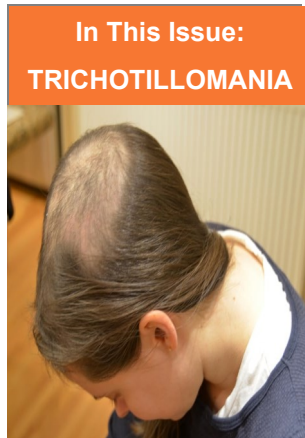




MONTHLY MENTAL HEALTH NEWSLETTER

Presented by the Gwinnett County Sheriff's Office Mental Health Task Force



In This Issue:
TRICHOTILLOMANIA

What is Trichotillomania (TTM)?

This disorder is typified by the sufferer compulsively pulling out their own hair. It can produce very severe negative effects on the sufferer's mental health and physical well-being. The effects can be devastating, no matter if it happens in the adolescent, teen, or adult years. Persons suffering with this disorder will pull hair from any location on their body, including eyelashes, scalps, torso, arms, legs, and genital areas.

What ways does TTM affect the sufferer?

People with TTM compulsively pull out their hair, usually one strand at a time. Many people will pull hair from the same spot. The most common places people pull hair from are their scalp, eyelashes, eyebrows, and pubic hair.

Children commonly pull their hair in this way, but that behavior is often a self-soothing act. Children often grow out of this behavior and don't have any long-term negative effects. Adolescents, teenagers and adults with this condition tend to have much more severe problems. TTM can be associated with Obsessive Compulsive Disorder (OCD).

Mental health effects seen in people with TTM commonly include anxiety, depression and shame about this condition. In many cases it will negatively affect their work and social lives. Many people with this condition do not seek treatment because of the embarrassment and shame.

TTM sufferers often cause damage to their skin and tissue just underneath the skin's surface, especially if they use any kind of a tool like tweezers. Many will require repairs such as skin grafting and some suffer permanent hair loss. It is estimated that 20% of people with this condition eat their hair after pulling it, this is known as *trichophagia*. This can lead to hairball-like blockages in their digestive tract which can be dangerous and lead to surgery.

What are the symptoms of TTM ?

According to the *Diagnostic Statistical Manual-V* the diagnosis for TTM requires these 5 criteria:

1. Repeated pulling out of hair that causes hair loss.
2. Trying multiple times to stop this behavior or do it less often without success.
3. Feeling that hair pulling negatively affects your life, especially your work and social life.
4. The hair pulling or hair loss isn't happening because of another skin-related disorder or problem.
5. The hair pulling isn't happening because of another mental health condition, such as *body dysmorphia*, where hair pulling happens when a person presents an irrational belief that there's a problem with their appearance and is trying to fix it.

Some people with TTM pull their hair deliberately, just because they feel a hair is out of place or looks different from others around it. Other people pull their hair automatically without thinking about it.

Causes and Treatments for TTM

Possible causes include:
Genetics. Researchers suggests TTM may happen because of certain DNA mutations. More research is needed to confirm this.

Changes in brain structure or chemistry. People with TTM often have changes to certain areas in their brains or differences in their neuro-chemistry.

Coping mechanism. Many people with TTM reported it starting after a stressful time in their life. Others describe it starting because of boredom and that pulling their hair became a habit or even an obsession over time.

Treatment options include:
Treating TTM often involves therapy, medication or a combination of both.

Medications that may treat TTM, either on their own or in combinations, include:

Antidepressants. Selective serotonin reuptake inhibitors (SSRIs) and tricyclic antidepressants can sometimes help with reducing the impulse to pull hair.

Antipsychotics. While the name sounds like they have only one use, they actually treat many conditions, including dementia, impulsivity, bipolar disorder and schizophrenia.

Anticonvulsants. These medications typically help treat seizures and other disorders that affect muscle movements, but they also can help with the compulsivity found in TTM behavior.

Nutraceuticals. These are nutrition products, such as amino acid supplements, that can help treat medical conditions and show promise for helping sufferers with TTM.

Therapies

Therapy for TTM includes *Habit Reversal Therapy*. This method involves helping the sufferer become more aware of their behaviors and activity patterns. This method is related to *Cognitive Behavioral Therapy*, and has the best odds of success out of any other treatment option for TTM. Group therapy and peer support are also helpful.

REFERENCES

The G.C.S.O. Mental Health Tasks Force encourages you to utilize the sources listed below and the *Substance Abuse and Mental Health Services Administration (SAMHSA)* at www.samhsa.gov to learn more about this and other important mental health topics.

Diagnostic Statistical Manual -V, American Psychiatric Association, Washington, DC. June 2013

<https://mhanational.org/conditions/trichotillomania-hair-pulling>

<https://www.psychom.net/what-is-trichotillomania>

<https://www.ncbi.nlm.nih.gov/books/NBK493186/>

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