

CLINICAL PERSPECTIVES:

Clinical Case Rounds in Child and Adolescent Psychiatry

Trichotillomania-by-Proxy: A Possible Cause of Childhood Alopecia

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Introduction

Trichotillomania (TTM) is a common psychiatric disorder that presents in both children and adults (Reeve & Keuthen, 1998). Cases have also been reported in children who are toddler-aged (Homes & Wright, 2003). TTM is characterized by the presence and subsequent inability to resist an urge to pull one's own hair, which results in noticeable hair loss. Pulling is often preceded by a sensory or environmental trigger and is followed by tension reduction or pleasurable sensations. TTM sufferers frequently pull hair from the scalp, eyelashes, eyebrows and pubic regions, and keep this behavior hidden due to an associated sense of shame. Individuals with TTM have also reported the tendency to pull fibers from carpets and fur from stuffed toys and family pets in response to their urges (Tay, Levy, & Metry, 2004).

Alopecia is a medical condition that is also defined by noticeable regions of hair loss, for which TTM is a potential cause. Childhood alopecia has a broad differential diagnosis including infectious and environmental etiologies. A potential cause that has not been reported in the literature to date is alopecia secondary to hair pulling by a TTM-affected parent. The following case series reports on two individuals diagnosed with TTM who reluctantly disclosed their behavior of pulling their children's hair.

Case Reports

Case 1

A 39-year-old stay-at-home mother of four presented with TTM. There was no history of psychosis, alcohol or drug abuse, or TTM in her

family, although her uncle had a hair-twisting/manipulation habit. This woman presented with comorbid depression and mild symptoms of Obsessive Compulsive Disorder, such as frequent hand-washing. Upon discussion of details related to her pulling, she reluctantly disclosed that she pulled the hair of her youngest daughter in response to an uncontrollable urge. Tearfully, she reported that this began following the onset of her TTM. It is unclear whether the child had regions of thinning or baldness related to the pulling due to the patient's shame and reluctance to discuss this issue.

Case 2

A 25-year-old female presented with a long-term history of TTM. She also suffered from post partum depression which had been effectively treated with sertraline. There was no family history of TTM and she had not previously received psychiatric care for this disorder. She reported that she was twelve years old when she started to pull hair from the top of her head. The urge to pull her hair intensified in her early twenties. The patient was using hair extensions to cover her hair loss at the time of assessment, and replaced them every six weeks due to ongoing pulling. Despite attempts to resist pulling and to distract herself, she continued to pull out her hair. Her symptoms worsened during periods of marked stressors, such as times of serious illness and the hospitalization of her infant. When asked about other triggers, she expressed great distress and cried when disclosing that seeing her child's

hair precipitated strong urges that led to pulling of his hair.

Discussion

In psychiatry, Munchausen-by-proxy describes the situation wherein a child presents with a medical condition with unknown causes that turns out to be related to an action of the parent. Similarly, for examples such as those described above, children of TTM patients may present with alopecia of unknown origin. The authors propose that the term 'TTM-by-proxy' be used to describe the above reported phenomenon for offspring of those with TTM. Because by-proxy hair-pulling is associated with significant shame of the parent, one must specifically probe for information regarding this symptom. In contrast to Munchausen-by-proxy, however, TTM-by-proxy is not produced by a caregiver to misguide clinicians and gain the sick role (Shaw, Dayal, Hartman, & DeMaso, 2008). Rather, it appears to be a phenomenon that reaps no gains by the parent, but causes great distress. Adding this term to the differential diagnostic list for alopecia in children may be useful for pediatric psychiatrists,

dermatologists and pediatricians. It should particularly be considered when a known history of TTM or related disorders is present in one of the parents.

The aim of this case series is to bring to light the phenomenon of hair pulling by TTM-affected parents of their children. Whether or not this occurrence is widespread among TTM sufferers is currently unknown, but is worthy of further systematized study.

Acknowledgements/Conflict of Interest

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