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Trichotillomania

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Summary: Trichotillomania is a condition that causes individuals to have an irresistible urge to pull their hair, and though not physically harmful directly, it can often cause problems socially. Fortunately, there are treatments such as cognitive behaviour therapy and medications that can help individuals overcome their hair pulling.

What is Trichotillomania?

Trichotillomania (pronounced as "trick-o-till-o-mania", commonly called "trich" or also known simply as ‘hair pulling') is a condition where a person has repeated, uncontrollable urges to pull out hair from their scalp, eyelashes, nose hair, ear hair, eyebrows or other body hair. The term trichotillomania comes from the Greek words trich (for hair), tillo (pulling) and mania (an impulse).
On one hand, it is normal for human beings have grooming behaviours for body function and hygiene, such as pulling out unwanted hair.
On the other hand, pulling out excessive hairs can lead to noticeable bald spots. Due to societal pressure to have hair, many people may react negatively when they see their loved one with bald spots.
Outside of their hair pulling however, many adult individuals with trichotillomania report that they otherwise lead perfectly normal lives.

How Common is Hair Pulling?

It is very hard to estimate how common hair pulling occurs, because few individuals with hair pulling seek professional help. However, surveys of college students have shown that 1-2% have had past or current symptoms of trichotillomania (eMedicine.com, 2006). Although the average age of onset for hair pulling is age 13, there are peaks of onset in children at age 5-8 as well as in teenagers at age 13 (DSM-IV-TR, 2000).

What are the Symptoms of Hair Pulling?

Symptoms that the person may have are:

- Irresistible urges to pull out one's hair, to the point that the person develops noticeable hairless or bald spots.
- A cycle of rising tension and anxiety, which gets better from hair pulling, which leads to a vicious cycle because the person learns that hair pulling helps them feel better (in the short run).
- Distress and interference with daily life.
- **Hairballs:** Hairballs are a rare but potentially serious symptom. Some individuals will play with, nibble or swallow their hairs after they have pulled them. If they swallow enough hair, it leads to a hairball (trichobezoar) in their digestive system. Symptoms of hairballs include: stomach pain, bloated abdomen,

weight loss, constipation and/or diarrhea, and hair in the stool. **In these cases, it is important that the person see a doctor promptly.**

Signs that others may notice include:

- The person starts concealing their head, by wearing hats, kerchiefs, or wigs.
- Any changes in social behavior, or decline in marks.

What Triggers Hair Pulling?

Usual triggers include:

- Experiencing stressful life situations, which can then trigger stress, anxiety and depression. In such cases, hair pulling might be a way of trying to cope or deal with stress.
- Sedentary activities, e.g. such as reading, talking on the phone, doing schoolwork, or getting ready for bed. In these cases, hair pulling might be the brain's way of trying to increase stimulation or keep occupied.

Are You Wondering about Trichotillomania?

Are you an adult?

- If so, then consider seeing your primary care provider to see if there are other contributing medical issues, or life issues.

Are you a parent, and suspect that your child has trichotillomania?

- If so, then start by having your child seen by a medical doctor (such as a family physician or paediatrician). The doctor may recommend more specialized mental health services or professionals such as a psychologist or psychiatrist.

How is Hair Pulling Treated?

Trichotillomania can be treated with:

1. **Cognitive behavior therapy (CBT)**, which focuses on changing thoughts (cognitions) and behaviors in order to help a person overcome the trichotillomania.

Strategies include:

- Awareness training: helping the person become more aware of when s/he is pulling their hair, as it often happens without thinking about it. For example, keeping a hair pulling diary to note when and where it occurs and how strong the urges are.
- Stimulus control: making changes to a person's environment so that it discourages or doesn't support hair pulling.
- Since hair pulling often happens when the person is inactive and alone some helpful strategies might include:
- Being around other people
- Wearing gloves or wearing band aid adhesive strips on one's fingers to make it harder to pull hairs.
- Habit reversal strategies: learning alternate activities to do instead of pulling.

Examples include:

- Examples include: sculpting with clay; hulling sunflower seeds; playing with Koosh ® balls; playing with ‘stress' balls; Chinese exercise/massage balls.

2. **Medications** such as selective serotonin reuptake inhibitors (SSRIs) are sometimes used for hair pulling. Examples include Fluoxetine (Prozac), Zoloft (Sertraline), Citalopram (Celexa) and Escitalopram (Cipralex).

In general however, medications are used only when other interventions such as CBT have not been successful. This is because studies (in adults) have shown cognitive behavioural therapy to be more effective than medications (Bloch et al., 2007).

Supporting Your Loved One with Trichotillomania

Don't be a therapist: First of all, remember that as a parent, relative or friend, you are not that person's therapist. Trying to be a therapist, or telling someone with trichotillomania what to do may backfire if they aren't ready or willing to accept your advice! Instead, ask your child, **"How can I support you? How can I be helpful?"**

Take care of physical Needs: Ensure proper sleep and exercise. Numerous studies have shown that exercise can reduce stress and anxiety (University of Missouri-Columbia, 2003). The Canadian Pediatric Society recommends that children should be active at least 90 minutes per day (Canadian Pediatric Society, 2002).

Keeping a calm environment: People with anxiety do better when is predictable and calm, when they know what is expected of them.
Support your loved one with any stresses. The fact that your loved is having trichotillomania may indicate that they are experiencing stress.
Typical stresses and problems that children face include:

- School (academics, teachers, peers)
- Friend and peer stress such as peer conflicts, bullying, peer pressure and drugs
- Home (worries about family finances, fighting or tension between family members);
- Friends and boyfriends/ girlfriends.

Ask your loved one about how things are going in the above areas, and see if they are struggling with certain areas.

Don't blame: For people who do not have trichotillomania, it can be frustrating dealing with a friend or family member who does have trichotillomania. Remember that trichotillomania is not the person's fault, and don't simply tell them to stop pulling their hair, because if they could simply stop, then they would!

For more information

Organizations

- The Trichotillomania Learning Center, Inc. (TLC), 303 Potrero #51, Santa Cruz, CA 95060, Tel: 831-457-1004, Web: http://www.trich.org
- The National Mental Health Association (USA) has information at http://www.nmha.org/infoctr/factsheets/92.cfm

Books to Read

- Golomb RG, Vavichek SM, The Hair Pulling 'Habit' and You: How to Solve the Trichotillomania Puzzle (Revised Ed.). Silver Spring, MD: Writer's Cooperative of Greater Washington; 2000. Book for children and teenagers.
- You are Not Alone, by Cheryn Salazar
- What's Happening to My Child? A Guide for Parents of hair Pullers, by Cheryn Salazar
- The Hair Pulling Problem, by Dr. Fred Penzel

References

- Bloch MH, Landeros-Weisenberger A, Dombrowski P, Kelmendi B, Wegner R, Nudel J, Pittenger C, Leckman JF, Coric V (2007). Systematic review: pharmacological and behavioral treatment for trichotillomania. Biological Psychiatry. Oct 15; 62(8):839-46.
- Canadian Pediatric Society (2002, July). Healthy active living for children and youth. Retrieved April 4, 2008

from http://www.cps.ca/english/statements/HAL/HAL02-01.htm
- American Psychiatric Association 2000. (DSM-IV-TR) Diagnostic and statistical manual of mental disorders, 4th edition, text revision. Washington, DC: American Psychiatric Press, Inc.
- eMedicine.com: Anxiety Disorder: Trichotillomania. Retrieved April 4, 2008 from http://www.emedicine.com/ped/byname/anxiety-disorder--trichotillomania.htm
- University Of Missouri-Columbia (2003, July 15). High-Intensity Exercise Best Way To Reduce Anxiety, University Of Missouri Study Finds. ScienceDaily. Retrieved April 4, 2008, from http://www.sciencedaily.com/releases/2003/07/030715091511.htm

About this Document

Written by the eMentalHealth.ca team and its partners.

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