



Trichotillomania

What is Trichotillomania?

Trichotillomania is the compulsive urge to pull one's own hair and sometimes that of others. Onset may occur in early childhood but is more often in adolescence and early adulthood. Usually one hair is plucked at a time from one or more sites on the body, most commonly the scalp, eyebrows, and eyelashes.

The hair pulling is usually carried out in secret and often occurs in specific environments such as watching television, driving, during telephone conversations and reading. Some sufferers discard the hair, others may chew or ingest the hair (Trichophagia).

Sufferers often deny their condition and avoid help, believing that this behaviour is unique to them, devoid of a name and beyond treatment. Accompanying complications such as anxiety, depression, substance abuse and compulsive overeating may also be in evidence.

Numerous theories have evolved concerning the cause of trichotillomania. It has been suggested that it is a pathological form of grooming behaviour, an anxiety reducing habit or the result of a neurotransmitter deficiency. Recent studies indicate that those with trichotillomania have elevated glucose metabolic activity in several brain regions, suggesting the condition is neurobiological.

Current treatments most commonly used include cognitive behavioural therapy and / or the use of pharmacological treatment. Behavioural techniques include awareness training, development of competing responses and relaxation exercises. Medications that effect neurotransmitter levels have been shown to be the most effective. Anafranil (clomipramine), Prozac (fluoxetine) and, most recently Zoloft (sertraline) have been used with varying levels of success.

Whilst trichotillomania has been recognised for over one hundred years it has, until recently, been hidden. It is believed that exposure through public discussion will encourage sufferers to seek treatment.