

Dissociative Episodes Characterized by Trichotillomania in a Late Adolescent Female

Danielle Healey (MS3), Jessica Lee (MS3), Elizabeth Getzoff (PhD), Rishi Gautam (MD)

INTRODUCTION

Dissociative symptoms have also been linked to acute or chronic stress with medical treatment of another disease (Janssen et al., 2022). Dissociation has also been correlated with the presence of self-injurious behaviors such as trichotillomania (Gupta et al., 2017). However, most instances of self-harm occur outside the episode of dissociation.

CASE REPORT

A 17-year-old female with a history of sickle cell disease (SCD), moyamoya disease, CVA, PTSD, and GAD presented with recurrent episodes of compulsory hair-pulling preceded by shooting pain down her hair-pulling arm or pain originating from her chest. During the episodes of hair-pulling, the patient experiences a lack of memory of the episode, slurred speech and difficulty communicating. She also presents with auditory commands instructing her to pull her hair. Episodes occur multiple times a day and last between 5-60 minutes.

Before admission, the patient experienced a recent one-month increase in pain due to her SCD. She has a history of similar back and chest pain that is believed to originate from SCD. At baseline, the patient's pain is poorly controlled.

WORK UP

A neurologic workup was conducted with signs of neurological damage consistent with prior imaging. It was ruled that the findings were not clinically applicable to the current symptoms due to the lack of change from prior baseline.

MRA Head and Neck scan of the Patient Demonstrating the Extent of Moyamoya Disease.



TREATMENT

In the three months following admission to the hospital, the patient reported a decreased frequency of episodes of dissociation, hair-pulling, and auditory hallucinations with an increased fluoxetine dosage and lorazepam PRN for agitation. The patient participates in weekly trauma-focused and mindfulness CBT and group CBT in addition to a psychopharmacology plan consisting of Fluoxetine 20-80mg, Risperidone 0.5-1mg, Clonidine 0.1-0.3mg and as needed Lorazepam 1mg.

DISCUSSION

We have identified a gap in current literature exploring the relationship between dissociation and trichotillomania. Available research supports the association between traumatic dissociative events and trichotillomania and indicates that dissociation can occur during the act of hair-pulling.(Lochner et al., 2002;2004) Dissociative symptoms can serve as a link between trauma and repetitive behaviors such as trichotillomania as a form of distress reduction (Gupta et al., 2017).