

formation of a hairball (trichobezoar) can lead to intestinal blockage and may require surgery. This is a rare but serious condition that can even be fatal if not treated promptly. The danger is amplified by the fact that many people with trichotillomania are too embarrassed to seek medical treatment.

How does trichotillomania affect pullers and their families?

For some people, trichotillomania is a mild problem, merely a frustration. But recent research has shown that the overall impact of trichotillomania on its sufferers and their families tends to be more severe.

Feelings of shame about this behavior are exacerbated by how poorly understood TTM is by the general public and medical professions alike. TTM often causes painful isolation. Shame leads many hair pullers to drastically curtail work, social and educational pursuits. Fear of exposure also leads many individuals to avoid vital medical care of all kinds, from gynecology, to dentistry to dermatology. Hair pulling can lead to great tension and unhealthy dynamics within families. The time and expense spent covering up hair-loss and seeking treatment are also significant.

What treatments are available?

Research into treatments for trichotillomania has grown steadily over the past decade. Although no single treatment has been found to be effective for everyone, a number of treatment options have shown promise for people with TTM. Below is a brief overview of the most well-established treatment approaches. More detailed information about treatment is available in books and pamphlets from TLC and at www.trich.org.



Cognitive-Behavior Therapy (CBT)

CBT is a form of therapy that seeks to alter behavior by identifying the precise factors that trigger hair pulling and learning skills to interrupt and redirect responses to those triggers. CBT should be performed by a psychologist

trained in this method and well versed in trichotillomania. There is not an abundance of psychologists with this specialty, but TLC will provide referrals to any local providers and is working to train more therapists in this field.

Medication

A number of medications have shown promise by reducing the severity of TTM symptoms in some individuals. Most of these fall under the category of selective serotonin-reuptake inhibitors (SSRIs), the most commonly known of which is Prozac. The effectiveness of these drugs for hair pulling ranges considerably. A small percentage of people find these drugs stop their hair pulling completely, while others feel no effect at all. Still other people have found the urges to pull their hair reduced somewhat, for varying periods of time. Researchers are studying the possible benefits of combining drugs with CBT. Medication is not generally the first-line treatment for children with TTM, due to the lack of research validating its effectiveness and the unknown effects of medications on developing nervous systems.

Support Groups & Sharing

Many hair pullers have discovered that the shame of being alone and hiding the condition can make it even harder to focus on strategies to reduce pulling. Joining a support group can go a long way toward easing their shame and putting their TTM in perspective. TLC maintains a database of support groups around the country for people with TTM, and referrals are free.



Alternative Therapies

There are scattered reports that some people with TTM have been helped by a variety of alternative therapies, including hypnosis, biofeedback, dietary changes, and exercise, among others. While interesting, these therapies have yet to be subjected to systematic scientific scrutiny and thus remain of questionable usefulness.

What help can TLC provide?

The Trichotillomania Learning Center is a national non-profit organization whose mission is to improve the quality of life of children, adolescents and adults with TTM and related body-focused repetitive disorders, such as skin picking. TLC works to raise awareness of these disorders, promote research and treatment advances, and to provide information and support to sufferers and their families.

Some of our services include:

Local Treatment Providers & Support Group Referrals

Educational Events around the country for pullers, their families, and treatment professionals

The www.trich.org Website, In Touch newsletter and TLC Email News

Support for Research into the understanding and treatment of TTM and BFRBs

For more detailed information about TLC's services, please request our pamphlet "About TLC" and a list of our publications, or visit www.trich.org.

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About Trichotillomania

(chronic repetitive hair pulling)

Answers to Frequently Asked Questions



trichotillomania
LEARNING CENTER
www.trich.org

What is trichotillomania?

Trichotillomania (TTM or “trich”) is a disorder that causes people to pull out the hair from their scalp, eyelashes, eyebrows, or any other parts of the body, resulting in noticeable bald patches. Hair pulling varies greatly in its severity, location on the body, and response to treatment. For some people, at some times, TTM is mild and can be quelled with a bit of extra awareness and concentration. For others, at times, the urge may be so strong that it makes thinking of anything else nearly impossible.

TTM is currently defined as an impulse control disorder, but there are still questions about how it should be classified. It may seem, at times, to resemble a habit, an addiction, a tic disorder or an obsessive-compulsive disorder. Most recently, it is being conceptualized as part of a family of “body-focused repetitive behaviors” (BFRBs) along with skin picking and nail biting.

How did trichotillomania get its name?

Pronounced “trick-o-til-o-may-nee-ah”, trichotillomania was named in 1889 by a French dermatologist, Francois Hallopeau, from the Greek words for “hair” (tricho) and “to pull” (tillo). “Mania” is defined as “excessive and intense interest in or enthusiasm for something.”

What does trichotillomania look like?

Most people with TTM pull enough hair that they have bald spots on their heads, which they go to great lengths to cover with hairstyles, scarves, wigs, or makeup. Others may be missing eyelashes, eyebrows, pubic or other body hair, which they may camouflage with makeup, clothing, or other means.

Hairs are usually pulled out strand by strand with fingers or tweezers, often while watching television, reading, thinking, talking on the telephone or looking in the mirror. Many people describe being “zoned out” or lost in thought while pulling and are not always aware of their own behavior. It is very common for hair pulling to involve a ritual of feeling for the “right hair” to pull, touching and playing with the pulled hair, and biting or swallowing it.

Who gets trichotillomania?

People of all ages, genders, ethnicities, nationalities and socio-economic backgrounds have trichotillomania. In early childhood, TTM seems to occur as frequently in boys as girls. By adulthood, 80-90% of reported cases are women. It is estimated to affect one to three percent of the population, or three to nine million Americans.

What causes trichotillomania?

The cause of trichotillomania is not known. Research into the causes and treatments for TTM is still in the early stages. There is preliminary evidence that indicates TTM is a neuro-biological disorder and that genetics may play a role in its development.

As with many other disorders, such as alcoholism, trichotillomania may develop due to a combination of genetic, emotional, and environmental factors. It is also possible that hair pulling may have a number of different causes, just as a cough can be caused by many different illnesses.

When does trichotillomania start?

Trichotillomania can start at any age, but most commonly begins in late childhood/early puberty, around 11 to 13 years old. This suggests that it may be triggered by hormonal shifts in some cases. However, trichotillomania sometimes begins as young as infancy, when the infant is first able to reach a hand up to tug on hair.

In some cases, hair pulling begins during a time of stress, but in many others the behavior is triggered for seemingly no reason at all. Once begun, the hair pulling behavior may play a role in regulating emotions such as boredom or anxiety.

Will it go away?

It is impossible to predict the duration of trichotillomania for any individual person. Without treatment, trichotillomania tends to be a chronic condition, that may wax and wane

in severity throughout a lifetime. Yet, in some cases, especially in infants or early childhood, hair pulling may be a very temporary problem that begins and ends quite mysteriously.

Doesn't it hurt?

Though hair pulling sounds like it would be painful, individuals with trichotillomania have different answers to the question of whether it hurts. Many report that hair pulling from specific sites of the body feels good - in fact the pleasurable feelings contribute to their difficulty in stopping the behavior. Others describe the sensation as similar to scratching an itch, providing a feeling of relief. Still others report that it is painful, but feel compelled to pull anyway.

Hair pulling can lead to repetitive motion injuries, which do make it painful to move the arms or hands to pull hair. But often even pain cannot deter the urge to pull.

Are people with trichotillomania trying to injure themselves?

Generally, people with trichotillomania are not trying to hurt themselves, just as people who bite their nails are not trying to injure themselves. Most people with trichotillomania are upset by the resulting damage to their appearance and make great efforts to control or stop the behavior.

Disorders that are labeled self-injurious or self-mutilating, such as self-cutting or head banging, normally have different causes and treatment than does trichotillomania (and related problems like nail biting or skin picking). However, it is important to understand a person's full history when diagnosing or treating trichotillomania to be sure that any additional emotional or physical problems are also treated.

Is trichotillomania a sign of abuse or emotional disturbance?

Trichotillomania occurs in people who are happy and well-adjusted and it may also occur during times of anxiety, stress, trauma or other emotional disturbance. Hair pulling alone is not evidence of emotional disturbance or

abuse, but it does not exclude such problems either. Depression is very common in people with trichotillomania and should always be screened for at the start of treatment for TTM.

Is trichotillomania a form of OCD?

Trichotillomania is currently categorized in the Diagnostic and Statistical Manual (DSM-IV) as an “impulse control disorder not elsewhere classified,” but there is still much debate over how best to categorize TTM. Even within a single individual with trichotillomania there is usually a great variety of methods and reasons for pulling. Trichotillomania at times resembles Obsessive-Compulsive Disorder in the feelings of compulsion and repetitive behavior, but the two disorders have different symptoms and require different treatments. At some times, TTM resembles a tic disorder, as the action of pulling feels automatic and is preceded by an uncomfortable sensation that must be relieved.

When seeking treatment or assessing a patient, it's most effective to treat TTM as a distinct disorder, and to tailor the treatment approach to the unique qualities of each particular case.

Is trichotillomania a “nervous habit”?

Hair pulling is not purely a “nervous” behavior, though it is sometimes triggered or exacerbated by stress. Surprisingly, hair pulling is just as often associated with other emotions such as boredom. The strong compulsion to pull out hair exceeds the normal idea of a “habit” that can be controlled through simple will power.

Is swallowing hair part of trichotillomania?

Biting or swallowing all or part of the pulled hairs is not uncommon. This behavior can range from harmless when hair roots are nibbled and swallowed, to dangerous when entire hairs are ingested. The

