TRICHOTILLOMANIA IN ASSOCIATION WITH PSYCHOSIS — A CASE REPORT

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Trichotillomania is a morbid compulsive impulse to pull out one's hair, resulting in baldness and usually occurring as a manifestation of neurosis. Infrequently eyelashes or eyebrows may be involved. Most of the cases reported in the literature are adolescent or young adult females (Kumar et al., 1982). However, Horne (1977) has reported an adult male, and Tiling (1975) had observed two cases with psychotic episodes. The present case is a young adult male patient of schizophrenic psychosis associated with trichotillomania.

CASE REPORT

Mr. V., 22 years, unmarried, Hindu, intermediate student was hospitalized in October 1982 for second time with a history of lack of interest in any work, withdrawn behaviour, lack of personal hygiene, remaining aloof and plucking his eyebrows as well as moustaches for last 6 months. His first hospitalisation was in Dec. 1981, with a history of gradually progressive social withdrawal, suspicious and fearful behaviour, illogical talking, muttering, laughing to self, lack of interest in studies and work, neglect of hygiene, excessive smoking and plucking of eye-brows and moustaches for one year. There was no history of any other neuropsychiatric illness in the past. The illness had started insidiously and had a gradually progressive course. His physical examination in Dec. 1981 revealed both eye brows totally denuded of hair and moustaches irregular. His Mental Status examination on lines of PSE schedule at that time revealed poor personal hygiene, decreased psychomotor activity, poor cooperation, guarded, hostile and unstable affect with no evidence of formal thought disorder. He had delusions of persecution and reference and auditory hallucinations. His judgement and insight was impaired. He was diagnosed as a case of schizophrenic psychosis and was treated with oral phenothiazines, with which he showed gradual improvement. He was discharged after 9 weeks of hospitalization. At the time of discharge he was maintaining his personal hygiene very well, had average psychomotor activity and shallow affect. He didn't manifest thought disorder, delusions, overvalued idea or hallucinations and regained insight. He had grown full hair over both his eye brows and moustache.

After discharge from the hospital he attended our out-patient department for a follow-up regularly but his drug compliance was poor after one month because of poor economic condition. This fact was concealed from us till his present hospitalisation. He had done tuitions of the primary school children for two months and his behaviour was socially well adjusted. After two months he stopped doing tuitions and started remaining aloof. He started plucking eye-brows and moustache and explained it as a result of itching.

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He comes from a nuclear family set up, being second in birth order. There is no genetic loading for neuro-psychiatric illness. His father is a 60 year old high-school, unemployed male. He was employed as a class-II officer in State Bank of India. About 10 years ago he filed a suit against his employers in a court apprehending some disciplinary action against him. Since then he is out of job. He remains confined to one room of the house and keeps himself busy with his court case. He is unconcerned about his family and house-hold. In the hospital also he came only on being called especially by us. All brothers of the patient have paid for their studies by doing tuitions. Mother is 55 and is performing the role of an illiterate housewife. She is kind-hearted and generous. She is managing the household very well. Older brother is about 24 years old, single, educated up to Intermediate, works at a distant district for the past 3 months. Second brother is about 20 years old, hardworker, less talkative, stubborn, irritable, and impulsive. He was employed in a private concern, but left his job due to some conflict with his employer. Third brother is only ten years of age. Sisters are 16 years and 12 years, studying in intermediate and class-VI respectively. Both are stubborn and short tempered. Often there are quarrels amongst mother and the children.

Mr. V's early development was uneventful, except that there is history of neurotic traits during childhood. He was an average student up to high school, but had started doing tuitions even then. He was studying in Intermediate when he developed the illness. Premorbidly he had schizoid traits in his personality.

Physical examination at the time of present hospitalization again revealed totally denuded eyebrows, with a few broken hair stumps. There were only 1/3rd hairs near the top margin on right side of moustache and 2/3rd on the left side (Fig. 1). Examination by a dermatologist revealed no local anomaly. Mental Status Examination revealed that he is an adult male of asthenic built. His personal hygiene was poor. He was fidgety and restless during the interview. He was less cooperative and less communicative. His affect was generally shallow, but during the interview he started laughing inappropriately. There was no formal thought disorder. His answers were evasive. There were no delusions. He had some somatic concern and complained of itching over the eyebrows. There was no evidence of perceptual anomaly. Judgement and insight were impaired. 'Draw a person test' did not reveal any disturbance of body image. Rorschach protocol brought out all the evidence of psychosis. We tried to explore for guilt, conflict in intrafamilial relationship or disturbance of body image through Thematic Apperception Test, but he did not cooperate.
After hospitalisation, he was given oral phenothiazines. He stopped plucking his eyebrows and moustache. Hair over the eyebrows had also shown growth. (Fig. 2) He still complained of itching over the eyebrows and restlessness. During interview he still shows inappropriate laughing and lack of proper judgement and insight.

DISCUSSION

Presentation of Mr. V. with gradually progressive social withdrawal, lack of volition, inappropriate affect, paranoid delusions and impaired judgement and insight undoubtedly points towards the diagnosis of schizophrenic psychosis. Improvement of the clinical picture with phenothiazines further confirms the presence of schizophrenia. However, there is definite evidence of existence of emotionally deprived atmosphere in the family. Plucking of eyebrows and moustache was always preceded by the development of exacerbation of psychosis, and it subsided with the remission of psychosis as a response to pharmacotherapy. In the absence of any evidence for disturbance of body image or gender identity or presence of guilt, we can only presume that trichotillomania in Mr. V. was a symptom of schizophrenic psychosis.

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