Skin Picking, Trichotillomania, and Hoarding

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Disclosures

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Excoriation (Skin-Picking) Disorder
Clinical features of skin picking

- Prevalence 1.4-5.4%
- Women>>men
- <20% of pts who pick actually seek treatment
- Triggers
  - Removing a blemish
  - Coping with negative emotions (depression, anger, anxiety)
  - **Boredom/idle hands** (↑ w/ work from home during pandemic)
  - Itch
  - Pleasure
- Varying degrees of self-awareness
  - **Focused** picking
  - **Automatic** picking

Complications

- Scarring/disfigurement
- Avoidance
- Social and occupational dysfunction
- Cellulitis/sepsis
- Excessive blood loss
- Paralysis

Diagnosis of skin picking D/O in DSM-5

- Recurrent skin picking resulting in skin lesions
- Repeated attempts to stop picking
- Causes **significant distress or impairment**
- **Not due to a substance** (e.g. amphetamine, cocaine)
  - Substance-induced OCRD, e.g. Cocaine-induced OCRD
- **Not due to a medical condition** (e.g. HoTH, liver disease, uremia, lymphoma, HIV, scabies, atopic dermatitis, blistering skin disorders)
  - OCRD due to a medical condition, e.g. OCRD due to HIV with skin picking
- **Not secondary to another mental disorder** (e.g. delusions of parasitosis)
Treatment of skin picking

• Clinically, **CBT considered first-line** but no studies comparing meds to CBT

• Medication studies limited, **SSRIs and N-acetylcysteine** effective

• Consider dermatology referral
  – Skin care
  – Treatment of dermatologic triggers for picking (e.g. acne, itch)

• For **moderate-severe cases** or if indicated by clinical hx, **check labs**
  – CBC
  – CMP
  – TSH
  – Tox screen
  – +/- HIV

CBT for skin picking (and hair pulling)

**Habit reversal training**

- Awareness training- identify stimuli for picking or pulling
- **Competing response**- replace picking/pulling with harmless motor behavior

**Cognitive restructuring**

- Challenge maladaptive thoughts related to picking/pulling

**Stimulus control**

- **Modify environment to reduce opportunities** to pick skin or pull hair (e.g., wear gloves)

➢ RCT of HRT vs waitlist for skin picking shows 77% reduction in picking in HRT group, 16% WL

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Stimulus control

http://store.trich.org/
New device for awareness training

https://www.habitaware.com/
First-line medications for skin picking

- **SSRIs**
  - Limited data, but multiple studies showing that **SSRIs can reduce skin picking**
    - Fluoxetine, 2 positive RCTs (~55 mg/d, ~80 mg/d)
    - Fluvoxamine (~110 mg/d), positive open label study
    - Escitalopram (~25 mg/d), positive open-label study
    - Sertraline (~100 mg/d), large case series (n=31) with 68% response rate
    - Citalopram 20 mg/d did not different from placebo in RCT but study was only 4 weeks and likely too short
  - No direct comparative studies, **SSRIs thought to be equally effective**
  - Unlike BDD and OCD, response not delayed, standard **8 wk trial** advised

- **N-acetylcysteine (NAC)**
  - OTC glutamatergic modulator
  - Addiction, gambling, OCD, schizophrenia, BPAD
  - Significant improvement in RCT of pts w/ skin picking and RCT of hair pulling
  - Beneficial in open-label study of skin picking in pts w/ Prader-Willi syndrome
  - Start 600 mg PO BID x 2 wks, then **1200 mg PO BID (>6 week trial)**
  - Preferred to SSRI if no comorbid depression or anxiety

Other medications for skin picking

- **Naltrexone**, 50-100 mg/d
  - Opioid antagonist used in ETOH and opioid use, kleptomania, gambling
  - Only 2 case reports but often used given benefit in hair pulling & canine acral lick dermatitis
  - Hepatotoxicity with doses >300 mg/d, check LFTs 1m, 3m, 6m, yearly

- **Mood stabilizers**
  - **Topiramate**, 25-200 mg/d (open-label study, n=10), robust improvement
  - Lithium, 300-900 mg/d (case series, n=2)

- **Atypical antipsychotics**
  - Limited data but used given benefit in hair pulling
  - **Aripiprazole**, 5-10 mg/d (3 case reports)
  - Olanzapine, 5 mg/d (case report)
  - Risperidone, 1.5 mg/d (case report)

- **Treatments for itch**
  - ** Gabapentin (~100-1800 mg/d) or pregabalin (75-300 mg/d) can reduce itch, reviewed in Matsuda 2016**
  - Hydrating lotion (e.g. hydrolatum, OTC); consider referral to derm for topical steroids, topical/oral antihistamines, etc.

- **Others**
  - Silymarin, from milk thistle, 150-300mg PO BID (case series, n=3), serious drug interactions
  - Inositol, 6g PO TID (case series, n=3), taken in powder form
  - Riluzole, 100mg PO BID, (case report), LFTs/CBC must be monitored given rare neutropenia and hepatitis, advise pt to report any febrile illness
Trichotillomania (TTM)
Clinical features of TTM

- ~0.6-3.4% prevalence
- Women >> men
- Most often on scalp and eyebrows but may be anywhere including lashes, pubic hair, and others
- Hours daily
- Shame and avoidance
- Triggers: idle hands, anxiety, depression, anger, aesthetics, hairs not feeling right
Diagnosis of TTM in DSM-5

- Recurrent hair pulling resulting in hair loss

- Repeated attempts to stop pulling

- Causes **significant distress or impairment**

- Hair pulling not secondary to medical condition or mental disorder (e.g. OCD)
Treatment of TTM

• **CBT considered first-line** with ~65-70% response rate

• Medication studies limited: NAC, olanzapine, and clomipramine can help

• **CBT more effective than meds** (clomipramine/fluoxetine) in comparator studies but studies limited

First-line medications for TTM

• **N-acetylcysteine (NAC),** 1200 mg PO BID
  – Significantly improved TTM in single RCT (56% response rate)
  – OTC, 600mg PO BID x 2 wks, then 1200mg PO BID, >6wk trial

• **Olanzapine,** ~10 mg/d
  – Significantly improved TTM in single RCT (85% response rate)
  – Use tempered by long-term metabolic risks

• **Clomipramine,** ~100-180mg/d (mixed results)
  – Double blind crossover study of TTM showed CMI >> desipramine (~180 mg/d)
  – In placebo-controlled RCT, CMI doesn’t differentiate from placebo (~100 mg/d)
  – Meta-analysis: clomipramine effect size .68 (moderate), habit reversal therapy effect size 1.41 (large), SSRI effect size .02 (none)
SSRIs generally ineffective in TTM

- No change in hair pulling in 3 RCTs (fluoxetine x 2, sertraline)
- No change in open-label trial of fluvoxamine
- Meta-analysis: **SSRI effect size .02 (none)**, habit reversal therapy effect size 1.41 (large)

**HOWEVER, SSRIs are sometimes prescribed** when anxiety/depression are clear triggers for pulling and can be helpful in isolated cases.
Other medications for TTM

• **Naltrexone**, 50-100 mg/d
  - Mixed results in TTM
  - Beneficial in small RCT of adult TTM but no effect in larger RCT; specifically effective for pts with FH of addiction
  - Monitoring: hepatotoxicity with doses >300 mg/d, LFTs 1m, 3m, 6m, yearly

• Open-label studies
  - **Topiramate** (n=14), ~160 mg/d
  - **Aripiprazole** (n=12), ~7.5 mg/d, 58% response rate, alternative to olanzapine
  - **Dronabinol** (n=14), 2.5-5 mg PO BID, RCT ongoing now

• Other options
  - **Lithium** (case series, n=10), 900-1500 mg/d
  - **Bupropion XL** (case series, n=2), 300-450 mg/d
  - **Inositol**, (case series n=3 but not recent RCT), 6g PO TID

**References**

Additional management options

- Waterproof eyebrow stamps
- Magnetic false eyelashes
- Hairpieces/wig
- Toppik
- Hairdressers specializing in TTM
- Trichotillomania learning center (TLC) support groups-bfrb.org
Hoarding Disorder
Hoarding

- Difficulty discarding items
- Significant clutter
- Often includes excessive acquisition
- 2-6% prevalence, men=women
- Variable insight
- Health problems from dust, mold, or pests
- Injury/death from falling items, structural dangers, fire
- Removal of children/dependent adults
- Homelessness due to eviction
- Risks to neighbors

Diagnosis of hoarding in DSM-5

• Persistent difficulty discarding items regardless of value

• Difficulty due to need to save items and distress associated with discarding them

• Hoarding leads to clutter in active living areas

• Causes significant distress or impairment

• Hoarding not due to medical condition (e.g. Prader-Willi syndrome) or another mental condition (MDD, OCD)

  – Specify if with excessive acquisition
  – Specify insight: good/fair, poor, or absent/delusional
Assessing severity/safety

- Clutter Image Rating Scale (CIR)
- Activities of Daily Living-Hoarding Scale (ADL-H)
- Dependents/animals
- Eviction

Treatment of hoarding

**CBT** is main treatment, no well-established medication treatments

**Skills training**
- Plan *categories for unwanted objects*
- Plan categories and final locations for wanted objects

**Cognitive restructuring**
- Identify and challenge beliefs that maintain hoarding

**Exposure to discarding and nonacquiring**
- Make discarding hierarchy, start with items that are least anxiety-provoking
- Make *non-acquisition trips*

➢ RCT of CBT vs. waitlist, 41% show significant clinical improvement w/ large effect sizes on hoarding scales
Medication treatment of hoarding

- **Meds (SSRIs) thought to be ineffective** but being reconsidered
- **Earlier studies not representative**: excluded pts w/ hoarding who did not have other OCD sx
- Recent open-label studies w/o this exclusion **show medication benefit**:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Mean dose</th>
<th>UCLA Hoarding Severity Scale reduction</th>
<th>Partial responders</th>
<th>Full Responders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paroxetine (n=79)</td>
<td>40 mg/d</td>
<td>31%</td>
<td>50%</td>
<td>28%</td>
</tr>
<tr>
<td>Venlafaxine (n=24)</td>
<td>200 mg/d</td>
<td>36%</td>
<td>70%</td>
<td>32%</td>
</tr>
<tr>
<td>Atomoxetine (n=11)</td>
<td>60 mg/d</td>
<td>41%</td>
<td>81%</td>
<td>54%</td>
</tr>
</tbody>
</table>

- **Paroxetine/venlafaxine XR accelerate response** from 26 wks (CBT)>12 wks
- No medication RCTs in hoarding ongoing; consider trial of atomoxetine, venlafaxine, or SSRI based on above prelim data

Treatment tips for hoarding

Forced interventions not recommended

Team approach
- Family
- Local hoarding task forces
- Tenancy Prevention Program
- Groups-MassHousing

Resources

• Patient/provider education, self-help
  – TTM, Skin Picking, & Other Body-Focused Repetitive Behaviors by Jon Grant et al.
    (comprehensive overview for pts and providers)
  – Help for Hair Pullers by Nancy Keuthen (self-guided CBT)
  – Treatment of Hoarding by Gail Steketee and Randy Frost (CBT guide for therapists)
  – Buried in Treasure by David Tolin et al. (self-guided CBT for hoarding)

• Finding specialists
  – Mass Housing, MassHousing.com/hoarding
  – IOCDF Hoarding Center, hoarding.iocdf.org
  – Regional/city hoarding task forces

• Residential treatment
  – McLean OCDI Institute, www.mcleanhospital.org/programs/ocd-institute-ocdi
  – Others...
• High SSRI dosing in BDD/OCD
• CBT is a key treatment for all OCRDs
• In skin picking/TTM, introduce stimulus control early and consider NAC
• Screen your patients