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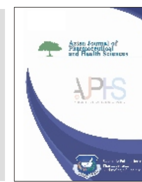

Oxazepam Augmentation in Trichotillomania

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ABSTRACT

Trichotillomania is characterized by repeated hair pulling causing noticeable hair loss. It is an impulse control disorder which is often chronic and difficult to treat. There are no established guidelines for the management of trichotillomania. Oxazepam is a benzodiazepine used for the treatment of anxiety, insomnia and in the control of symptoms of alcohol withdrawal. Here we present a case in which using oxazepam as an add-on therapy to the usual line of treatment for trichotillomania resulted in considerable improvement.

INTRODUCTION

Trichotillomania is a chronic impulse control disorder characterized by repeated hair pulling and noticeable hair loss [1]. Due to social implications trichotillomania is often unreported and it is difficult to accurately predict its prevalence; though the lifetime prevalence is estimated to be between 0.6% (overall) and may be as high as 1.5% (in males) to 3.4% (in females) [2]. Common areas of hair pulling are the scalp, eyelashes, eyebrows, arms, hands, and pubic hairs [3]. Although various initial case reports showed promise for SSRI usage in trichotillomania, placebo-controlled trials have not found a significant difference between response to SSRIs and placebo [4]. Various other medications that have been reported to have some efficacy for trichotillomania include sertraline, clomipramine, fluvoxamine, citalopram, venlafaxine, naltrexone, and lithium [5]. Cognitive behavioural therapy has been reported to have some efficacy along with medication for trichotillomania [6]. Herewe report successful resolution of trichotillomania after the addition of oxazepam to the usual line of treatment in trichotillomania.

CASE REPORT

A 20 year old unmarried Muslim female was referred to our outpatient department from the dermatology department to rule out trichotillomania. The history dated back to one and a half year when the patient had a drug reaction to some medication given to her for leg pain (details unavailable) and she lost all the hair of her eyebrows within a span of 10-15 days. Her eyebrow hair however grew back completely in 4-5 months. She then started plucking her eyebrow hair due to itching in that area and would throw them away. She would pluck her eyebrow hair only when idle like while watching television. She claimed to be anxious prior to the plucking and felt a sense of relief when she would finish plucking. After few days, she started plucking her scalp hair too. Occasionally would also pluck the hair from her leg. She claimed that she plucked the hair due to itching sensation in that area which would be relieved after the act. She had insight that she was doing wrong and was really upset with this problem as the hair loss from the scalp and eyebrows were making her look ugly.

On mental status examination, She was averagely built and wearing a burkha. There was visible hair loss of the eyebrow region. When asked to remove the headgear there was scanty hair over the vertex region. She was very anxious about the hair loss and expressing the inability to resist the urge to pull the hair. Her mental status examination otherwise revealed no significant psychopathology.She was started on 50mg of Fluvoxamine which was gradually increased to 300 mg over a month. She was also asked to wear a headgear at home. Oxcarbazepine was added later at a dose of 150mg twice a day and increased up to 600 mg per day. There was only 40% improvement in symptoms. Risperidone was added at a dose of 2mg per day with no further improvement or worsening. To this combination, Oxazepam was added in the dose of 10 mg three times a day. The patient returned for a visit within 20 days with 100% improvement. This improvement has been sustained over the last 8 months and she follows up regularly. We have maintained the patient on Fluvoxamine 300mg/day,

Oxcarbazepine 450mg/day and Oxazepam 30mg / day. Risperidone was stopped.

DISCUSSION

The diagnostic criteria for trichotillomania is similar to obsessive compulsive disorder, with an increase in tension prior to the act and a relief of tension or gratification after the act. However, some people with trichotillomania do not endorse the inclusion of rising tension and subsequent pleasure, gratification, or relief as part of the criteria; because many individuals with trichotillomania may not realize they are pulling their hair, patients presenting for diagnosis may deny the criteria for tension prior to hair pulling or a sense of gratification after hair is pulled [7]. Trichotillomania leads to noticeable hair loss, distress, and social or functional impairment. Anxiety, depression and obsessivecompulsive disorder are more frequently encountered in people with trichotillomania [8]. Selective serotonin reuptake inhibitors (SSRIs) have limited usefulness in treating trichotillomania, and can often have significant side effects. Dual treatment (behaviour therapy and medication) may provide an advantage in some cases [9]. Sincetrichotillomania falls on the obsessivecompulsive spectrum, anti anxiety drugs may benefit as an add-on therapy in treatment resistant patients.More research is necessary to test the efficacy of drugs like oxazepam in impulse control disorders. This can also be extended for future use of this drug in obsessivecompulsive disorder [10].

CONCLUSION

Oxazepam is a new benzodiazepine with low abuse potential that may be of help in anxiety and related disorders. It must be explored further for use in various disorders as an augmentation agent for the management of anxiety related aspects of various psychiatric disorders.

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