

## Case Report

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# Trichotillomania in Delusional Disorder

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### ABSTRACT

Trichotillomania (hair pulling disorder) is an obsessive compulsive spectrum disorder characterized by repeated hair pulling from various sites with an increased tension prior to hair pulling and a sense of relief following the act. The disorder has been seen to occur with various psychiatric disorders. Here we report a case of trichotillomania that was seen with a case of delusional disorder that responded well to treatment.

**Keywords:** trichotillomania, hair pulling disorder, delusional disorder.

### INTRODUCTION

Trichotillomania (Hair-pulling disorder) is a form of obsessive-compulsive spectrum disorder in which there is increased tension prior to the hair pulling and a sense of relief or gratification thereafter. Co-morbid psychiatric problems are common in patients with trichotillomania [1-2]. Patients with OCD, depression, schizophrenia, borderline personality disorder and mental retardation have also been known to present with trichotillomania [3].

Here we report an uncommon presentation of delusional disorder in a 45 year old woman with trichotillomania. Delusional disorder with somatic delusions has been called 'monosymptomatic hypochondriacal psychosis'. A common type, is the delusion of infestation (parasitosis) wherein tactile sensory phenomena are often linked to the delusional beliefs [4].

### CASE REPORT

Mrs. K, aged 45 years, was referred for psychiatric evaluation from the Dermatology department in view of history suggestive of Trichotillomania. The patient was apparently alright prior to 8-9 years ago when she developed hair loss which was patchy in nature. On further enquiry, the patient gave history of experiencing a feeling of insects crawling over the scalp and eyebrows and eyelashes as well. She would pull at her hair and obtain relief from the sensation temporarily. She continued this behaviour to the extent of losing almost all hair over her eyebrows and eyelashes. The patient said that she felt like insects were all over her head and were loosening her hair hence they would fall out so easily. She found it difficult to control the urge to pull out her hair in response to the crawling sensation. She denied having any such sensations over the rest of her body.

These symptoms had been persistent for the last 8 years. She had consulted multiple doctors and had done several investigations including a CT scan which was normal. She was convinced that she had some insects within her head; despite all the negative reports and perceived no

improvement with treatment. The patient was preoccupied with the crawling sensation in her head and also worried about the hair loss. She was able to control these thoughts during the day while at work, however, reported that she had an uncontrollable urge to pull at her hair as soon as the workday was over. Also the patient reported disturbed sleep secondary to the sensations in her head i.e. had difficulty in initiating and maintaining sleep. The patient gave no history suggestive of depression, mania, other psychotic features, substance use or other obsessive compulsive spectrum disorder.

The patient had diabetes mellitus since the past 2 years and is on regular treatment for the same. She denied any other significant medical/ surgical illness. She had been widowed for the last 13 years and currently lived with her younger son and works at a beauty salon. Menstrual history was normal. No abnormalities were detected on general examination. Local examination of the scalp revealed hair of varying lengths over the frontal and parietal region. Also, sparse hair over eyebrows was noted. Systemic examination was within normal limits.

The patient's mood was anxious, and affect appropriate and congruent to the mood. She expressed delusions of infestation and tactile hallucinations. Judgement was intact. Insight was grade I. Rest of the mental status examination did not reveal any abnormality.

In view of the above, a diagnosis of Delusional Disorder, Somatic type with Trichotillomania was made. The patient was started on Tab. Trifluoperazine 5mg and Tab. Trihexyphenidyl 2mg twice daily along with Tab. Clonazepam 0.5mg at night and as required. The antipsychotic dose was increased to 1 tablet thrice daily i.e. a total dose of 15mg. With this dose, the patient expressed upto 50% improvement with respect to the sensation of insects crawling over her head. Also, the frequency of hair pulling had decreased.

## DISCUSSION

Trichotillomania is considered to be an uncommon disorder. It is more prevalent in children with a peak between 7-14 years of age [5]. The prognosis of this disorder is good if the onset is in childhood and worsens with increasing age of onset. It is thought to affect 1-4% of the general population and is more common in females than males [6-7].

As previously stated, trichotillomania has been reported to occur with various psychiatric disorders such as OCD, depression, schizophrenia, borderline personality disorder and mental retardation<sup>3</sup>, however, the exact prevalence has not been reported. It has also been reported in association with dissociative disorder [8] and dementia [9]. In addition, trichotillomania has been observed to occur with neurological conditions like Parkinson's disease [10] and partial seizures [11].

Of the psychotic disorders, trichotillomania has been described most commonly in association with schizophrenia [2, 12]. In a study done by Tsai and Chang, repetitive hair pulling behaviour was linked to the psychotic state which improved with antipsychotic medication [13]. In contrast, another study found no relation between hair pulling behaviour and psychosis and have concluded that there is a true comorbidity between schizophrenia and trichotillomania [14]. In our case, we have observed the occurrence of trichotillomania secondary to delusional parasitosis. Indian researchers have reported a series of 52 patients with delusional parasitosis of which 3 patients presented with trichotillomania [15]. Despite extensive review of available literature, we were unable to find any other studies/literature with similar findings. Hence further study is warranted in this area. Case reports suggest that selective serotonin reuptake inhibitors (SSRI) may be useful in the treatment of trichotillomania. Clomipramine also has been reported to be effective. Our patient was treated with antipsychotics as she was primarily suffering from delusional disorder and she showed significant improvement with the same.

## REFERENCES

1. Malhotra S, Grover S, Baweja R, Bhateja G. Trichotillomania in children. *Indian Pediatr* 2008; 45:403-5.
2. Rajmohan V. Trichotillomania in Schizophrenia. *Kerala Medical Journal* 2009; 9:217-19.

3. Krishnan K, Davidson J, Guajardo C. Trichotillomania – a review. *Compr Psychiatry* 1985; 26:123-8.
4. Sadock B, Sadock V, Ruiz P. Kaplan and Sadock's Synopsis of Psychiatry, Behavioural Sciences/Clinical Psychiatry. 11<sup>th</sup> edition. Philadelphia: Wolters Kluver; 2015
5. Keren M, Ron-Miara A, Feldman R, Tyano S. Some reflections on infancy onset trichotillomania. *Psychoanal Stud Child* 2006;61:254-72
6. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Washington, DC: American Psychiatric Publishing ; 2013.
7. Walther M, Snorrason I, Flessner C, Franklin M, Burkel R, Woods D. The Trichotillomania Impact Project in Young Children (TIP-YC): Clinical Characteristics, Comorbidity, Functional Impairment and Treatment Utilization. *Child Psych Hum Dev* 2014;45(1):24-31.
8. Lochner C, Seedat S, Hemmings S, Kinnear C, Corfield V et al. Dissociative experience in obsessive compulsive disorder and trichotillomania- Clinical and genetic findings. *Compr Psychiatry* 2004;45(5):384-91.
9. Mittal D, O'Jile J, Kennedy R, Jimerson N. Trichotillomania associated with dementia : a case report. *Gen Hosp Psychiatry* 2001;23(3):163-5.
10. Mina A, Pinto A, Barbosa E, Menezes P, Miguel E. Obsessive-compulsive symptoms, obsessive compulsive disorder and related disorders in parkinson's disease. *J Neuropsychiatry Clin Neurosci* 2003;15(3):371-4.
11. Mangaloli S, Vilhekar K. Trichotillomania as an ictal manifestation of partial seizure in a 4 year old girl. *Indian J Pediatr* 2003;70(10):843.
12. Kahkonen S. Trichotillomania in a schizophrenia patient. *CNS Spectr* 2002;7:751-2.
13. Tsai S, Chang F. Repetitive hair pulling associated with schizophrenia. *Br J Dermatol* 1998; 138:1095-6.
14. Shah R, Somaiya M, Grover S. Trichotillomania comorbid with schizophrenia. *German J Psychiatry* 2010;13(3):154-156
15. Bhatia M, Jagawat T, Choudhary S. Delusional parasitosis: a clinical profile. *Int J Psychiatr Med* 2000;30:83-91

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