



What is Trichotillomania?

Trichotillomania is also known as compulsive hair pulling. A person can be diagnosed with trichotillomania if:

1. The repeated pulling out of one's hair results in noticeable hair loss, and
2. There is an increasing sense of tension immediately before pulling out the hair or when attempting to resist the behavior, and
3. There is pleasure, satisfaction, or relief when pulling out the hair, and
4. The condition is not caused by another mental or medical condition, and
5. The condition causes significant distress or interference in one's life.

What causes Trichotillomania?

There can be different causes of this condition; however, it is believed that an increased genetic risk, or other biological factors play a significant role.

Are there certain ages that this condition tends to begin?

Most individuals tend to start pulling their hair during childhood or adolescence, but it can start at any age including as an infant or in pre-school.

Where are the common parts of the body that people pull from?

Pulling can occur on any part of the body, however, the most common are:

- Scalp
- Eyebrows
- Eyelashes
- Beard
- Pubic area

When do people tend to pull their hair?

Hair pulling can occur at any time, whether sitting in a classroom or at a desk at work. However, the most common times tend to be in downtimes such as the following:

- Watching TV
- Laying in bed
- Sitting at the computer
- Sitting at a stop light
- Reading a book

Are there certain people who are more likely to pull their hair?

o In children, boys and girls are equally affected.

o In adults, trichotillomania appears to be more common in women than men. It is unclear whether this represents those that are actually affected by the condition, versus those who are seeking treatment.



How can one be sure that the pulling is not caused by another condition?

This could be ruled out by seeing a skin doctor (dermatologist) to ensure that there are no other skin conditions, for example on the scalp, that could be causing the pulling to create relief. It is also important that a primary care doctor is seen to ensure that there are no other conditions that could be causing the pulling.

Are there certain things that make Trichotillomania worse?

Stress can cause hair pulling to get worse. Worries about a pending exam, financial problems, relationships, problems at work, etc. can also make the pulling worse. It is also important to note that while these examples represent what are called "negative" stressors, there can also be "positive" stressors. For example, getting married, buying a home or car, or planning a vacation. These situations can cause anxiety, and consequently stress on the body, resulting in the potential for increased pulling.

What is the treatment for Trichotillomania?

A combination of education, medication, and behavior therapy tend to be the most effective forms of treatment. Each individual will need to be evaluated to determine the best protocol depending on their circumstances. Behavior therapy includes "Habit Reversal Training," which is designed to increase the person's awareness into the triggers, and create what are called "competing responses" to interrupt the pulling response.

What are some of the other effects that hair pulling can have?

Depending on the degree of pulling, this condition can cause severe hair loss which may result in the need to cover up bald patches with hats, hair pieces and/or wigs. When one is pulling, there can also be an experience of shame and/or embarrassment, since many of those who have this condition feel out of control in their ability to stop. The act of pulling and the time involved in this behavior itself can also result in being late to work, school, or other social events, leading to feelings of depression and/or isolation.

Does the "mania" part of the word Trichotillomania mean that they are manic, as in a Bipolar Disorder?

No. Bipolar Disorder falls under the category of a mood disorder, and is no way connected to trichotillomania. Trichotillomania falls under the category of an Impulse Control Disorder.

Author: Robin Zasio, Psy.D., LCSW, The Anxiety Treatment Center of Sacramento

More Information: The TLC Foundation for BFRBS <http://www.bfrb.org/>

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