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Skin picking disorder in elderly: a case report

Yaşlılarda deri yolma bozukluğu: olgu sunumu

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ABSTRACT

The clinical importance of skin picking disorder (SPD) in the elderly is quite high, this importance stems from physical health complications, psychological effects, social isolation, treatment difficulties, and the need for specialized treatment strategies. Effective management of this disorder requires a multidisciplinary approach and age-specific treatment strategies. Such an approach could significantly improve the overall health and quality of life of older individuals. In this study, a 69-year-old male patient who applied to the psychiatry outpatient clinic with SPD complaints was discussed in the light of literature information.

Keywords: Elderly, skin picking disorder, treatment

ÖZET

Yaşlılarda deri yolma bozukluğunun (DYB) klinik önemi oldukça büyüktür; bu önem, fiziksel sağlık komplikasyonları, psikolojik etkiler, sosyal izolasyon, tedavi zorlukları ve özelleşmiş tedavi stratejileri gerektirmesinden kaynaklanır. Bu bozukluğun etkili bir şekilde yönetilmesi, multidisipliner bir yaklaşım ve yaşa özgü tedavi stratejileri gerektirir. Böyle bir yaklaşım, yaşlı bireylerin genel sağlığını ve yaşam kalitesini önemli ölçüde artırabilir. Bu çalışmada, psikiyatri polikliniğine DYB yakınmaları ile başvuran 69 yaşındaki erkek hasta, literatür bilgileri ışığında tartışılmıştır.

Anahtar Kelimeler: Deri yolma bozukluğu, ileri yaş, tedavi

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INTRODUCTION

Skin picking disorder (SPD) is a condition characterized by excessive, repetitive skin picking that causes damage to the skin tissue without a dermatological problem. This disorder was defined as "neurotic excoriation" by Erasmus Wilson in 1875 and has also been called compulsive skin picking, psychogenic excoriation, acne excoriée and dermatotillomania in different sources (Parsa, Pixley, & Fried, 2023). Some researchers have suggested that because SPD and trichotillomania are similar to obsessive compulsive disorder (OCD), these disorders can be conceptualized as OCD spectrum disorders. This assumption is supported by factors such as the high rate of comorbid OCD, the high rate of SPD in first-degree relatives of patients diagnosed with OCD, the difficulty of controlling both the compulsions in OCD and the urge to pick, and the temporary relief after the action (Parsa et al., 2023). SPD in older adults requires careful treatment due to the increased risk of complications such as infection and hospitalization. These risks are further exacerbated by age-related changes in skin integrity and the presence of concomitant medical and psychiatric conditions. Management strategies should be individualized and include a combination of psychotherapies, behavioral interventions, and pharmacological treatments. The approach to treatment in the elderly may differ from that in the younger population due to these increased risks and the unique challenges posed by comorbidities and age-related physiological changes (Mandarino, Stummer, Trueba, Vahia, & Freedberg, 2024). The clinical importance of SPD in the elderly is considerable due to physical health complications, psychological effects, social isolation, treatment difficulties, and the need for specialized treatment strategies. Effective management of this disorder requires a multidisciplinary approach and age-specific treatment strategies. This can significantly improve the overall health and quality of life of older individuals. Clinicians may not be aware that skin picking may also be a neuropsychiatric symptom of dementia. In this study, an elderly male patient who applied to the psychiatric outpatient clinic with complaints of SPD was discussed in the light of literature information.

CASE

A 69-year-old, high school graduate, retired male patient was referred to the psychiatry outpatient clinic by his dermatologist due to lesions on his scalp. In the history taken from the patient and the patient's daughter, it is stated that the patient has constantly been scratching his scalp for the last year, picking the wounds on his scalp, and feeling relieved when he picks the wounds and fluid comes out of the wounds, he cannot stop this situation and it has become repetitive. It was stated that during this period, the patient was accompanied by complaints of introversion, insomnia, inability to enjoy life, decrease in social communication, forgetfulness, and absent-mindedness. It was learned that his skin picking behavior increased during times of distress. The patient states that he does not leave the house without wearing a hat to cover his wounds, that he does not take off his hat indoors, that he is embarrassed because of his wounds, and that he cannot enter social environments. In the history taken, it was learned that the patient lost his son in a traffic accident a year ago. In the mental status examination of the patient, the male patient looked his age and his clothing was compatible with his sociocultural level. It was observed that the patient, who had a partial decrease in self-care, made eye contact, and showed a respectful attitude towards the interviewer, was reluctant to have an interview. The content of his speech has become poorer, his reaction time to the questions asked has increased, he speaks purposefully and in a low volume. The mood was depressed, the affect was compatible with the mood, the thought content was impoverished, and the thought content was dominated by thoughts of guilt, shame, and thoughts about unintentional skin picking behavior. He was conscious, cooperative, oriented, and no pathological findings were detected in perception. There were findings in favor of cognitive impairment in the memory examination. Abstract thought, evaluation of reality, judgment and reasoning were preserved. There was psychomotor retardation. Yale Brown Obsession and Compulsion Rating Scale (YBOCS) 32 points, including contamination obsessions and cleaning and checking compulsions, Barratt Impulsivity Scale 30 points, Hamilton Depression Rating Scale (HDRS) 19 points, Geriatric Depression Rating Scale 19 points, Hamilton Anxiety Rating Scale (HARS) was evaluated as 22 points, and Standardized Mini Mental Test was evaluated as 24 points. Physical examination findings revealed excoriating and necrotizing lesions on the scalp, the largest of which was 8 cm in diameter. In laboratory findings, hemogram, biochemistry, hormone, vitamin B12 and ferritin levels were found to be normal. Cranial MRI was evaluated within normal limits. As a result of dermatological evaluation, antibiotic ointment was recommended due to the risk of secondary infection. After a psychiatric evaluation, he was diagnosed with major depression, skin picking disorder and mild cognitive impairment according to DSM-5. The patient was started on sertraline 50 mg/day and quetiapine 50 mg/day treatment, and the sertraline dose was gradually increased to 100 mg/day. The patient's lesions were too severe to be resolved with simple medical intervention, so he required plastic surgery. By taking a detailed history about the picking behavior, localization of the area being picked, timing of the picking behavior (its course,

frequency and duration of attacks, at what time of the day, etc.), skin picking method, the severity of the picking behavior, situations that facilitate the picking behavior, factors that affect it, factors that affect the picking action, The focus was on the thoughts and emotions that arose before, during and after the action. It was observed that the habit reversal method was beneficial in the following processes. The patient's skin picking behavior gradually decreased over 6 months. The patient's obsessions with cleaning and checking have decreased. It was stated that the patient felt happier and more enjoyable, that he was no longer afraid to enter social environments, and that he did not wear a hat to cover the wounds. It was determined that the patient's cognitive performance also improved and that he no longer had complaints such as forgetfulness and absent-mindedness. Results of the psychometric scale evaluation applied after six months; YBOCS 14 points, Barratt Impulsivity Scale 16 points, HDRS 8 points, Geriatric Depression Rating Scale 9 points, HARS was evaluated as 12 points, and Standardized Mini Mental Test was evaluated as 26 points. With permission from the patient, images of lesions due to skin picking disorder were recorded (Figure 1).

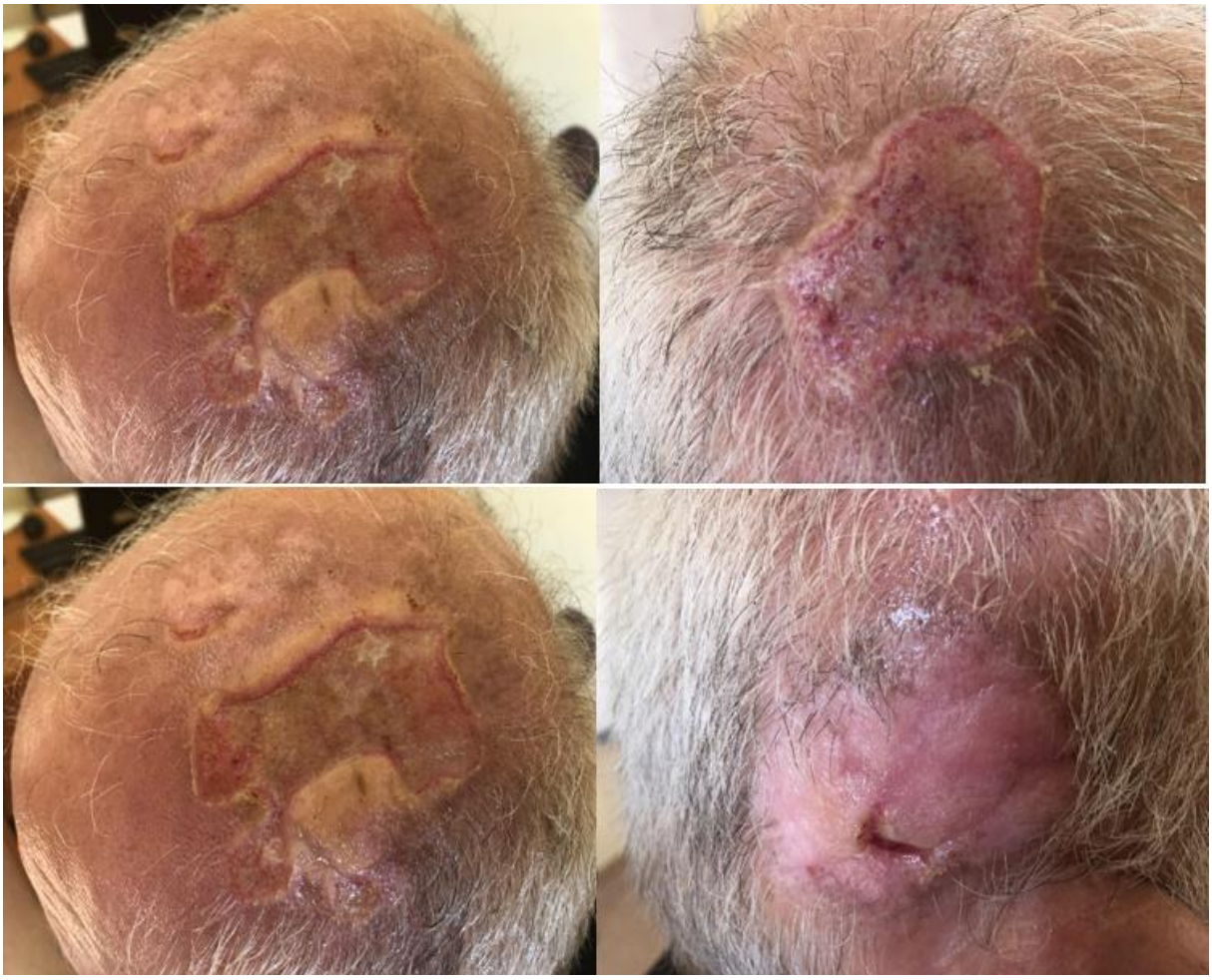

Figure 1. Appearance of lesions related to skin picking disorder on the patient's scalp

DISCUSSION

SPD is primarily related to age in terms of its onset and clinical appearance. The majority of cases begin during adolescence, with a significant number of individuals reporting the onset of symptoms before the age of 20 (Grant & Chamberlain, 2022). Contrary to the literature, our case is a case of SPD that started at an older age. In older adults, SPD may occur due to age-related changes in the skin. SPD shows a significant gender disparity, with a higher prevalence in women compared to men. Epidemiological data from a systematic review and meta-analysis show that SPD affects women more than men, with a female-to-male odds ratio of 1.45 (Farhat, Reid, Bloch, & Olfson, 2023). Another important feature of our case is that he was male. It is not common for these individuals to seek medical help. Less than 20% of patients seek treatment. Many patients try to cover the lesions that develop due to skin picking with methods such as make-up, bandages, and clothing. The visibility of these lesions often exacerbates feelings of shame and social stigma, leading to social withdrawal or

disruption of social interactions (Gallinat, Stürmlinger, Schaber, & Bauer, 2021). The clinical situation is worsened by the fact that many people coexist with psychiatric disorders such as depression and anxiety, which further impair general functionality and quality of life (Anderson, Clarke, & Thomas, 2023). In our case, he was trying to cover his wounds by wearing a hat and did not enter social environments. In addition, the patient's current clinical picture was accompanied by intense depressive symptoms. The question arises whether SPD, which begins at an advanced age, may be the precursor sign of dementia. There is a study in the literature indicating that trichotillomania, one of the body-focused repetitive behaviors, may be a precursor to dementia (Paholpak & Mendez, 2016). Behavioral treatments for SPD that complement pharmacological treatments such as SSRIs, N-acetylcysteine, antipsychotics, and glutamate modulators include Habit Reversal Therapy and Cognitive-Behavioral Therapy. Habit Reversal Therapy is a well-documented behavioral intervention for BAD; It focuses on increasing awareness of choosing behaviors and replacing them with competing responses (Jafferany et al., 2020). In the presented case, sertraline treatment was preferred.

CONCLUSION

SPD is less common in the elderly population, but lesions may be more severe. The clinical importance of SPD in the elderly is considerable due to physical health complications, psychological effects, social isolation, treatment difficulties, and the need for specialized treatment strategies. More research is needed on this subject.

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Ethics Committee Approval: The individual's participation in the study is voluntary and informed consent was obtained from the individual before the study. Since it was evaluated within the framework of a case report, ethics committee permission was not obtained.

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Author Contributions:

Idea/Concept: Doğancan SÖNMEZ, Çiçek HOCAOĞLU**; Design:** Doğancan SÖNMEZ, Çiçek HOCAOĞLU**; Supervision/Consultancy:** Çiçek HOCAOĞLU**; Data Collection and/or Processing:** Doğancan SÖNMEZ**; Analysis and/or Interpretation:** Doğancan SÖNMEZ, Çiçek HOCAOĞLU; **Literature Review:** Doğancan SÖNMEZ; **Writing of the Article:** Doğancan SÖNMEZ; **Critical Review:** Çiçek HOCAOĞLU.

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