Suggested Recommendations

Medical Assessment of Trichophagia (Hair Ingestion)

A publication of the Scientific Advisory Board of
The TLC Foundation for Body-Focused Repetitive Behaviors.

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The TLC Foundation for Body-Focused Repetitive Behaviors is a donor-supported, nonprofit organization devoted to ending the suffering caused by hair pulling disorder, skin picking disorder, and related body-focused repetitive behaviors.

Our programs and services are guided by a Scientific Advisory Board of the foremost clinical and research professionals in the field. We take a comprehensive approach to our mission: creating a community of support for affected individuals; providing referrals to treatment specialists and resources; training professionals to recognize and treat BFRBs; and directing research into their causes, treatment, and prevention.

Authors

This pamphlet is a project of The TLC Foundation for Body-Focused Repetitive Behaviors Scientific Advisory Board.

Contributing Authors:
Jon E. Grant, JD, MD, MPH
Joseph Garner, PhD
Ruth Golomb, LCPC
Suzanne Mouton-Odum, PhD
Carol Novak, MD
Christina Pearson
Jennifer Raikes

The information in this booklet is not intended to provide treatment for body-focused repetitive behaviors or trichophagia. Appropriate treatment and advice should be obtained directly from a qualified and experienced doctor and/or mental health professional.

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Advice for Families

Hair pulling (trichotillomania) is a problem which is typically described as the pulling of hair resulting in hair loss. In addition, the hair pulling is usually disruptive to some daily functioning of the individual; however, hair pulling in children can be quite different in that the child may not experience any distress about the behavior or hair loss. In a small number of cases, the child may eat or swallow the hair. In this circumstance, the behavior may cause a serious medical condition that must be evaluated by a doctor.

Most children who pull their hair do not swallow it. However, a minority (5%-20%) of those who pull also eat the hair. This can result in an intestinal blockage that can be extremely serious, even life threatening. For this reason, we have examined the literature and studied the experiences of expert clinicians in order to develop the following recommendations.

Some common symptoms (though not always present) are: stomach pains, periodic vomiting, constipation, bad breath, and very slow or no growth. If your child is pulling and swallowing hair, your child should be **examined by a pediatrician or family doctor**. Ask your doctor for BOTH bloodwork and imaging to determine if a blockage is present. During this exam, the doctor should be checking the abdomen for a mass, commonly thought of as a hairball. Upon completion of the first exam, the next step would be to run some lab tests, and then to perform an image test in order to see if a blockage exists and, if so, where it is and how large it may be. The image tests include: CT scan, X-ray, endoscopy, ultrasound, or Barium swallow.

If your child has had an intestinal blockage, then your child should have an imaging exam (X-ray, CT scan, or ultrasound) twice each year to make sure that no further blockage occurs. If your child is **no longer pulling hair, after one year** of follow up, you may discontinue imaging exams.

Many, if not, most children can be quite embarrassed about their behavior and therefore may not be truthful if asked about swallowing their hair. If you, as a family member, suspect that your child is swallowing his/her hair, then the child should be seen by a doctor to rule out the presence of an intestinal blockage, also known as a trichobezoar. In addition, it is important to note that most children often do not like going to the doctor (no matter how nice the person is). The idea of lab work or any kind of test may be scary to a child. Therefore, **this is not the child's decision, it is the parent's decision.**

Please discuss the exam and procedures with your child's physician and feel free to provide him/her with the information from this article, found under **Advice for Professionals.**

Advice for Professionals

Hair pulling disorder (trichotillomania) is a disorder characterized by the non-cosmetic pulling of hair, resulting in significant hair loss. It has been a recognized medical problem since Hallopeau's description in 1889,[1] but it was actually trichophagia, the eating of hair, which first captured the attention of medical texts. In the late 18th century, the French physician, Baudamant, described a trichobezoar in a 16-year-old boy.[2] Even with this long history in medical literature, trichophagia has received little medical attention except as a rare symptom of trichotillomania.

Trichotillomania is often characterized by repetitive rituals performed with hairs after they are pulled. These rituals include biting on the hair, chewing it, playing with it and even swallowing it. Swallowing of the hair is the most physically hazardous of the behaviors as it can result in a trichobezoar (hair ball) which can block the intestinal tract and, if left untreated, can be a life-threatening emergency requiring surgery. Research suggests that approximately 5%-20% of individuals with trichotillomania engage in episodic or frequent trichophagia.[3, 4] Trichobezoars appear to be more common in individuals under the age of 30 years .[5]

Clinicians should be aware that children and adults with this behavior may be deeply embarrassed about both the pulling of hair and particularly the ingestion of hair. Questions regarding the behavior should therefore be asked in an empathetic and nonjudgmental fashion.

Symptoms associated with trichobezoars

Although many people with trichophagia and trichobezoars may have no symptoms until the problem becomes quite severe, the literature does provide some limited clues as to what patients, physicians, and family members may see as warning signs of a more severe health problem.[6, 7, 8, 9]

These symptoms may occur singly, in any combination, or not at all.

1. Abdominal or epigastric pain
2. Faintness and dizziness
3. Fatigue
4. Chest discomfort
5. Change in stool color to dark green-to-black (i.e. gastrointestinal bleeding)
6. Vomiting
7. Nausea
8. Weight loss
9. Loss of appetite
10. Diarrhea or constipation
11.

Recommendations

The question of when trichophagia requires immediate medical attention is unfortunately unclear. Many people with trichophagia do not develop trichobezoars. Those who do, however, are potentially at risk of severe complications or even death. Based on the available literature, we therefore recommend a standard of investigation for anyone eating their hair, but particularly those who present with any of the above symptoms.

What should a medical assessment consist of?

1. Clinical evaluation of hair pulling and nail biting and whether and to what extent ingestion of hair and nails occurs. This should be performed by someone trained in the assessment of trichotillomania and other body-focused repetitive behaviors.
2. Abdominal examination – particularly to check for left upper quadrant mass
3. Laboratories – person may present with anemia
4. Radiological assessment
   - 4a. Abdominal X-ray – generally not useful except to confirm an obstruction
   - 4b. Abdominal CT scan – diagnostic in 97% of trichobezoar cases
   - 4c. Upper gastrointestinal endoscopy
   - 4d. Barium swallow – maximum benefit in small bowel to differentiate obstruction due to adhesions from obstruction due to bezoars
   - 4e. Ultrasonagraphy

Although all of these radiological modalities have been used successfully to diagnose a trichobezoar, in some cases, the most reliable means of detecting a trichobezoar appears to be an abdominal CT scan.

Therefore, we recommend that when any of the above list of physical symptoms is present in a person who ingests hair, an abdominal CT should be performed.

When a person who ingests hair presents with no symptoms of intestinal obstruction, a thorough mental health assessment and physical examination are required. Radiographic evaluation may be necessary depending upon the physical findings.

In cases where someone has had a trichobezoar in the past, bi-annual abdominal imaging is recommended to evaluate for recurrence of a trichobezoar.[10]

Treatment of trichobezoars

The treatment of trichobezoars depends upon size and location. Upper endoscopy has been used to remove trichobezoars but its success rate has been reported at only about 5%.[11] Surgery, is usually needed to remove large trichobezoars or when intestinal obstruction results. It has had a success rate of 99%.[11]

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Additional Resources

The TLC Foundation for Body-Focused Repetitive behaviors offers the following resources for patients, families, and clinicians:

Professional Training Institute

Licensed mental health professionals are encouraged to learn evidence-based, effective treatment for trichotillomania, skin picking disorder, and related BFRBs. The Foundation offers two ways to train:

In-person Weekend Intensive: A three-day intensive training program facilitated by leading experts in the treatment of hair pulling disorder, skin picking disorder, and related body-focused repetitive behaviors (BFRBs). Check ww.bfrb.org for upcoming trainings.

DVD-Training: The Virtual Professional Training Institute (VPTI) is a 3-DVD training program based on TLC's live, in-person PTI. Offers 13 CE credits. Purchase online at www.bfrb.org

Our website offers:

Treatment Provider Referrals
A free directory of local mental health professionals and online treatment resources

Support Group Locator
A searchable database of regional support groups and online forums

Salon and Service Provider Directory
Find a BFRB-aware cosmetologist, skin care provider, and other providers

Books, Sensory Fiddles and Other Products
A curated selection of clinical books, biographies, fiddles, brochures, and BFRB awareness products

Articles, webinars and events
Visit www.bfrb.org for treatment articles and personal stories, live webinars, and information on local events or the Annual Conference on BFRBs

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We take a comprehensive approach to helping people overcome and heal from body-focused repetitive behaviors by:

Connecting affected individuals and their families with each other, thereby helping to end their isolation and providing a community of support.

Referring people to appropriate treatment providers, services, and educational resources so that they can take better control of their recovery.

We conduct outreach to healthcare providers and educators, teaching them how to recognize these disorders, and train qualified mental health professionals in the latest evidence-based cognitive behavioral treatment approaches.

We design and fund research projects aimed at understanding the neurobiology of these disorders and identifying pharmacological and behavioral treatments, as well as possibilities for prevention.

To learn more visit us at:
www.bfrb.org

716 Soquel Ave., Suite A, Santa Cruz, CA 95062 USA

+1 (831) 457-1004
info@bfrb.org