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FLUOXETINE IN TRICHOTILLOMANIA - A THERAPEUTIC DILEMMA

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SUMMARY

Trichotillomania is an impulse control disorder which has been reported to respond to fluoxetine. A patient thus treated who, however, developed drug induced alopecia is reported.

Trichotillomania, first described by Hallopeau (1889), is characterized by an irresistible urge to pluck one's hair. This disorder is classified as an impulse control disorder (APA, 1987). It has an unknown natural history and prevalence. Trichotillomania is considered to be chronic, to begin in childhood and to occur mainly in adolescent girls and men (Muller, 1987; Bhatia et al, 1991). It has been linked with obsessive compulsive disorder (Jenike, 1989), tics and habit disorders such as thumb sucking and nail biting (Oguchi & Miura, 1977; Jenike, 1989; Bhatia, 1992) and attributed to a variety of psychodynamic conflicts (Galski, 1983; Singhal & Bhatia, 1991) but its cause remains unclear. Treatments for trichotillomania have included behaviour therapy, psychotherapy, hypnosis and various medications (Krishnan et al, 1985). There are reports of effective treatment with clomipramine (Swedo et al, 1989), imipramine (Sachdeva & Sidhu, 1987), amitriptyline (Snyder, 1980), isocarboxazid (Krishnan et al, 1985), chlorpromazine (Childers, 1958) and recently, fluoxetine (Alexander, 1991). We report a case of trichotillomania who experienced a complete remission in her symptoms with fluoxetine but developed drug induced alopecia.

CASE REPORT

Ms. S, a 16 year old girl was referred from the Dermatology outpatient clinic for the complaint of repeatedly plucking her hair. This symptom was noticed by the mother for the last one year and probably started before the commencement of her tenth standard examinations. This complaint often increased whenever she was alone or she had to appear for the terminal exams. There was no other psychiatric complaint, and no past or family history of psychiatric illness. She was the eldest of two siblings and there was no obvious stress factor in the family.

General physical examination and systemic examination did not reveal any abnormality except a localized central area of alopecia over scalp. Routine and systemic investigations (including Barium meal examination, microscopy of scalp hair etc.) were normal. Mental state examination was normal, except for her concern about the alopecia. She was diagnosed as suffering from Impulse Control Disorder - Trichotillomania, according to DSM III-R. The patient was put on cap. fluoxetine 20 mg daily after breakfast and she reported a slight reduction in the habit over a two week period. The dose of fluoxetine was increased to 40 mg daily, and there was marked reduction in the habit over a period of eight weeks. She tolerated the dose without showing any severe adverse effects except for occasional nausea and falling of hair over the last two weeks. Although there was growth of hair over the patch of alopecia, the area showing short hair had spread. Dermatologist's opinion was sought, who diagnosed it to be Drug Induced Alopecia.

The dose of fluoxetine was gradually reduced and stopped and the patient was put on clomipramine 150 mg daily. The patient showed a marked improvement in alopecia without the recurrence of trichotillomania.

DISCUSSION

Although there are reports on the effectiveness of fluoxetine in trichotillomania (Stout, 1990; Alexander, 1991), its use demands caution, especially in females and children. Its indiscriminatory use in treating localized traction alopecia (due to trichotillomania) may result in generalized drug induced alopecia. The exact prevalence and mechanism of fluoxetine induced alopecia is not known but factors such as dose, duration of therapy and nutritional status might play some role.

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