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### Trichotillomania Case Report

Kimberly Kluglein

*Nova Southeastern University*

David F. Lo

*Rowan University*

Don D. Shamilov

*Rowan University*

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### Abstract

- Trichotillomania is a psycho-dermatologic disorder involving self-inflicted hair loss through pulling
- Often complicated by anxiety and depression
- Multifactorial etiology and limited evidence-based treatment options makes management difficult
- Treatment approaches include a combination of pharmacotherapy, CBT, HRT, and ACT
- Case presentation involves a 24-year-old female, diagnosed with treatment-resistant trichotillomania who achieved remission and hair regrowth through mindset reframing, physical barriers, and community support
- Novel approaches focusing on mindset and community support can yield positive outcomes

### Case Presentation

- Melissa, 24-year-old Caucasian female diagnosed with treatment-resistant trichotillomania at age 14
- Tried multiple SSRIs without improvement, discontinued medication
- Currently pull-free for 9 months, reduced pulling sessions for 2 years
- Mindset strategies incorporated:
  - Reframed view of regrowth as progress instead of struggle
  - Adopted a more positive and productive mindset with verbal affirmations and self-imposed limits
  - Practiced self-forgiveness and kindness towards herself
- Physical steps taken include:
  - Wearing a beanie, which reduces pulling, especially during challenging times
  - Exercise helps reduce stress and anxiety, reducing pulling episodes
- Joined a trichotillomania support group and uses the "I am Sober" app for accountability
- Hair regrowth steps include supplementing biotin for healthy hair growth, using gentle shampoos and essential oils for scalp health and inflammation reduction
- Keeps track of hair regrowth journey through photographs
- Experienced fastest time to remission and longest pull-free period in 10 years, clinically assessed with full-volume hair and subjective improvement

### Discussion

- Multifactorial etiology involving genetic, neurobiological, psychological, and environmental factors
- Psychosocial stressors, trauma, and learned behaviors contribute to symptom development
- Common comorbid conditions include depression, anxiety, and body dysmorphic disorder
- Patients may hide habits due to fear or denial, impacting diagnosis
- Physical exam with trichoscopy and scalp biopsy aids diagnosis, revealing damaged hair and skin
- Limited evidence-based interventions, typically combining pharmacotherapy, CBT, HRT, and ACT
  - Response rates vary, with many individuals experiencing ongoing symptoms despite treatment
- Mindset changes and group support were beneficial for Melissa's remission.
  - Highlights the need for novel treatment approaches and addressing psychosocial effects
- Potential for further research into mindset-based interventions and community support
- Longitudinal studies needed to assess long-term effectiveness and sustainability.
- Limitations include:
  - Confounding factors like concurrent depression and anxiety
  - Limited generalizability, reliance on subjective reporting, and short follow-up period



### Acknowledgments

APSEA - American Preventative Screening and Education Association