

FACTSHEET

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Trichotillomania

There are many causes of patchy hair loss (alopecia). The word, Trichotillomania is used for hair loss due to a child twisting, pulling or plucking out his/her hair, eyebrows or eyelashes. Trichotillomania does not cause permanent hair loss, harm to the hair follicles or brain damage. When the pulling, twisting or plucking stops, the child's hair will grow back normally. Trichotillomania is quite common in children and the behaviour responds well to treatment.

Babies: 1 month to 2 years

Hair pulling at this age is usually a self-comforting habit. It often goes along with thumb sucking. The baby rests with thumb or fingers in their mouth and twists his/her own or his mother's hair with the other hand. The child finds this relaxing and usually engages in the behaviour before falling asleep or when he/she is distressed.

Toddlers: 2 to 5 years

If your child has been pulling at his hair since he was a baby, he will be in the habit of doing it without thinking. At around the age of three, children can tell if you are reacting to what they do. If you get worried or upset when your child pulls at his hair, he soon will learn how to get your attention with this behaviour. Hair pulling is used by your child as an effective addition to kicking and screaming during a tantrum. Younger children usually twist hair and the older ones pluck at their hair.

School age: 5 to 12 years

Trichotillomania can be either a simple habit, an angry protest or a sign that your child is anxious or under stress. If your child has only started pulling his hair out at school age, there may have been other causes for the problem. It may be school-related stress or it can be a sign that something is worrying your child.

During this period, many children find it hard putting into words their troubles or feelings. This is more common in children who pull eyelashes or eyebrows. Children of this age become much more secretive about pulling out their hair. It may be hard, as a parent, to believe what is happening if you don't actually see your child do it. Trying to catch them doing it or frequent questioning will not help your child.

Adolescence: 12 to 18 years

Trichotillomania in adolescence is often similar to another childhood behaviour called Obsessive Compulsive Disorder (OCD). This can cause your child to develop troubling thoughts and rigid rituals. It may also be part of the adolescent struggle to be independent, an expression of rebellion or a symptom of anxiety.

Management

When Trichotillomania is a self-comforting habit, the management plan worked out by your health carer will give you ideas on how to help your child. High risk times include when your child is tired, just before falling asleep, watching television and when bored (eg. during car travel).

Ideas that may help include:

- A short haircut.
- Hair net or cap to sleep in.
- Cotton gloves or mittens for high risk times.
- Give your child objects that feel like hair to fiddle with, eg. pipe cleaners, satin ribbons or feathers. These can be swapped about to keep your child interested.

Thumb sucking often goes with hair pulling. These two habits must be worked on together because they trigger off each other. Trying to deal with one habit at a time doesn't work well.

Distinguishing between the hair-pulling that is a comforting habit and hair-pulling that is a tantrum is important. Ignoring the behaviour will lead to less hair-pulling only if it is being used in a tantrum. Trying to stop it may accidentally let the child to that this behaviour does upset the parent. If the hair pulling is a habit, ignoring it will allow the behaviour to become more entrenched. Remove the child's hand from his hair and give your child interesting objects to play with or engage him/her in different activities.

When the school age child is pulling their hair out as a reaction to circumstances, management involves searching for likely causes of stress, developing support systems and encouraging communication. It is helpful but not essential for the child to acknowledge what they are doing and participate in efforts to stop eg suggesting their own solutions, like a bandaid on the thumb to make it harder to grip the hair. If the hair-pulling is part of a repetitive ritualistic behaviour, then the management plan would be to use approaches similar to those for OCD. This includes behavioural methods and medication, usually an antidepressant.

Remember:

- Pulling hair out does not cause permanent hair loss.
- Treatment is available and effective.
- There are different reasons for the same behaviour at different ages.