Dermatillomania
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Definition: Dermatillomania or Compulsive Skin Picking (CSP) is defined as the repetitive picking at one's own skin to the extent of causing damage.

Age Group: Symptoms typically begin during the teenage years or early adulthood, but in some as early as the preschool years.

Symptoms and Signs: The face is the primary location for skin picking. However Dermatillomania, also known as neurotic excoriation, may involve any part of the body. Patients having Dermatillomania may pick at normal skin variations such as freckles and moles, at pre-existing scabs, sores or acne blemishes, or at imagined skin defects that nobody else can observe. Patients use their fingernails, as well as their teeth, tweezers, pins or other mechanical devices. As a result it may cause bleeding, bruises, infections, and sometimes permanent disfigurement of the skin. It is more likely to occur during periods of boredom or stress, and occurs most often at bedtime, in the bathroom, in class, and in the car. Sometimes skin-picking is preceded by a high level of tension and a strong "itch" or "urge". Similarly skin-picking may be followed by a feeling of relief or pleasure. A Dermatillomania or CSP episode may be a conscious response to anxiety or depression, but is frequently done as an unconscious habit. Patients attempt to camouflage the damage caused to their skin by using make-up or wearing clothes to cover the subsequent marks and scars. In extreme cases, they may avoid social situations in an effort to prevent others from seeing the scars, scabs, and bruises that result from skin picking.

Case Report:
A nine years old Sikh boy was brought by his parents with aggressive behavior. He was lean and weighed 25 kgs only. He had history of biting the tips of his fingers. The parents revealed that this behavior has been there for last two years. The hands showed damage to skin of the distal part of the fingers and thumbs of both hands. He would watch cricket matches very keenly and would fight if anybody would block his TV. On many occasions he has bitten his thumbs and fingers if his favorite player Sachin Tendulkar would be out soon. His fingers would bleed and the mother would hide it from his father. The child also had history of nocturnal enuresis. The mother herself had history of depression. The boy showed signs of improvement on counseling, use of gloves for his hands, and 25 mg of nortryptaline.
Psychological Aspects of the Disorder: The disorder has obsessive-compulsive features that are quite similar to OCD, and Trichotillomania. A recent study found that 23% of those with OCD, and 27% of those with BDD, also had Dermatillomania. Though not currently listed in the Diagnostic and Statistical Manual (DSM-IV) published by the American Psychiatric Association, some researchers believe it merits distinction as a separate diagnostic entity. Through excessive skin picking, children tend to convey messages for which they can't find the words. It may be almost impossible for a child to describe all the thoughts and feelings that are making him to pick but the evidence alone of compulsive picking is enough to signal to a parent that medical intervention is needed. The other diseases associations have been with impulse control disorders such as trichotillomania, as well as body dysmorphic disorder, anorexia nervosa, and social phobic anxiety disorder, borderline personality disorder, and alcoholism.

Treatment: of Dermatillomania depends on the level of awareness the individual has regarding the problem.

- The primary treatment is a form of Cognitive-Behavioral Therapy called Habit Reversal Training (HRT). HRT is based on the principle that skin-picking is a conditioned response to specific situations and events, and that the individual with Dermatillomania is frequently unaware of these triggers. The individual with Dermatillomania learns how to become more consciously aware of situations and events that trigger skin-picking episodes. He also learns to utilize alternative behaviors in response to these situations and events.
- Exposure and Response Prevention (ERP). This is the primary treatment for OCD and many OC Spectrum disorders, and is most valuable if the individual with Dermatillomania is already aware of the specific situations and events that trigger skin-picking episodes.
- Stimulus control techniques involve utilizing physical items such as gloves or rubber fingertip covers to reduce the client's ability to pick at his or her skin. They are helpful in only a small number of cases.
- Drugs used to treat OCD may be valuable adjuncts to CBT in the treatment of compulsive skin picking.
- Finger nails of children should be regularly trimmed to avoid compulsive skin picking. Also, their fingernails should be clean and tidy to reduce the chances of infection in the areas that a child is picking.
- A trained professional can also provide insight into the mental outlook of a child and thus prove to be of great help.

The parents have to be patient with the child and persevere in the treatment which may take a long time. They must realize that punishment, lectures, nagging, consequences, undue fussing, blaming and shaming should be avoided as they are futile.

Conflict of Interest: None

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