

The efficiency of valproic acid in a child with trichotillomania

Trikotillomanili bir çocukta valproik asitin etkinliđi

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ABSTRACT

Trichotillomania is a relatively rare impulse control disorder that causes patients to pull out own hair. Studies regarding the pharmacological treatment in children or adults are scarce, and there is a lack of consensus on drug treatment. The current trend is to use mood stabilizers for reducing repetitive behaviors.

We present the case of 9-years-old child whose symptoms showed remarkable improvement after the administration of valproic acid. Our case is the second case in the literature that effectively treated with valproic acid. Additionally, this report indicates that this drug is potentially effective in reducing and also terminating complaints of trichotillomania. Further studies are needed to understand course of this disorder and considering the best treatment options. *J Clin Exp Invest* 2011;2(2):214-5

Key words: Trichotillomania, valproic acid, impulse control disorder

ÖZET

Trikotillomani, hastaların kendi kıllarını çekmeye neden olan nispeten nadir görülen dürtü kontrol bozukluđudur. Çocuklar ve eriřkinlerdeki farmakolojik tedaviye iliřkin çalıřmalar nadirdir ve ilaç tedavisiyle ilgili fikir birliđi yoktur. Bugünkü yaklařım, tekrarlayıcı davranıřların azaltılması için duygu durum stabilizatörlerinin kullanılması řeklinindedir.

Biz, valproik asit kullanımı sonrasında semptomlar da belirgin düzelme görülen 9 yařındaki bir çocuk olgusunu sunuyoruz. Bizim hastamız valproik asitle başarılı bir řekilde tedavi edilen literatürdeki ikinci olgudur. Ek olarak bu rapor, bu ilacın trikotillomani řikâyetlerinin azaltılması hatta sonlandırılmasında potansiyel olarak etkili olduđunu da dođrulamıřtır.

Hastalıđın ve seyrinin daha fazla anlaşılması ve en iyi tedavi seçeneklerinin ortaya konulması için ileri çalıřmalara gerek duyulmaktadır. *Klin Deney Ar Derg* 2011;2(2):214-5

Anahtar kelimeler: Trikotillomani, valproik asit, dürtü kontrol bozukluđu

INTRODUCTION

Trichotillomania is a heterogeneous disorder that is characterized by the recurrent pulling out of own hair leading to the noticeable hair loss, distress, and social or functional impairment. The common sites affected by trichotillomania are scalp, eye brows, eyelashes and other body hair. Lifetime prevalence seems to be in the range of 0.6-3.4% in the general population and about 1% in children.¹ Currently, trichotillomania is classified within the Diagnostic and Statistical Manual Fourth Edition (DSM-IV) as a disorder of impulse control along with pathological gambling, kleptomaniya, pyromaniya, and intermittent explosive disorder.²

In this article, we report a 9-years-old child who is diagnosed with trichotillomania and showed remarkable improvement about hair pulling in response to the treatment with valproic acid.

CASE

9-years-old male child who is carried with his parents referred to the outpatient clinic with the new-onset complaint of hair pulling of eyelashes. His family reported that he would be experience discomfort if they prevented him from pulling. On admission, eyelashes were totally removed and we learned that he was pulling his eyelashes throughout the day. He had normal development and also

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his medical and psychiatric history gave no abnormality. On mental status examination, he showed bright affect and excellent eye contact. He answered reasonably with using proper vocabulary to all the questions. There was any evidence of thought disorder which including obsessions on the basis of the current hypothesis that trichotillomania may be part of the obsessive compulsive spectrum of disorders. He had no behavioral or learning problems and difficulty for making friends at school. The family history was not significant for psychiatric illnesses or family problem.

For ruling out a possibility of other causes, we studied complete blood count, bio-chemistry, metabolic panel, electroencephalography, magnetic resonance imaging, and revealed normal findings. Finally, he was diagnosed with trichotillomania which takes place as one of the impulse control disorder classified in DSM-IV.

Recently, several studies have investigated that mood stabilizers decrease the symptoms of trichotillomania. Therefore, the anticonvulsant valproic acid has also been used as a mood stabilizer, was started on and gradually titrated to 1,000 mg/day. In the course of titration, any elevation of liver function test was noted due to the hepatotoxicity of this drug. Hair-pulling behavior dramatically decreased and resulted in significant regrowth of eyelashes. After providing the normal blood level of valproic acid, this behavior pattern did not recur.

DISCUSSION

Trichotillomania is a compulsive disorder diagnosed with patient's habit pulling out own hair belongs to the various parts of the body. It often affects female children and adolescents but our case was different because of the gender.³

Although there are many case reports on effective treatments for trichotillomania, the data from controlled trials are scarce. To date, studies about trichotillomania treatment display nonpharmacological and pharmacological interventions, alone or in combination. The principle of nonpharmacological approaches in trichotillomania is behavioral therapy

in the form of habit reversal techniques and also cognitive behavioral training. In terms of pharmacological therapy, various treatment options such as antidepressants particularly serotonin reuptake inhibitors, atypical antipsychotics, opioid antagonists and anticonvulsants show potentially clinical benefits in treating impulsive features.⁴ The treatment of trichotillomania particularly in children has numerous limitations because of the disharmony to nonpharmacological approaches and side effects to pharmacological therapies.

Reviewing to the literatures, the therapeutical effects of anticonvulsants, which are used as mood stabilizers, such as lamotrigine, topiramate, oxcarbazepine and valproic acid appear to gain significance in the treatment of impulsive control disorder. Our case, the second case in the literature with valproic acid, indicates that this treatment option is dramatically effective in reducing and even terminating symptoms of trichotillomania.⁵ However, we do not have enough experience about the effects of the long-term utility of this drug and imminently behaviour changes after withdrawal of this drug.

Finally, this case report calls for further studies with a wide sample of patients are needed to prove the efficiency of the utility of valproic acid in the treatment of trichotillomania and the long-term maintenance of these benefits.

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