



# 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 OCD, e.g. Cocaine-induced OCD
- **Not due to a medical condition** (e.g. HoTH, liver disease, uremia, lymphoma, HIV, scabies, atopic dermatitis, blistering skin disorders)
  - OCD due to a medical condition, e.g. OCD 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



# Stimulus control



# 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, ~80mg/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 differ 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)**

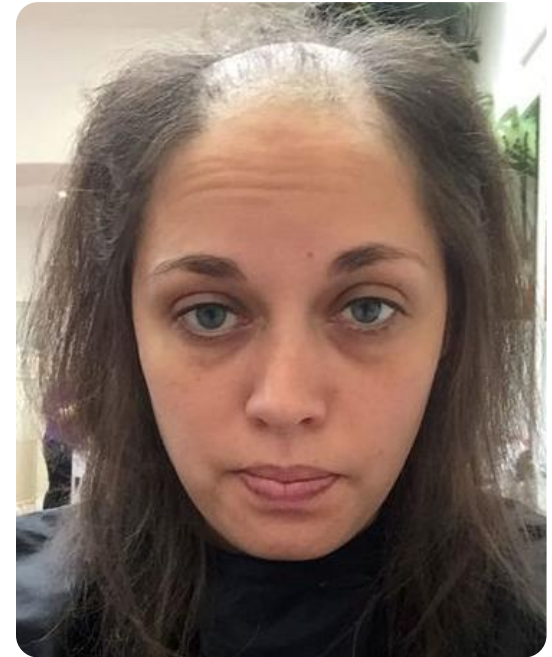
- OTC glutamatergic modulator
- Addiction, gambling, OCD, schizophrenia, BPAD
- Significant improvement in RCT of pts w/ skin picking and RCT of hair pulling
- Beneficial in open-label study of skin picking in pts w/ Prader-Willi syndrome
- Start 600 mg PO BID x 2 wks, then **1200 mg PO BID (>6 week 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
    - Titration; <https://www.bfrb.org/learn-about-bfrbs/treatment/self-help/120-inositol-and-trichotillomania>
  - 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)



Stephi Lee (2013). My Daily Makeup Routine. [Photo]. from <https://www.youtube.com/watch?v=1zLLpeoRAi0> retrieved on 08/31/2019 ;  
Robodoc. (2013). Trichotillomania. [Photo] from [https://commons.wikimedia.org/wiki/File:Trichotillomania\\_1.jpg](https://commons.wikimedia.org/wiki/File:Trichotillomania_1.jpg) retrieved on 08/31/2019;  
Photo from Escobar. Good Housekeeping, 2016. Copyright © 2016 Hearst Magazine.

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# 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
    - Titration; <https://www.bfrb.org/learn-about-bfrbs/treatment/self-help/120-inositol-and-trichotillomania>

# 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

Mataix-Cols. *N Engl J Med*. 2014; Steketee & Frost. *Treatment for Hoarding Disorder : Therapist Guide*. 2nd Ed. 2013; Frost. *Depress Anxiety*. 2011. Shadwulf (2001). Hoarding Living Room. [Photo]. From [http://commons.wikimedia.org/wiki/File:Hoarding\\_living\\_room.jpg](http://commons.wikimedia.org/wiki/File:Hoarding_living_room.jpg), Schmalisch (n.d.) Addressing Housing Issues. From <https://hoarding.iocdf.org/addressing-housing-issues/>

# 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**

## Clutter Image Rating: Living Room

Please select the photo below that most accurately reflects the amount of clutter in your room.



# 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**:

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

- **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**

- **TLC Foundation for Body-Focused Repetitive Behaviors**, [www.bfrb.org](http://www.bfrb.org)
- ***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)
- Mobile apps: **TrichStop, SkinPick**; Online treatment: **[www.trichstop.com](http://www.trichstop.com), [www.skinpick.com](http://www.skinpick.com), [StopPicking.com](http://StopPicking.com), [StopPulling.com](http://StopPulling.com)**



- **Finding specialists**

- **International OCD Foundation**, [www.iocdf.org](http://www.iocdf.org)
- TLC Foundation for Body-Focused Repetitive Behaviors, [www.bfrb.org](http://www.bfrb.org)
- Mass Housing, [MassHousing.com/hoarding](http://MassHousing.com/hoarding)
- IOCDF Hoarding Center, [hoarding.iocdf.org](http://hoarding.iocdf.org)
- Regional/city hoarding task forces



- **Residential treatment**

- McLean OCDI Institute, [www.mcleanhospital.org/programs/ocd-institute-ocdi](http://www.mcleanhospital.org/programs/ocd-institute-ocdi)
- Rogers OCD Center, [rogersbh.org/what-we-treat/ocd-anxiety/ocd-and-anxiety-residential-services/ocd-center](http://rogersbh.org/what-we-treat/ocd-anxiety/ocd-and-anxiety-residential-services/ocd-center)
- Others...



STOP PICKING - START LIVING

[www.mhgrcme.org](http://www.mhgrcme.org)

- 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

