Trichotillomania (Hair Pulling Disorder)
A Body-Focused Repetitive Behavior

What is trichotillomania?
Trichotillomania (hair pulling disorder 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. Individuals affected by trichotillomania may engage in pulling either purposefully (they are aware) or subconsciously (they are not aware).

Trichotillomania is described as a “body-focused repetitive behavior” (BFRB) along with excoriation disorder (skin picking) and onychophagia (nail biting). These behaviors are not habits or tics; rather, they are complex disorders that cause people to repeatedly touch their hair and body in ways that result in physical damage.

Who gets trichotillomania?
People of all ages, genders, and backgrounds have trichotillomania. Research indicates that about 2 in 50 people experience trichotillomania 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.

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.

What are the effects of trichotillomania?
For some people, trichotillomania is a mild problem. 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.

How are BFRBs treated?
The Scientific Advisory Board of the TLC Foundation for Body-Focused Repetitive Behaviors recommends that sufferers begin by developing a solid understanding of their behavior and finding the emotional support they will need to address it. Sufferers and their health providers can then consider the psychological interventions, medications, and other therapies that have proven effective in helping people achieve remission.

Cognitive Behavioral Therapy
Research supports certain forms of Cognitive Behavioral Therapy (CBT) as treatment for trichotillomania and other BFRBs. CBT is 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. Visit www.bfrb.org for referrals to BFRB treatment providers.

Medication
No medication is currently approved by the Food & Drug Administration (FDA) for treatment of BFRBs, though a few have proven to reduce symptoms in some individuals. Medications may also be useful in treating co-existing problems such as anxiety or depression. Request our booklet “Expert Consensus Treatment Guidelines” for more detailed information.

Education and Support
Patients and their loved ones alike may benefit from the social support and motivation of participating in a support group. The foundation maintains a database of support groups around the country for people with BFRBs, and also moderates online groups for kids, teens, parents and adults. The foundation provides brochures, webinars, regional events and online content for people affected by BFRBs and their families, as well as educators, physicians, psychotherapists, and cosmetologists who may be among the first to notice a problem.

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