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Introduction

Trichotillomania (TTM) is a psychiatric disorder of major clinical relevance characterized by recurrent pulling out of one's hair. Is typically caused by anxiety or depressive disorders, and other body-focused repetitive behaviors, resulting in psychosocial impairment (McGuire et al., 2014).

Objectives

This study aimed to report the treatment outcome with clomipramine in a patient diagnosed with trichotillomania.

Material and Methods

A 50-year-old married woman with two children, undergraduate professor, Catholic, attended the Outpatient Psychiatry Department in Maringá, in the state of Paraná, Brazil, between October 2017 and June 2018. The variables analyzed included psychological state, past and current medical and psychological history, medication history and measurement of alopecic area. Written informed consent was obtained from the patient, guaranteeing confidentiality and anonymity.

Results and Discussion

Trichotillomania became a daily routine in the patient's life during the past five years. Diagnosed with anxiety, she took the medicines sertraline, fluvoxamine, fluoxetine, citalopram, escitalopram, and olanzapine, without satisfactory results. Treatment was started on clomipramine 25mg, and the dose was increased monthly to 75mg and 125mg. The patient reported progressive improvement, except in the menstrual period, and the dose was increased to 175mg. The dose returned to 125mg due to side effects (flatulence and urinary retention). In the following months, the patient exhibited lower levels of anxiety and reduction in trichotillomania. The area of alopecia measured 11x8 cm and regressed significantly (Figure 1).

Takei (2000) achieved an improvement in TTM symptoms with low-dose clomipramine treatment (30mg/day), and the patient returned to her daily activities after four months of treatment.

Conclusions

The use of clomipramine in a patient diagnosed with trichotillomania and anxiety is effective in controlling and inducing remission of the condition.

Figure 1. Evolution of alopecia due to trichotillomania. (a) Alopecic area measuring 11x8cm in the first evaluation. (b) Hair growth in the alopecic area after eight months of treatment with clomipramine.

References

- McGuire, J.F., Ung, D., Selles, R.R., Rahman, O., Lewin, A.B., Murphy, T.K., Storch, E.A., 2014. Treating trichotillomania: a meta-analysis of treatment effects and moderators for behavior therapy and serotonin reuptake inhibitors. *J Psychiatr Res* 58, 76-83.
- Takei, A., 2000. A case of trichotillomania successfully treated with clomipramine. *Psychiatry Clin Neurosci* 54 (4), 513.