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### Escitalopram in trichotillomania

Sir

Trichotillomania is a neglected psychiatric disorder with dermatological expression [1]. In spite of intriguing new information about trichotillomania, the basic information about its prevalence, natural history and treatment is lacking [2]. Trichotillomania is an impulse disorder in which patients chronically pull hair from the scalp and/or other sites [3]. Hair pulling and plucking is commonest from the frontoparietal and temporal regions of scalp, although occasionally the eyelash, eyebrow, pubic hair and hair on other body sites may be involved. We report a child who presented with gradual loss of hair over scalp and there was also compulsion to pluck hair from scalp of other family members. He responded to a new SSRI, escitalopram.

Mr S, a 10-year-old boy studying in 5th standard was brought by his father to the dermatological clinic for loss of hair over scalp for last 10 months. The child was normal about 10 months back when he developed a patch of alopecia over scalp. The boy was prescribed antifungal drugs along with a scalp lotion for 2 months but without any improvement. The habit of plucking hair had increased, and he also started plucking hair of his mother and sister whenever he got an opportunity especially when they were asleep. The examination of hair from child's scalp was normal. The child was referred for psychological evaluation. All the medications were stopped. On detailed psychological evaluation in three sessions, it was found that the boy was not allowed to go outside to play with friends and was confined to the house only. This was due to parental fear that he may not get spoiled or did not meet an accident. He was not given any leisure activity at home and was continuously asked to study or sleep. The child also had the habit of nail biting. He was the youngest of three siblings. There was no past or family history of any chronic physical or psychiatric illness. The father had a furniture shop in the house itself. The boy had a

good academic record. After developing this problem, the child was wearing cap all the time and even during the summer. After developing the illness, he started receiving attention from her family members.

The child was started on escitalopram 5 mg daily which was increased to 10 mg daily after one week and was also given suggestion, distraction and explanation of the nature of symptoms. The father was also counselled about the nature of illness, its onset and perpetuation. There was a gradual fall in the frequency of hair plucking and nail biting followed by complete remission. On following him up for 2 months, he did not develop the habit and started enjoying the outdoor activities with his friends.

Trichotillomania in children is commonly associated with other neurotic traits such as nail biting (as was in the present case), thumb sucking, anxiety or stress of examinations, learning disability and parental neglect [4] and there may be eating of hair resulting in trichobezoars. In the present case, there were the stressors in the form of neglect and boredom. An increased incidence of co-morbid obsessive-compulsive disorder (OCD) has been noted with trichotillomania and neurological investigations have paralleled etiologic studies of OCD and have demonstrated both similarities and differences between OCD and trichotillomania [5]. Some investigators have even labeled trichotillomania as OCD spectrum disorder. Though selective serotonin reuptake inhibitors, especially fluoxetine, paroxetine, fluvoxamine, and citalopram have been found to be useful in trichotillomania [6–10], there are no reports about the role of escitalopram (which is a highly selective SSRI and a pure *S*-enantiomer of the racemic bicyclic phthalane derivative, citalopram) in trichotillomania. The condition needs to be timely recognized and appropriately treated to avoid any future complications.

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