of adult patients)
- Hair-pulling sites:
  - Scalp (67-77% of cases)
  - Eyebrows
  - Eyelashes
  - Pubic areas
  - Limbs
  - Face
Common Hair-Pulling Behaviors

- Focused vs. Automatic Pulling
- Searching for certain types of hair to pull
  - Coarse
  - Different color
  - Thin
  - Out of place
Body Focused Repetitive Behaviors (BFRBs)

- Trichotillomania (compulsive hair-pulling)
- Dermatotillomania (compulsive skin-picking)
- Onychophagia (compulsive nail-biting)
- Compulsive nose-picking
- Compulsive biting of inside of cheek
- Lip-biting or picking
- Tongue chewing
Prevalence In Non-clinical College Samples

- TTM: 3.6% females, 1.5% males
- Skin-picking: 4.6%
- Nail-biting: 6.4%
- Mouth, lip, cheek chewing: 5.7%
Comorbidity in TTM

- Major depression - 51.6%
- Generalized anxiety disorder - 27.0%
- Alcohol abuse - 19.4%
- Other substance abuse - 16.1%
- OCD - 13.4%
- Social phobia - 11.3%
- Bulimia - 8.1%
- Chronic motor tics - 3.2%
- Anorexia - 1.6%
- Tourette’s Disorder - 0.005%

(Christenson et al., 1995; N=186)
Trichobezoar

- Potential serious medical disorder can result if patient eats her hair resulting in a matted hair blockage. This can result in abdominal pain, vomiting, and weight loss. This may have to be surgically removed.
Associated Hair-related Behaviors

- Playing with hair/winding around a finger
- Stroking hair against mouth, face, or tongue
- Biting/chewing hair or pulling it between the teeth
- Swallowing hair
- Saving it
- Rolling it in a ball
- Tying hair into a knot
Psychological Effects of TTM

- Low self-esteem
- Diminished sense of attractiveness
- Shame, embarrassment
- Tension, anxiety
- Depression
- Avoids social situations
Theoretical Models of TTM

- **Addiction Model** - small study found naltrexone (opiate-blocking drug) reduced pulling by 50%.

- **Behavioral Model** - seen as learned habit disorder where pulling is associated with tension reduction.

- **Ethological Model** - animals can display displacement behavior and stereotypy in response to stress; TTM seen as excessive grooming.
Theoretical Models of TTM

- **Neurobiological Model** - brain imaging studies are not consistent; TTM sometimes improves with SSRIs or dopamine-blocking drugs

- **Comprehensive Model (ComB Model)** - multifactorial approach designed to tailor treatment to each patient
Genetic Factors

- 5% of first-degree relatives of TTM probands were also found to have TTM (higher than prevalence rate of general population) - Swedo & Rapoport, 1991

- 8% of first-degree relatives of TTM patients reported pulling their hair (Christenson et al., 1992)

- SLTRK1 gene mutations are hypothesized to account for 5% of TTM; Zuchner et al. (2006) studied 44 families who had members with TTM
Treatment Options

- Medication
- Electrolysis or laser hair removal
- External treatments (ointments, dandruff shampoos)
- Acceptance and Commitment Therapy (ACT)
- Hypnosis, EMDR
- Behavior Therapy
- Interactive online programs
  - [www.stoppulling.com](http://www.stoppulling.com); [www.stoppicking.com](http://www.stoppicking.com)
Medications

- **Advantages:**
  - May decrease urge to pull, improve ability to resist such urges
  - May make behavior therapy more successful
  - Can relieve depression and anxiety which may increase TTM behaviors
  - Usually recommended if TTM is severe or if person has trouble with behavior therapy
Medications

- **Disadvantages:**
  - May decrease feelings of self-efficacy and decrease motivation for behavior therapy
  - Can lead to sense of hopelessness if improvement is not seen
  - Potential side effects
Medication Options

- SSRIs have most often been used. Of these, the preferred one is Lexapro. Prozac does not appear as effective.
- Anafranil has been tried as well as Lithium.
- Naltrexone showed reduced hair-pulling in one small study.
- Antipsychotics have also been tried and are not suggested as a first-line medication.
- Tenex or clonodine may be useful with tic-like pulling.
- Medications may serve best as adjunctive treatment.
The ComB Model in Treating TTM

- Developed by Charles Mansueto.
- Attempts to provide a comprehensive behavioral program.
Phase I: Assessment and Functional Analysis

- Orientation and Commitment: how will life be different when you don’t pull hair? What purpose does it serve? How difficult will change be?
- Self-Monitoring
Phase II: Identify and Target Modalities

- Identify potential target modalities
- Select target modalities
- Focus awareness on pulling or picking behaviors. Develop alternative modes of tactile stimulation:
  - Gloves
  - Cover mirrors
  - Fidget toys in hands
  - Band aids on fingers
  - Playing with yarn, pipe-cleaners, velcro
  - Nibble seeds, uncooked spaghetti, gummy bears
Phase III: Identify and Choose Intervention Strategies

- Use strategies person most likely to use and have success
- Environmental changes usually done first
- Agree on homework assignments and document these
Phase IV: Evaluation

- Evaluate effectiveness of strategies
- Adjust as needed
- Develop relapse plan
Habit Reversal Training (HRT)

- Self awareness training (monitoring)
- Relaxation training, diaphragmatic breathing
- Muscle tensing action (competing response)
Resources

- Trichotillomania Learning Center-
  www.trich.org
