



About Trichotillomania (Hair Pulling Disorder)

Answers to Frequently Asked Questions

What is trichotillomania?

Trichotillomania (TTM or “trich”) is a disorder that results in compulsive hair pulling from the scalp, eyelashes, eyebrows, or any other parts of the body, causing bald patches. Hair pulling varies greatly in its severity, location on the body, and response to treatment. Without treatment, trichotillomania tends to be a chronic condition, that may wax and wane throughout a lifetime.

TTM is currently described as a **“body-focused repetitive behavior” (BFRB) along with skin picking and nail biting.** (Experts no longer consider it a form of Obsessive-Compulsive Disorder or self-injurious behavior. Its official classification and diagnostic criteria are currently being revised.)

Who gets trichotillomania?

People of all ages, genders, and backgrounds have trichotillomania. Research indicates that about **1 in 50 people experience TTM** in their lifetime. It usually begins in late childhood/early puberty. In childhood, it occurs about equally in boys and girls. By adulthood, 80-90% of reported cases are women. When hair pulling begins in infancy or preschool age children, it is sometimes called “baby trich.” It may be a temporary problem and is often quite responsive to behavioral therapy.

When do affected children most commonly pull?

Hair is usually pulled strand by strand with fingers or tweezers. It is most common during sedentary activities such as reading, working at the computer, watching TV, talking on the phone, riding in a car, using the bathroom or listening in class. Children may engage in pulling either purposefully (they are aware) or subconsciously (they are not aware).

What causes trichotillomania?

The cause of trichotillomania is not known, though recent research has shown that there may be a genetic predisposition. 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. As with many other disorders, trichotillomania may develop due to a combination of genetic, hormonal, emotional (family stress, for example) and environmental factors.

How does trichotillomania affect pullers and their families?

For some people, trichotillomania is a mild problem, merely a frustration. But for many, shame about hair pulling causes painful isolation and results in a great deal of emotional distress. Other less common complications include skin infections, repetitive motion injuries to the muscles or joints and stomach/intestinal problems, if the hair is ingested. Hair pulling can lead to great tension and unhealthy dynamics within families. Parents and children alike may need help in coping with this problem.

What treatments are available?

Although no single treatment has been found to be effective for everyone, a number of treatment options have shown promise for people with TTM. Recently published research showed that Behavior Therapy is the most effective treatment overall. Often, an individualized combination of treatment approaches is helpful.

More detailed information about treatment is available in TLC's free publication *Expert Consensus Treatment Guidelines for the Treatment of Trichotillomania and Skin Picking* at www.trich.org/expertguidelines.pdf.

Cognitive-Behavior Therapy (CBT)

A therapeutic approach focusing on the individual's thoughts, feelings, and behaviors, which results in improved control over the behavior. Treatment should be tailored to the individual's needs as there is no protocol that works for every case. There is not an abundance of CBT psychologists with a specialty in trichotillomania, but **TLC will provide referrals to known local providers** and is working to train more therapists in this field.

Medication

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. Some children benefit from drug therapy which targets coexisting conditions such as anxiety, depression, and/or ADD-ADHD. Of the medications studied in adults, the antidepressant, clomipramine, and the amino acid, N-acetyl cysteine (NAC) have shown the strongest benefit in reducing hair pulling severity. A category of medications referred to as selective serotonin-reuptake inhibitors (SSRIs) has shown mixed results, with any initial success often waning over time.

Support Groups & Sharing

Children and parents alike may benefit from the social support and motivation of participating in a support group. TLC maintains a database of support groups around the country for people with TTM, and also moderates Online Support Groups for kids, teens, parents and adults.

What help can TLC provide?

The Trichotillomania Learning Center is a national nonprofit organization whose mission is to end the suffering caused by hair pulling and skin picking disorders. Information provided by TLC is guided by a Scientific Advisory Board comprised of expert clinicians and researchers in the field.

Some of our services include:

- Local Treatment Provider Referrals
- Online and In-Person Support Groups for children, parents, and adults
- Phone and Email support to answer your questions
- Educational Events around the country for pullers, their families, and treatment professionals
- Informational Publications – Brochures, Books, DVDs, Newsletter, and Website



For further information, contact:

Trichotillomania Learning Center (TLC)
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Additional Resources:

StopPulling (online behavioral program): www.StopPulling.com
TrichWorld (social networking): www.trichworld.com
Association for Behavior and Cognitive Therapies (therapist database): www.abct.org

www.trich.org/expertguidelines