

# Evidence-based treatment options for Trichotillomania

Guidance for Psychiatrists, Family Physicians,  
and Nurse Practitioners



Developed by:

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According to the scientific evidence base, the following psychological and pharmacological approaches could be beneficial for individuals with Trichotillomania:

### A. Psychological treatment:

Habit reversal training is grounded in CBT techniques. It aims to identify cognitive distortions and thought-action pairings and change them. For example, a patient notes that they have stressful group activities at work, and after this, they notice that pulling hair out alleviates this stress. The cognitive distortion/thought of all social interaction creating stress is paired with the hair-pulling as a way to alleviate the stress, and so this behavior is negatively reinforced by the alleviation of the stress, and the connection is strengthened.

Habit reversal therapy has three components: awareness, competing for the response, and social support. The patient is trained to be aware of hair-pulling and of the situations or emotions that cause the hair-pulling. They are trained to notice when they are in the act and when they are about to perform the behavior. They are praised for correct awareness and reminded if they are incorrect. Once this is solidified, they are taught a competing response, which is an action that takes place instead of hair removal. They are to complete this task when they are pulling the hair or if they have the urge to pull. Social support from those around the individual who praise the appropriate use of habit reversal training or remind the patient to use it when not doing so is core to habit reversal training.

### B. Pharmacological treatment:

Current research suggests modest positive effects with Selective Serotonin Reuptake Inhibitors (SSRI). The effects are more robust in combination with therapy. There have been meta-analysis reviews of more recent research that have shown a moderate positive effect of SSRI medications, but a more pronounced effect was seen with therapy. More recent preliminary data have shown some positive effects with olanzapine, aripiprazole, and quetiapine. The studies with antipsychotics are few and require future studies to replicate results. Other novel treatment case studies using N-acetylcysteine have shown positive results, but there have been no robust studies.