Exploring pharmacological treatment for trichotillomania. Do we need a better education?

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Introduction & Objectives:

Trichotillomania, a hair-pulling disorder, is a chronic psychiatric condition of a fluctuating course in which an individual pulls out his own hair, leading to visible hair loss and psychosocial consequences. Due to the unknown pathogenesis, the treatment of this disorder is complex and remains a challenge for dermatologists and psychiatrists.

Materials & Methods:

Due to the lack of guidelines for treating trichotillomania, we decided to perform a large-scale, global retrospective cohort study assessing the pharmacological therapy of trichotillomania. The search was conducted using a TrinetX database for patients with trichotillomania (ICD 10 – F63.3) who were selected in European and United States cohorts (EC and UC, respectively). Based on available knowledge and after a consultation with a psychodermatology expert, a list of 25 medications was used. Data on prescription drugs from 1275 patients for the EC and 109741 patients for the UC were collected.

Results:

In both EC and UC cohorts, benzodiazepine derivatives, particularly lorazepam and midazolam, were the most commonly prescribed sedatives/hypnotics. Antipsychotic prescriptions, primarily haloperidol, followed benzodiazepines. The second analysis revealed notable changes in drug prescriptions for EC, including increased likelihoods for acetylcysteine, haloperidol, quetiapine, sertraline, olanzapine, and risperidone post-trichotillomania diagnosis. UC showed minimal changes. Overall, both cohorts leaned towards benzodiazepine prescriptions (37% UC, 21% EC) and had limited antidepressant use. Haloperidol (19.3%) and quetiapine (15.1%) were commonly prescribed in both cohorts. The results of our study indicate a different approach to treating trichotillomania. Benzodiazepines and their derivatives seem to be the first option regardless of the studied cohort. Moreover, antipsychotic drugs, with haloperidol being the most commonly prescribed, are the second option for treating trichotillomania.

Conclusion:

Further studies are necessary to create guidelines or standard of pharmacological care for patients with trichotillomania.