

Trichotillomania (Hair Pulling Disorder) & Excoriation (Skin Picking) Disorder

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I will discuss off-label and/or investigational use: opiate antagonists and
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Trichotillomania, Skin Picking, & Other Body-Focused Repetitive Behaviors

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Hair Pulling Disorder Criteria: DSM-IV to DSM-5

- A) Recurrent pulling out of one's hair resulting in *noticeable* hair loss.
- B) Increasing sense of tension immediately beforehand*
- C) Relief/gratification/pleasure afterwards*
- D) Clinically significant distress or impairment
- E) Not secondary to another mental disorder or general medical condition

Rationale for Chapter Change

- **Trichotillomania may share overlap with OCD**
 - Phenomenology
 - Comorbidity
 - Presumed etiology
 - Neural circuitry
 - Familial transmission
 - Pharmacological response ???

Rationale for Specific Changes

- * DSM-5 reflects a name change for the disorder. The term *mania* was considered inappropriate given its association with bipolar disorder.
- * Criterion A requires that hair pulling leads to hair loss, but unlike in DSM-IV-TR, this criterion does not require that the hair loss is “noticeable.” In fact, individuals with trichotillomania may pull hair in a widely distributed pattern (i.e., pulling single hairs from all over a site) such that hair loss may not be clearly visible.
- * DSM-IV-TR Criteria B and C (i.e., person feels tension before the pulling and experiences relief or gratification after pulling) have been deleted - evidence that some individuals with trichotillomania may not meet Criteria B or C but do meet the new Criterion B.

Excoriation (Skin Picking) Disorder

Diagnostic Criteria

- **Not** listed in DSM-IV or ICD-10 coding as a formal disorder
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- A) Recurrent skin picking resulting in skin lesions;**
 - B) Repeated attempts to decrease or stop skin picking;**
 - C) Clinically significant distress or impairment**
 - D) Not due to a substance (e.g., [meth]amphetamine) or medical condition**
 - E) Not restricted to the symptoms of another mental disorder (e.g., skin picking due to fixed beliefs about skin infestation in delusional disorder or parasitosis, preoccupation with appearance in body dysmorphic disorder)**

Rationale for Inclusion and Criteria

- * Although long described in the medical literature, excoriation disorder is new to DSM-5, partly in response to the growing body of data emphasizing its prevalence and potentially disabling nature.
- * There are significant clinical similarities between excoriation disorder and trichotillomania, and the criteria for the two disorders are very similar.
- * The criteria for excoriation disorder are supported by a DSM-5–sponsored field survey.

Treatment Implications

- * Changes to TTM and the inclusion of skin picking should result in more people being diagnosed who struggle with these behaviors
- * The inclusion the OCD chapter may have people think of these two disorders when screening for OCD
- * Caveat: treatments differ for these compared to OCD and clinicians will need to be aware of differences as well.