INTRODUCTION

• Trichotillomania is a rare condition that affects 1-4% of the population. In some instances, trichophagia, or mouthing of the hair, can lead to the formation of trichobezoars (hairballs).
• Five to 18% of patients with trichotillomania also show trichophagia and approximately 37.5% are at risk for forming a trichobezoar.
• Trichobezoars account for 55% of all bezoars, 90% of which occur in adolescent females.
• Behavioral interventions have been shown to be effective with treating patients with this trichotillomania. However, additional research is needed on treatments for trichotillomania when trichophagia is present.
• The purpose of this case study was to examine the treatment effects of habit reversal on hair, nail, and string pulling and mouthing in a 10-year-old female who had a history of a trichobezoar.
• Treatment focused on behavioral interventions without the use of a pharmacotherapeutic intervention.

METHOD

Subject

• Archival data were examined on a 10-year-old female subject who lived in a rural community and was treated at an outreach behavioral health clinic located within a primary care setting.
• Prior to behavioral intervention, the subject underwent surgical removal of a trichobezoar with a 3 ½ foot long tail that extended into her small intestine.
• Subject identified situations that she was more likely to engage in habits and included: 1) during academic classes and 2) at night while attempting to fall asleep, an antecedent identified was any event that created anxiety, but mostly when relationship problems occurred with peers.

Procedure (continued)

• Self Awareness: Subject was trained to 1) look in the mirror while pretending to engage in hair/string pulling and nail biting while focusing on how her body moved and the muscles that were used while the habit was being performed; 2) identify times that she started the habit by saying “that was one;” and 3) record each occurrence on a 3x5 index card.
• Practice the Competing Response Daily: Competing responses to hair/string pulling and swallowing and nail biting/swallowing were generated and include: sitting on hands, holding a stress ball, chewing gum, and sucking on hard candy.
• The subject was encouraged to use the competing responses 1) in front of a mirror for practice, 2) when she felt the urge to start her habits, 3) in situations where she is likely to start her habit, and 4) for 1 minute after each time she performs her habit.
• Parent/Teacher Support: Parents and teachers were trained on how to identify situations when the subject engaged in her habit. They were also encouraged to provide support and encouragement for efforts of the subject. Support was encouraged at the beginning/throughout treatment.
• Progressive Relaxation: The subject was trained to use deep breathing along with deep muscle relaxation. She was encouraged to use strategies in situations where anxiety was elevated and she felt urges to engage in habits.

RESULTS

• Data showed a decrease in the frequency of targeted habits that previously contributed to the development of a trichobezoar.

DISCUSSION/LIMITATIONS

• The case study showed decreases in the frequency of targeted habits that previously contributed to the development of a trichobezoar.
• Given that the subject underwent a surgical procedure prior to behavior treatment, the subject could have experienced adverse effects which may have contributed to behavior change.
• Treatment components were not implemented separately and it is therefore difficult to attribute which component may be more influential on treatment effects.
• Future research should examine children and adolescents who develop trichophagia and are treated with or without behavioral interventions.