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Habit Disorders

Healthcare professionals sometimes use the term "OCD Spectrum disorders" to refer to some other problems that are similar to OCD in that the people who experience them have a compulsion to act in a certain way. The most common of these "OCD Spectrum disorders" are Trichotillomania and Compulsive Skin Picking.

Trichotillomania (hair pulling)

Trichotillomania (TTM), also referred to as 'compulsive hair pulling' is a compulsive urge to pull out hair often resulting in noticeable hair loss. It is a disorder that involves irresistible urges and can co-occur with OCD, BDD and CSP and is considered an OCD Spectrum disorder. A person with TTM sometimes experiences a build up of tension before hair pulling that is then relieved by this behaviour. The pulling can be done consciously or unconsciously. Even if there is no tension prior to pulling, the person may find pulling pleasurable. This makes the behaviour difficult to stop.

The most common places that people with TTM pull hair from are the scalp, eyelashes and eyebrows. They may also pull hair from the face, arms, legs, abdomen and pubic area. They may pull hair from places that may not be noticed. Fingers are commonly used to pull hair but some people may use tweezers. A person with TTM may also pull hair from other people (eg, family members) or pets. Hair sucking or chewing (sometimes resulting in hair ingestion) may also occur in people with TTM and this may lead to intestinal problems requiring surgery. Many also chew their nails, cheek and tongue.

People with TTM will usually have tried stopping the behaviour themselves in a variety of ways, including taping their fingers together, or wearing hats and gloves. TTM usually begins in childhood or adolescence and there is no consistent evidence to suggest that it may be more common in males or females. Evidence suggests that several biological factors which include brain structure, viral infection and a chemical imbalance may be responsible for the onset of TTM. Environmental factors can also contribute to the onset. People with TTM often feel depressed and ashamed and have low self-esteem. Occupational, domestic and social functioning may also be affected. TTM can, however, be treated and controlled.

People with TTM can be very secretive about their disorder and may avoid seeking treatment. As difficult as it may be to seek help, your GP is there to help you and everything you tell your GP is confidential.

If you think that you might have TTM, the first point of contact for help should be your GP. Your GP may have little or no knowledge of TTM and so you will need to describe it to them. You may find it helpful to take this information booklet along with you. To help overcome the negative emotions involved in TTM, such as depression and low self-esteem, becoming involved in a trichotillomania support group is recommended. There is a UK website devoted to TTM at www.trich.co.uk .

Compulsive Skin Picking (CSP)

The primary characteristic of Compulsive Skin Picking (CSP) is the repetitive picking at one's own skin to the extent of causing bleeding or damage to the skin in order to relieve anxiety or urges.

People with CSP pick different parts of the body; most commonly the face but other areas include feet, hands, arms and the scalp. Skin-picking is often preceded by a strong itch or urge, which the person with CSP believes can only be relieved by picking. Pleasure gratification, tension decrease

and relief is felt when skin picking is engaged in. A feeling of depression or hopelessness can follow when the damage caused by the picking is realised.

Paradoxically a kind of compulsive perfectionism may convince the person with CSP at the time that picking is a necessary means to achieving a clear complexion. Thus CSP may be seen to have obsessive-compulsive aspects that are similar to OCD, Body Dysmorphic Disorder (BDD) and Trichotillomania. In fact research has show that around a quarter of those diagnosed with OCD or BDD also have CSP. CSP is thus sometimes described as an Obsessive Compulsive Spectrum disorder, along with, for example, BDD, eating disorders such as anorexia nervosa, and movement disorders such as Tourette's syndrome (TS).

Skin-pickers often engage in safety behaviours and avoidance strategies to avoid anxiety regarding their skin. They feel the need to camouflage their blemishes with make-up or cover bad areas with clothing. Social embarrassment can lead the person with CSP to stay indoors, avoid friends, be late for work as their picking and make-up routine takes so long, or even to take sickness leave from work when their skin is in a very bad state. Usually skin picking behaviour takes the form of an extensive cleaning ritual (Van Moffaert, 1992), and the aim is to remove irregularities on the skin such as moles, blemishes, scabs and dry skin. This is done using fingernails and/or small, sharp implements such as tweezers or pins. It can lead to bleeding, bruises, infection and or permanent disfigurement. All these behaviours reciprocate the cycle of CPS and lead to further damage.

Skin picking is done in the hopes of a clear complexion but sadly often more damage is done and people end up looking much worse in spite of their efforts. It can become a vicious cycle that is hard to break – a skin irregularity such as a pimple or insect bite, that is picked causes scabbing which is in turn picked at and so it goes on. In severe cases the habit is uncontrollable and may turn into an urge to dig deep into the skin causing scarring. CSP has many similarities with OCD – it is repetitive, ritualistic and temporarily relieves tension. The compulsive and self destructive quality of the behaviour also resembles nail biting and Trichotillomania.

CSP most commonly begins in the early teens though it can start at a much younger or older age. CSP may well have an underlying genetic cause. There are two types of picking that can occur: automatic and focussed. You may well experience both at different times. Nevertheless there are treatments available for the condition and ways in which it can be managed.

This leaflet is part of a series that includes;

1. What is OCD?
2. Assessment and Diagnosis
3. Accessing Treatment – your rights
4. What is Cognitive Behavioural Therapy?
5. Medication for OCD
6. Young people and OCD
7. Supporting a person with OCD
8. **Habit Disorders**
9. BDD

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