IOSR Journal of Dental and Medical Sciences (IOSR-JDMS)
e-ISSN: 2279-0853, p-ISSN: 2279-0861.Volume 19, Issue 12 Ser.11 (December. 2020), PP 48-49
www.iosrjournals.org

Trichotillomania with Mental Retardation: A Case Report

Dr. Machavarapu Madhuri Priya[1*], Dr. Ramananda Kishore Kavi[2], Dr. Bhargava Talluri[3], Dr.K.Narasimha Reddi[4]

[1*]*Post Graduate, Department of Psychiatry, Maharajah's Institute of medical sciences, Nellimerla, Vizianagaram.*
[2]*Assistant Professor, Department of Psychiatry, Maharajah's Institute of medical sciences, Nellimerla, Vizianagaram.*
[3]*Senior Resident, Department of General Medicine, Govt General Hospital, Guntur.*
[4]*Professor & HOD, Department of Psychiatry, Maharajah's Institute of medical sciences, Nellimerla, Vizianagaram.*
Corresponding Author: Dr. Machavarapu Madhuri Priya

Abstract
Trichotillomania is a chronic disorder characterized by recurrent non cosmetic hair pulling driven by increasing sense of tension and resulting in alopecia. It is co morbid with a variety of psychiatric disorders including OCD, depression, anxiety, eating disorders and personality disorders. The present case is of a 15 year old girl with diagnosed to have trichotillomania with moderate mental retardation whose symptoms showed considerable improvement on administering Fluoxetine 10 mg once daily dosing was started and later increased after 2 weeks to 20mg. Patient showed improvement within a month by teaching habit reversal techniques and by giving supportive psychotherapy. Patient is being followed every month since 1 year and is maintaining improvement.

Key Words: *Trichotillomania, Hypothyroidism, Mental Retardation, Sertraline*

Date of Submission: 08-12-2020 Date of Acceptance: 24-12-2020

I. Introduction

Trichotillomania is an often debilitating psychiatric condition characterized by recurrent pulling out of one's own hair, leading to hair loss and marked functional impairment. Currently it's classified under Impulse control disorders in ICD-10 and Obsessive compulsive related disorders in DSM 5.[1,2] Typical age of onset is10–13 years. Prevalence of trichotillomania in general population is about 1-2% and in mentally retarded 5%.[3,4]

Case Report:

A 15yr old female child, referred by department of dermatology after excluding the diagnosis of alopecia areata, brought to the psychiatry OPD by her parents with complaints of low intelligence since birth , excessive pulling of hair and irritability since 3 years. She is a product of non-consanguinous marriage and second among the two siblings. Age of mother at the time of delivery was 35 years, delivered by lower segment caesarian section due to breech presentation .Case history revealed delayed milestones of development, and the hair pulling behavior is mostly observed in isolation. It is frequently associated with nail biting behavior, chewing and playing with pulled out hair, not associated with any swallowing of hair. Significant distress and problems at school were also reported. General physical examination was unremarkable other than areas of patchy hair loss on the right side of scalp in frontal, temporal and occipital areas. Referral to neurology department didn't make out any neurological abnormality. For detailed evaluation, patient was admitted, and laboratory investigations like complete blood picture, liver function tests, renal function tests were found to be normal. Ultrasound examination revealed bulky ovaries but no evidence of trichobezoars.IQ assessment revealed moderate mental retardation (Developmental screening Test). MRI brain was normal. Underlying emotional problems were found to be bullying by the school mates for her slurring of speech and poor academic performance due to her low intelligence. Fluoxetine 10 mg once daily dosing was started and later increased after 2 weeks to 20mg. Patient showed improvement within a month by teaching habit reversal techniques and by giving supportive psychotherapy. Patient is being followed every month since 1 year and is maintaining improvement.[5, 6]

II. Conclusion

Trichotillomania being more common in mentally retarded people compared to the general population, management requires detailed evaluation and multidisciplinary approach. Prognosis is usually poor in trichotillomania especially in patients with mental retardation. This patient showed moderate improvement with combined pharmacotherapy, psychoeducation and supportive psychotherapy to the patient as well as to the family members.

References

[1]. PreetiParakh and Mona Srivastava. The Many Faces of Trichotillomania. Int J Trichology. 2010;2(1): 50-52.
[2]. S Chaudhury, MSVK Raju, SK Saluja, Kalpana Srivastava and A Choudhary. Trichotillomania. Med J Armed Forces India. 2003;59(1): 65-66.
[3]. Ethan S Long, Raymond G Miltenberger, John T Rapp. A Survey of habit behaviours exhibited by individuals with mental retardation. Behavioural Interventions: Theory& Practice in Residential & Community-Based Clinical Programs. 1998;13(2): 79-89.
[4]. CH Chang, MB Lee, YC Chiang, YC Lu. Trichotillomania: a clinical study of 36 patients. Journal of the Formosan Medical Association Taiwan yizhi. 1991;90(2): 176-180.
[5]. Ethan S Long, Douglas W Woods, Raymond G Miltenberger, RW Fuqua, Peter J Boudjouk. Examining the social effects of habit behaviors exhibited by individuals with mental retardation. Journal of Developmental and Physical Disabilities. 1999;11(4): 295-312.
[6]. Peter J Boudjouk, Douglas W Woods, Raymond G Miltenberger, Ethan S Long. Negative peer evaluation in adoloscents: Effects of tic disorders and trichotillomania. Child & Family Behaviour therapy. 2000;22(1): 17-28.

Dr. Machavarapu Madhuri Priya, et. al. "Trichotillomania with Mental Retardation: A Case Report." *IOSR Journal of Dental and Medical Sciences (IOSR-JDMS)*, 19(12), 2020, pp. 48-49.