

# Trichotillomania (TTM) aka Hair Pulling in Youth and Adults: Information for Primary Care

**Summary:** Trichotillomania (TTM), aka hair pulling disorder, is a condition where patients experience an urge to pull out their hair. Primary care providers can play a key role in identifying patients with TTM, providing basic psychological support, and referring to mental health providers if necessary.

## Case, Part 1

J. is a 24-yo female who works in an office. You are seeing her for complaints of allergies, when you notice that she has bare patches of hair in her scalp. She tells you that she has a history of pulling hair from her scalp and eyebrows which started in high school. She is embarrassed about it, to the point it often stops her from going out in public.

What are you going to do about it?

## Introduction

The word trichotillomania is derived from the Greek tricho (hair), tillein (to pull) and mania (madness).

Individuals have irresistible urges to pull their hair, and as they pull their hair, it can cause significant impairment.

Worse, patients are often reluctant to seek help due to feeling embarrassed and ashamed.

The behaviour is often when the person is in relaxed situations, e.g. on the telephone, watching television, reading or writing.

## History

- History of hair pulling
  - Some people have a habit of pulling out their hair, especially when stressed or bored.
  - How about you?
- Self-esteem
  - Any troubles with low self-esteem?
- Mood issues
  - Any troubles with your mood?
- ADHD
  - Any troubles with focus or concentration?

- Functional impairment with work, home and relationships
  - Any troubles with your work? Home? Relationships?

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## Epidemiology

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Onset:

- Typically during adolescence, age 9-13.

Gender:

- Primarily in females.

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## DSM-5 Diagnosis

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Under the DSM-IV, trichotillomania was previously considered an impulse control disorder

Under DSM-5, trichotillomania is considered to be an obsessive-compulsive and related disorder (OCRD).

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## DDx

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- Traumatic alopecia secondary to physical or chemical factors such as
  - Traction, Chemical, or
  - Physical hair relaxers, or
  - Other itchy conditions of the scalp.
    - Alopecia areata, tinea capitis, and secondary syphilis.

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## Comorbidity

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- Major depression
- Anxiety disorders
- Substance use disorders

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## Medical Hx

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Some patients swallow hair after their hair pulling, aka trichophagia. As a result, there have been case reports of individuals with hairballs (aka trichobezoars).

This may lead to anemia, intestinal obstruction, intussusception, ulceration, and perforation.

Consider this possibility if patients present with unexplained abdominal pain.

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## Physical Exam

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Head and Neck: May show loss of hair over affected areas such as scalp, eyebrows.

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## Investigations

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There are no diagnostic investigations for trichotillomania.

## Medication Treatment

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There are no medications for TTM approved by the US Food and Drug Administration (FDA) (Grant, 2016).

Medications studied have included:

- SSRIs
  - Although studies have been done on SSRIs, there is no clear evidence of their effectiveness (Grant, 2016).
- TCA
  - Clomipramine may show efficacy (Ninan, 2000; Swedo, 1989)
- N-acetylcysteine (NAC)
  - NAC is a glutamate modulator.
  - One study showed NAC is effective compared to placebo (Grant, 2009)
  - Recent systematic review of 4 randomized, double-blind placebo-controlled trials on the use of NAC in the treatment of TTM found inconclusive evidence, but suggested that NAC may still be useful as a treatment for OCD owing to its relatively benign side effects (Grant, 2016)
- Inositol
  - Some initial studies and case reports were promising, however a double blind, placebo controlled study did not show any greater reduction on outcomes compared to placebo (Leppink, 2017).
- Neuroleptics
- Olanzapine
  - RCT of olanzapine showed “strong evidence that olanzapine is effective when compared to placebo” (Van Ameringen, 2010)
- Mood stabilizations
  - Consider if patient has comorbid bipolar disorder
- Anticonvulsants
- CNS stimulants
- Opioid antagonists

## Psychotherapy and Non-Medication Treatment

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The best evidence is for behavioural therapy, specifically:

- Habit reversal therapy (HRT)
  - Patients are trained to recognize their impulse to pull, and learn to redirect this impulse

Promising interventions include:

- Acceptance and Commitment Therapy (ACT) (Woods, 2006)
  - ACT uses both 1) acceptance and mindfulness strategies, along with 2) commitment and behaviour change strategies.
- Self-regulation strategies
  - One theory about TTM is that at least for some patients, hair pulling may be about an attempt at self-regulation such as boredom.
  - As a result, finding alternate ways to cope with boredom (i.e. self regulate) may show promise.

## Prognosis

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Child have generally better outcomes than adults.

Positive prognostic factors are short period of hair pulling; the shorter the period of hair pulling, the better the outcome.

## Where to Refer

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Consider referring to mental health professionals such as

- Private practice psychologist
- Psychiatrist

## Case, Part 2

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You tell her that she is not alone, that there are other people that pull their hair, and that it has a name “trichotillomania”.

It turns out that she has an employee assistance program (EAP) through her work, and as a result, she starts seeing a psychologist for a few sessions to help her. The psychologist helps her with lifestyle changes to reduce her overall stress, along with lifestyle modifications such as getting enough sleep, exercise and proper nutrition. She learns some ‘habit reversal’ strategies as well. You are pleased to see that at a future visit, her hair on her scalp and eyebrows has grown back.

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## About this Document

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