Hiding in Plain Sight: Body-focused Repetitive Behaviors

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Learning Objectives

- Explore the history of body-focused repetitive behaviors
- Review DSM-5 criteria for trichotillomania and excoriation disorder
- Talk about potential adverse outcomes
- Identify existing psychotherapy treatments
- Discuss off-label use of medications for treatment

Description

Hair pulling, skin picking, and nail biting are more than just "bad habits." Like many conditions, there exists a spectrum of disease, from mild annoyance to potentially life threatening. Termed body-focused repetitive behaviors (BFRBs) in the world of psychiatry and psychology, complications from these conditions can be seen in patients visiting many types of providers. While some feel that BFRBs are a form of behavioral addiction, unlike the field of substance use disorders, BFRBs remain significant under-studied with no FDA-approved treatments. But that does not mean the astute PA cannot be of assistance. Participants in this lecture will develop a better understand of the available research behind the conditions as well as what treatments show the best evidence for use.

The Basics

What's in a name?

- Body Focused Repetitive Behaviors (BFRBs)
- NOT a DSM/ICD medical categorization
- Umbrella term linking multiple conditions
- Some consider these to be "behavioral addictions"
- Include:
  - Hair pulling/manipulation (trichotillomania, TTM)
  - Skin picking (excoriation disorder, ED/ExD*)
  - Nail biting (onychophagia)
  - Cheek/lip biting
  - Thumb sucking
  - Nose picking

Note: usually abbreviated ED- but will be using ExD to avoid confusion

https://www.bfrb.org/storage/documents/Expert_Consensus_Treatment_Guidelines_2016w.pdf

Why care?

- A survey of 1,000+ patients with TTM most often told mental health workers (39%), followed by psychiatrists (27%) and primary care providers (25%)
- Majority felt provider was uninformed re: TTM
- Only half of those surveyed sought treatment,
  - Of those who received treatment,
    - Most felt unchanged
    - 35% felt improvement
    - **Nearly 15% felt worse**

https://pdfs.semanticscholar.org/0988/345c03e2cdf2d4833eee04264e39b1c2d55c.pdf

Why care? It's pretty common

- Variable prevalence rate based on screening criteria used
- Likely spectrum of disease, ranging from subclinical "non-grooming" behaviors to meeting DSM diagnostic criteria
  - Behaviors also often wax/wane over person's lifetime
- TTM
  - Multiple clinical surveys have range of prevalence from 0.6-4.8%
  - Community rate of 6.5% of "non-grooming hair-pulling"
  - Convenience samples of university students have rates of 6-15% for "hair pulling behaviors"
- ExD
  - Clinical prevalence rates 1.4-4.4%
- Convenience study 4,000+ undergraduate students indicated nearly 60% with a subclinical BFRB behavior and 12% meeting diagnostic criteria

https://www.sciencedirect.com/science/article/pii/S0165178120303553 Https://pubmed.ncbi.nlm.nih.gov/30300869/

History and Diagnosis: TTM

Trichotillomania: Not new…

- "Tearing out hair" often used in reference to grief or anger used in Bible, Shakespeare, etc.
- Epictetus 101 AD referenced men who pluck their hairs- either in an attempt to be like women or "do what they do without knowing what they do."
- Trichotillomania first labeled as such in 1889 by French neurologist/dermatologist Dr. Francois Henri Hallopeau
- DSM III, in 1987, first mention of Trichotillomania as an "official" diagnosis

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6369640/ http://classics.mit.edu/Epictetus/discourses.3.three.html https://www.ocduk.org/related-disorders/trichotillomania

Trichotillomania: DSM-IV to DSM-5

DSM-IV

- Disorder Class: Impulse-Control Disorders Not Classified Elsewhere
- A. Recurrent pulling out of one's hair resulting in noticeable hair loss.
- *B. An increasing sense of tension immediately before pulling out the hair or when attempting to resist the behavior.
- *C. Pleasure, gratification, or relief when pulling out the hair.
- D. The disturbance is not better accounted for by another mental disorder and is not due to a general medical condition (e.g., a dermatological condition).
- E. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

**Seen with impulse control disorders*

DSM-5

- Disorder Class: Obsessive-Compulsive and Related Disorders
- A. Recurrent pulling out of one's hair resulting in hair loss. [Same]
- DROPPED Former B
- DROPPED Former C
- B. Repeated attempts to decrease or stop hair pulling. [Added]
- C. The hair pulling cannot be better explained by the symptoms of another mental disorder (e.g., attempts to improve a perceived defect or flaw in appearance, such as may be observed in body dysmorphic disorder).
- D. The hair pulling or hair loss cannot be attributed to another medical condition (e.g., a dermatological condition).
- E. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning. [Same]

https://www.ncbi.nlm.nih.gov/books/NBK519704/table/ch3.t27

Trichotillomania

- Usual onset in late childhood: 10-14yo
- Children F:M ratio same
- Adolescents/adults 4F:1M ratio
- Scalp primary area of pulling
  - Eyebrows
  - Pubic area
- About 20% also engage in trichophagia
  - Does not always involve swallowing of hair

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5328413/

History and Diagnosis: ExD

Excoriation Disorder (ExD)

- First described in medical literature by Erasmus Wilson, under the name of “neurotic excoriation”
  - Lectures on Dermatology presented to the Royal College of Surgeons in 1874-1875*
- Referenced in DSM-IV
- First officially a diagnosis in DSM-5 (2013)

Also known as:

- Neurotic excoriation
- Psychogenic excoriation
- Compulsive skin picking
- Pathologic skin picking
- Dermatillomania
- Factitial dermatitis

*you can actually read it here https://wellcomecollection.org/works/kdnzq999

Excoriation Disorder: DSM-IV to DSM-5

DSM-IV

- Previously diagnosed as Impulse Control Disorder-Not Otherwise Specified (NOS)

DSM-5

- Disorder Class: Obsessive-Compulsive and Related Disorders
- Recurrent skin picking resulting in skin lesions
- Repeated attempts to decrease or stop skin picking
- The skin picking causes clinically significant distress or impairment in social, occupational, or other important areas of functioning
- The skin picking is not attributable to the physiological effects of a substance (e.g., cocaine) or another medical condition (e.g., scabies)
- The skin picking is not better explained by symptoms of another mental disorder (e.g., delusions or tactile hallucinations in a psychotic disorder, attempts to improve a perceived defect or flaw in body dysmorphic disorder, stereotypies in stereotypic movement disorder, or intention to harm oneself in nonsuicidal self-injury).

https://www.ncbi.nlm.nih.gov/books/NBK519704/table/ch3.t28/

Excoriation Disorder

- Predominantly female
- Age of onset usually puberty
  - Often triggered by acne or other skin changes
  - Primary trigger is skin irregularity but can also be healthy skin
- Usually the face
  - Hands, fingers
  - Arms, legs

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5522672/

These are not “Bad Habits”

If people could just stop, they would

Patient History

- Possible genetic component, increased in families
  - Genes of interest also seen with tic disorder and OCD
  - Often a first degree relative with MH diagnosis
- Possible relationship to childhood trauma, family distress
  - But not a guarantee
  - Does not necessarily mean "unresolved issues" – can be dx by itself
- Comorbid psychiatric dx
  - Severity of pulling not correlated with family support/dysfunction
  - Distress level is correlated with family support/dysfunction

https://www.ias.ac.in/article/fulltext/jgen/091/02/0259-0262 https://pubmed.ncbi.nlm.nih.gov/17003809/
https://www.bfrb.org/component/content/article/20/314
Keuthen NJ, Fama J, Altenburger EA, Allen A, Raff A, Pauls D. Family environment in adolescent trichotillomania. Journal of Obsessive-Compulsive and Related Disorders 2013; 2:366-374.

Behavior Engagement Characteristics

- State of mind
  - Mindful or focused behavior
    - Time spent looking at skin, feeling hair, examining nails
  - Automatic
    - Not aware of behavior until other clue
- Sensation Based
  - Report sensation before engaging in behavior (relief)
  - Seek sensation from performing behavior
    - May be searching for characteristic sensation (e.g. difference in hair, different skin texture) or sensation that develops after performing behavior (e.g. manipulation of pulled hair)
- When performed
  - In times of stress
  - When relaxed/sedentary

https://www.bfrb.org/storage/documents/Expert_Consensus_Treatment_Guidelines_2016w.pdf

Differential Diagnoses of BFRBs: Psychiatric

- Delusional disorder of infestation
  - “Morgellons Disease”
- Body dysmorphic disorder
- Substance use disorders (current or past)
- OCD
- Tic disorders
- ADHD
- Stereotyped behaviors

https://emedicine.medscape.com/article/1122042

Differential Diagnoses of BFRBs: **Medical**

- Mite infestation (scabies, bed bugs)
- Eczema/psoriasis
- Liver disease or cancer
- Thyroid disease
- Iron deficiency
- Cancer (lymphoma)
- Polycythemia vera
- HIV infection
- Uremia

https://emedicine.medscape.com/article/1122042

Frequent Co-Morbid Psychiatric Disorders

- Anxiety
- Depression
- OCD
- PTSD
- ADHD

Screening Tools

TTM Screening/Severity Scales

- Acceptance and Action Questionnaire for Trichotillomania
- Hairpulling Distress and Impairment Scale
- MGH Hair Pulling Scale
- Milwaukee Inventory of Subtypes of Trichotillomania - Adult and Child versions
- NIMH - Trichotillomania Impairment Scale
- NIMH - Trichotillomania Symptom Severity Scale
- Psychiatric Institute Trichotillomania Scale
- Trichotillomania Diagnostic Interview (TDI)
- Trichotillomania Scale for Children

ExD Screening/Severity Scales

- Milwaukee Inventory for the Dimensions of Adult Skin Picking
- Skin Picking Impact Scale
- Skin Picking Scale - Revised
- Skin Picking Symptom Assessment Scale
- Yale-Brown Obsessive Compulsive Scale modified for Neurotic Excoriation

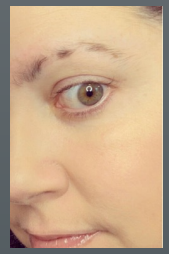
Primarily developed for DSM-IV criteria

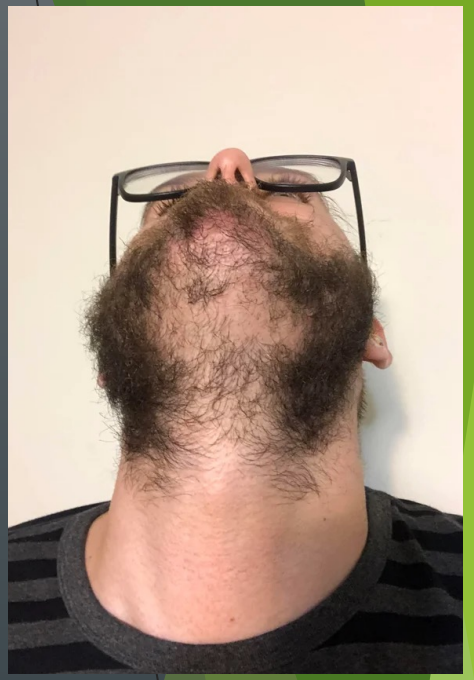
https://www.bfrb.org/clinicalscales
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3190970

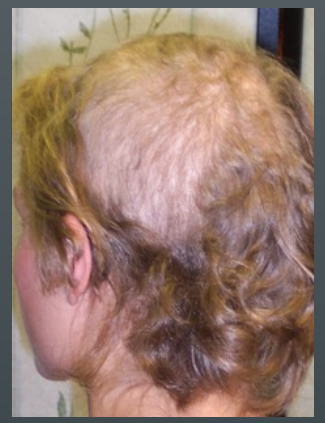
Complications

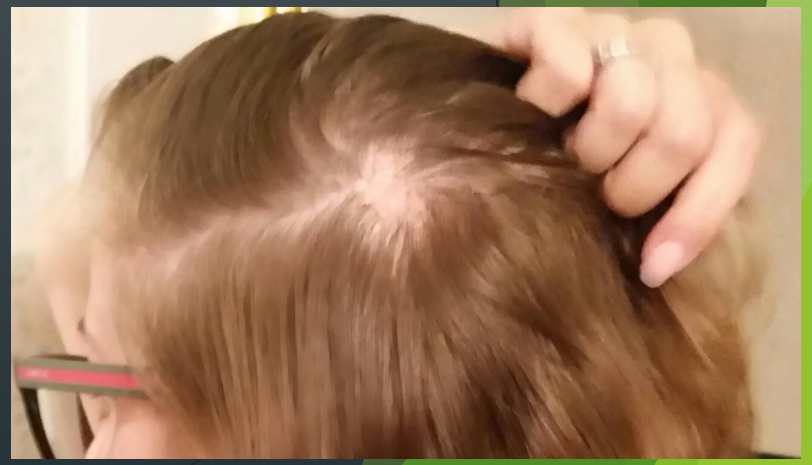
Physical Complications: TTM

- Infection
- Skin damage
- Hair may grow back differently or not at all
  - Esp. eyebrows/eyelashes







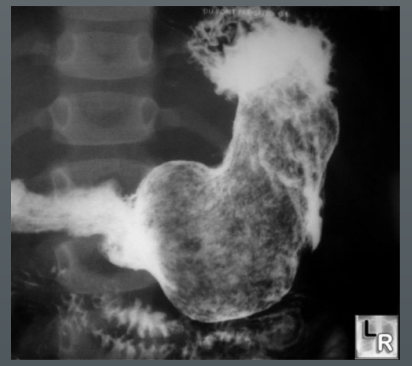


https://www.bfrb.org/storage/documents/Trichophagia_2017.pdf https://www.reddit.com/r/trichotillomania/comments/a5p0f6/i_go_through_ups_downs_with_itbut_i_might_have_to/
https://www.trich-tricks.com/blog/quality-quarantine-products-for-trichotillomania-amp-beauty
http://www.lahairatl.com/trichotillomania-lauren.html http://www.sobrieteaparty.com/2016/07/24/living-with-trichotillomania-by-becca-jade/

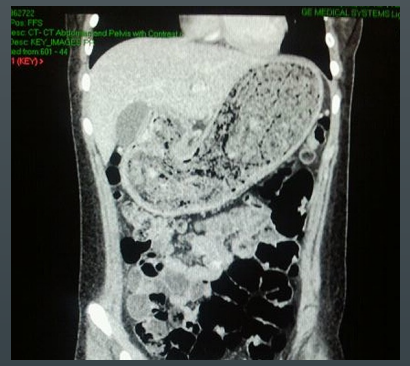
Physical Complications: TTM

- Trichophagia → trichobezoar
  - Failure to thrive
  - Anemia
  - GI complaints
  - Bowel obstruction, perforation
    - Rapunzel Syndrome

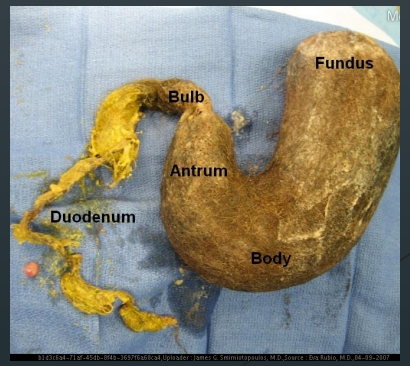
Barium Swallow



CT Scan



S/p removal



Upright X-Ray

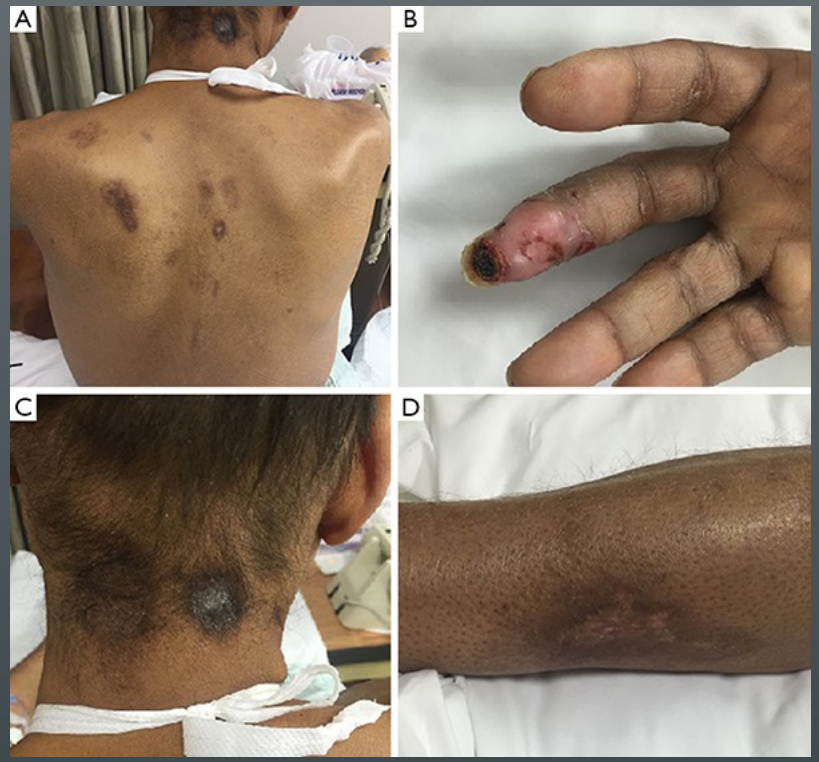
https://www.bfrb.org/storage/documents/Trichophagia_2017.pdf

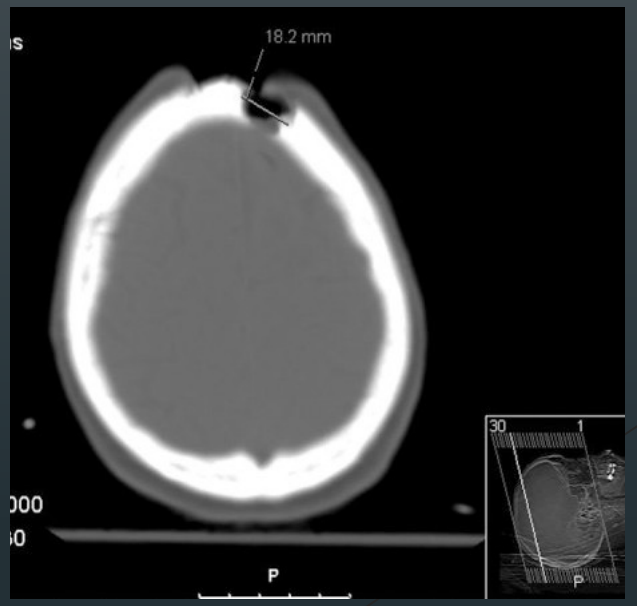
https://bit.ly/2PB8yh3 https://bit.ly/3iovlch https://bit.ly/33FjYsh

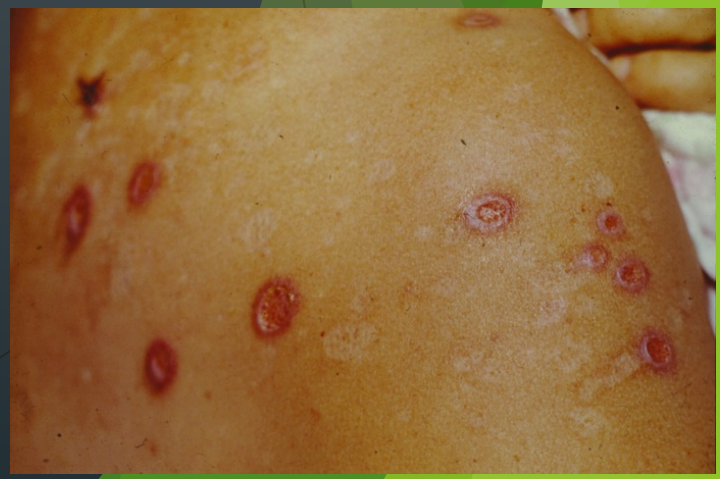
*all of above from different patients

Physical Complications: ExD

- Infection
- Non-healing wounds
  - May require skin grafting
  - Amputation
- Scarring → hyper- or hypo-pigmentation, keloid formation
- Case reports of deep vascular and even intracranial trauma







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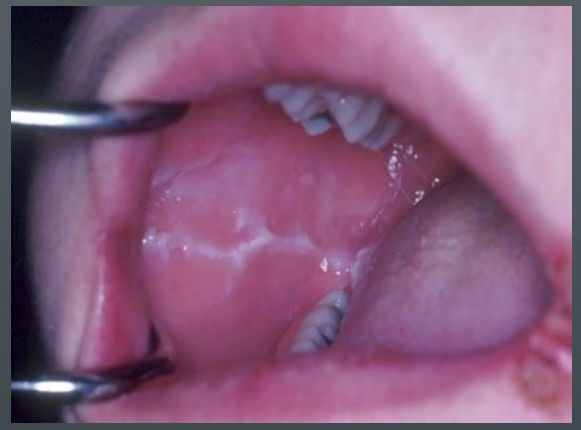
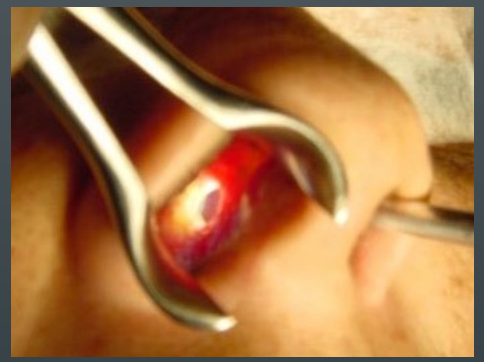
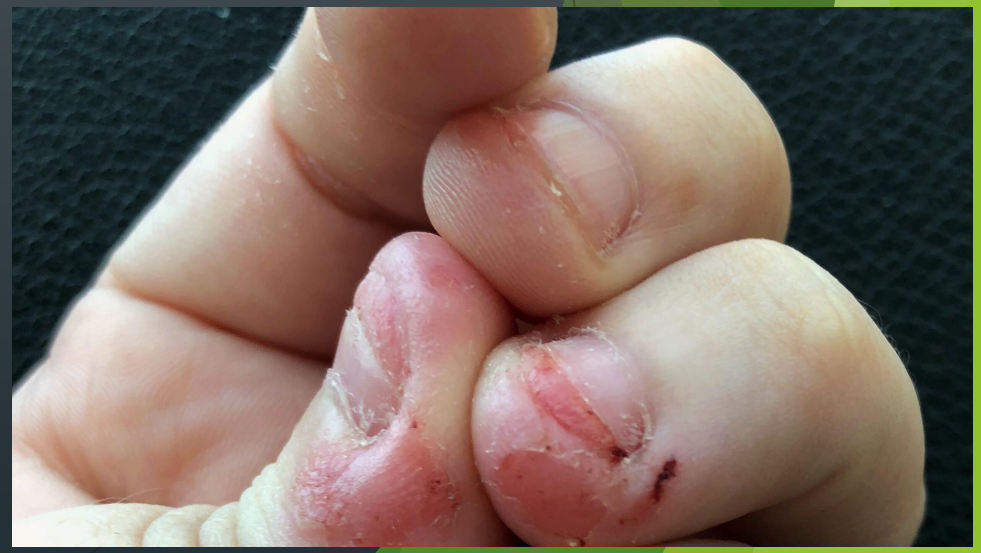
https://bit.ly/3a9M40f http://qims.amegroups.com/article/view/13747/14107
https://www.scielo.br/scielo.php?script=sci_arttext&pid=S0047-20852015000200177

Examples of BFRB Complications







https://bit.ly/3fDhLQF https://bit.ly/3fDhFZj

https://health.clevelandclinic.org/cant-stop-picking-skin-break-cycle/

https://www.lakebaldwindental.com/blog/2018-07-18-cheek-chewing-may-point-deeper-problem

Psychological Complications

- Isolation
- Shame
- Guilt
- Functional impairment → time spent involved in BFRB
- Development or worsening of other MH diagnoses
  - Including substance use disorder as a coping skill

Medications

None are FDA Approved

Medications: *All Off Label*

- N-acetyl-cystine (NAC)- glutamine agent
  - Usually not covered by insurance (supplement)
  - Dose to effect/tolerability, 1800mg-3600mg
- Naltrexone – opioid antagonist
- SSRIs actually NOT great for BFRB if no co-morbid conditions
  - Fluoxetine best evidence
- Clomipramine - better outcomes compared to SSRIs, worse side effect profile, potentially fatal in OD
- Anticonvulsants - some evidence, Topiramate >> Lamotrigine; Lithium
- Olanzapine – some evidence of improvement, but risk of metabolic syndrome
- Inositol → more evidence for OCD

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3190970 https://pubmed.ncbi.nlm.nih.gov/24735021/
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4143797/ https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3089999/
https://www.bfrb.org/learn-about-bfrbs/186-medications-for-body-focused-repetitive-behaviors#neuroleptics

Psychotherapy Approaches

Psychotherapeutic Approaches

- Primarily variants of Cognitive-Behavioral Therapy (CBT)
- Idea is to bring awareness to behavior
- Understand personal triggers/patterns
- Support is important
  - Encourage engagement without “nagging”

Habit Reversal Therapy (HRT)

- Used for tic disorders to mitigate impact
- Form of CBT
- 3 Components
- Awareness Training
  - Help person focus on circumstances around behavior (triggers, internal sensations)
- Competing Response
  - Replacement behavior
- Social Support
  - Have family members provide positive feedback as well as awareness when behaviors are occurring

https://www.bfrb.org/storage/documents/Expert_Consensus_Treatment_Guidelines_2016w.pdf

Comprehensive Behavioral Treatment (ComB)

- 4 components, each with an eye to 5 domains
  - Sensory, Cognitive, Affective, Motor, Place (SCAMP)
- Assessment of factors that "foster and maintain BFRBs"
  - Overall review of entire picture of BFRB and related behaviors with SCAMP assessment
- Identification and Selection of Target Domains
  - Chose primary target and everything surrounding that specific behavior
- Implementation of Specific Interventions
  - Actual attempts to replace/mitigate BFRBs
- Evaluation, Termination and Relapse Prevention
  - Focus on self management

https://iocdf.org/expert-opinions/comprehensive-behavioral-comb-treatment-for-skin-picking-and-hair-pulling-disorders/
https://www.bfrb.org/storage/documents/Expert_Consensus_Treatment_Guidelines_2016w.pdf

Acceptance and Commitment Therapy (ACT)

- Does not focus on replacement/elimination of behaviors
- Instead focus on what is meaningful and important to patient
- Idea being that reduction in shame/guilt or other negative emotions AROUND the behavior will result in reduction of behavior itself
  - If you don't feel as bad, don't need to do something to feel relief

https://www.bfrb.org/storage/documents/Expert_Consensus_Treatment_Guidelines_2016w.pdf

Dialectical Behavior Therapy (DBT)

- Originally developed for Borderline Personality Disorder
- Very structured, high intensity
- Focuses on
  - Mindfulness
  - Emotional Regulation
  - Distress Tolerance
  - [interpersonal effectiveness not used with regards to BFRBs]

Using Technology

- Slightly Robot, Keen by HabitAware
  - Motion sensor
  - https://www.youtube.com/watch?v=KQLKIrvxlyI
  - https://www.youtube.com/watch?v=VCnQR5m7K5s
- StopPicking.com/ StopPulling.com
  - Website for tracking behaviors *before there were apps*
- Apps
  - QUIT That
  - TrichStop
  - PullFree
  - SkinPick
  - Coach.me

Alternative Therapies

- Hypnosis
- Yoga
- Biofeedback
- Acupuncture
- Acupressure, EFT Tapping
  - Emotional Freedom Technique Tapping

https://pubmed.ncbi.nlm.nih.gov/28183072/

Tips and Tricks

Skin/Nails

- Ointment/liquid band-aid on skin
- Nails cut short
- “freeze” tweezers/needles in ice
- Band-aids on fingertips
- Nail polish/”no bite”

Hair

- Complex hair styles (braids)
- Hair treatments (perm, dye)
- Hats/hair wraps

General

- Fiddle toys/spinner ring
- Rubber bands
- Chewing gum/candy
- Change lighting/mirrors
- Lotion on hands
- Wearing gloves

https://bit.ly/3kQNfqd

Patient Support

- Broach the subject- many just think they have a bad habit
  - “Some of my patients who have anxiety or depression also experience skin picking or hair pulling. Is that something that you’ve dealt with?”
- Watch language- let patient guide what words they want to use to describe behaviors
- Validation/normalization is one of the most important aspects

Take Home Points

- Body Focused Repetitive Behaviors encompass a significant number of conditions, with a broad range of severity
- Patients often reluctant to admit there is a problem
- Number of evidenced based psychotherapeutic approaches
- Growing evidence for use of medications, but none are FDA approved

Questions?

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