

TRICHOTILLOMANIA FACT SHEET

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Diagnostic Features

Trichotillomania is the stereotyped recurrent pulling of hair. The sites of hair pulling include scalp, eyelashes, eyebrows, axillary, body, or pubic. Hair pulling tends to occur in episodes, exacerbated by stress, or conversely sometimes worsened by relaxation (e.g., when reading a book or watching television). The person generally feels tension before pulling hair, which is relieved by the pulling. All other causes of hair loss, including medical and dermatological must be considered and ruled out before the diagnosis of Trichotillomania is confirmed.

Associated Features and Disorders

Associated features of Trichotillomania include: examining the hair root; twirling it off; pulling the strand between the teeth, or trichophagia (eating hairs). Nail biting, scratching, gnawing, and excoriation may be associated with Trichotillomania. Persons with Trichotillomania may also have Mood Disorders (depression), Anxiety Disorders, or Mental Retardation.

There can be histological findings. Biopsy samples may reveal short and broken hairs. Histological examination will reveal normal and damaged follicles. There should be inflammation in the affected area.

The person may have such serious hair pulling that all hair is pulled, except a small rim of hair (Friar Tuck sign). Abdominal pain may result from trichophagia.

Specific Culture, Age, and Gender Features

Children with Trichotillomania demonstrate a male to female ratio of 1:1. Adults show a female predominance.

Prevalence

Trichotillomania was thought to be an uncommon condition, it is now believed to occur more frequently than previously thought. Recent surveys of college samples suggest that 1%-2% of students have a past or current history of Trichotillomania.