



BMH Medical Journal 2016;3(4):104-106 **Case Report**

## Trichotillomania In A Patient With Sexual Dysfunction

Aswathi Krishna, V Rajmohan

MES Medical College, Perinthalmanna, Kerala, India

**Address for Correspondence:** Dr. Aswathi Krishna, Department of Psychiatry, MES Medical College, Perinthalmanna, Kerala, India. Email: aswathi.raveendran05@gmail.com

### Abstract

Trichotillomania is a chronic psychiatric disorder characterized by pulling out one's own hair, which results in an obvious loss of hair. Hair pulling was first described in Henri Allopeau in 1889. The term "trichotillomania" comes from the Greek words "thrix" - hair, "tillein" - to pull and "Mania" madness or frenzy. 30 year old man presented with complaints of hairpulling behavior and associated erectile dysfunction. His hairpulling behavior improved on treating his sexual dysfunction.

**Key Words:** Trichotillomania

### Introduction

Trichotillomania (TTM) is a chronic psychiatric disorder characterized by pulling out one's own hair, which results in an obvious loss of hair. Hair pulling was first described in Henri Allopeau in 1889. The term "trichotillomania" comes from the Greek words "thrix"- hair , "tillein"- to pull and "Mania" madness or frenzy [1,2].

TTM is classified by the International classification of diseases (ICD 10) as habit and impulse disorder under disorders of adult personality and behavior. The hair pulling is usually preceded by anxiety and is followed by a sense of relief [3].

Lifetime prevalence seems to be in the range of 0.6-3.4% in the general population and about 1% in children. It is reported to be more common among girls [4]. Co-morbid psychiatric problems are common in children and adults with trichotillomania. Trichotillomania is reported to occur among patients with obsessive compulsive disorder (OCD), schizophrenia, depression, borderline personality disorder as well as mental retardation [2,3,5]. Trichotillomania co-morbid with sexual dysfunction is rarely described in literature. Here we report a case of trichotillomania in a 30 year old male with sexual dysfunction.

### Case Report

A 30 year old male presented with history of frequent pulling of hair since childhood, difficulty in having sexual relationship and worsening of hair pulling behavior and excessive anger outbursts. In his childhood, he used to pluck his scalp hair whenever he was tensed. The behavior continued with

each setback in his life. He was reporting a feeling of urge before pulling his hair and he would feel relaxed after plucking a few scalp hairs. It was not associated with any repeated thoughts. He never mouths the plucked hair or its root. Only scalp hair was being plucked. His erectile problem led to divorce within one month of his first marriage. He became anxious; his hair pulling behavior worsened leaving his head almost bald. He had a remission after moving away for work, only to relapse after remarriage. He had significant hair loss from the front and vertex, amounting to baldness. He had no history of repeated thoughts, images or repetitive, ritualistic behaviour. He had no features of impulse control like stealing, gambling, or acts of self mutilation. No history of any depressive symptoms. No history of any delusions, hallucinations or substance use. He has no past or family history of psychiatric illness. He had pre-morbid anxious traits.

On examination the patient was well kempt and rapport was established. His psychomotor activity and talk was normal. He was anxious and preoccupied with worries of not having proper sex. Once tension builds up, he would start plucking hair which gives him some gratification. Physical examination showed patchy hair loss from front and vertex of scalp. No area of inflammation of scalp.

A diagnosis of Trichotillomania, and Failure of genital response; Male erectile disorder-were made as per ICD 10. His lab investigations were normal. He was psycho-educated regarding his problems and started on clonazepam to reduce his anxiety. He was taught relaxation techniques. Sensate focus therapy based on Masters and Johnson was discussed with the couple. Patient was given Tadalafil for his erectile dysfunction. He was able to achieve good sexual function with treatment. His hair pulling behavior started decreasing along with improvement in anxiety symptoms. On follow up his scalp hair has increased and they started having satisfactory sexual life and were able to continue functioning even after the drugs were stopped. He was kept on follow up and given cognitive interventions.

## Discussion

Though trichotillomania was reported to occur with many psychiatric disorders including OCD, depression, schizophrenia, borderline personality disorder and mental retardation, the co-morbidity with sexual disorders has not been reported. Other co morbid conditions reported include dissociative experiences, dementia, and Parkinson's disease [5].

The treatment modalities focus on pharmaco-therapeutic and psychotherapeutic approaches. The selective serotonin reuptake inhibitors remain the mainstay of pharmacologic treatment. Other drugs include clomipramine, venlafaxine, risperidone and benzodiazepines [5,6]. Psychotherapy focuses on relaxation, cognitive behaviour therapy, family therapy and hypnotherapy [5]. In our case the trichotillomania appeared secondary to his erectile dysfunction and the condition improved once the primary disorder was treated. So the management of trichotillomania is based on the co-morbidities and may not necessitate pharmacotherapy in all cases.

## References

1. Krishnan KR, Davidson JR, Guajardo C. Trichotillomania - a review. *Comp Psychiatry* 1985; 26:123-8.
2. Greenberg HR, Sarner CA. Trichotillomania. *Arch Gen Psychiatry* 1965;12:482-9
3. Kumar PNS, Rajmohan V. Trichotillomania with trichorhizophagia in a schizophrenic patient: Case report and review of literature. *Indian J Psychiatry*. 2012; 54(2): 196-197.
4. Christenson GA, Pyle RL, Mitchell JE. Estimated lifetime prevalence of trichotillomania in college students. *J Clin Psychiatry*. 1991; 52:415-417.

5. Rajmohan V. Trichotillomania in Schizophrenia. Ker Med Jour; 3 (2): 52- 56.

6. Franklin ME, Zgrabbe K, Benavides KL. Trichotillomania and its treatment: a review and recommendations Expert Rev Neurother. 2011; 11(8): 1165-1174.