UNDERSTANDING YOUR DIAGNOSIS

Skin-Picking Disorder

Also called Excoriation (Skin-Picking) Disorder

You pick at your skin more than you want to, you have tried to stop, and it leaves marks. There is help.

HOW COMMON	OFTEN STARTS	TREATABLE	YOU ARE NOT ALONE
About 2 in 100 adults	In the teen years	Yes - habit therapy works	Millions of US adults

What this is

- Skin-picking disorder is a body-focused repetitive behavior, much like hair pulling. It is a real condition.
- It is not self-harm. You are not trying to hurt yourself, and the picking usually feels soothing at the time.
- Most people pick at the face, arms, or hands, going after a bump, a scab, or a rough patch of skin.
- Nearly everyone picks a little. This is different: it eats time, leaves marks, and will not stop when you ask it to.

What it can look and feel like

- You scan your skin with your fingers or in a mirror, hunting for something to smooth out or fix.
- You pick with your nails, tweezers, or pins, sometimes for an hour or more without meaning to.
- You come out of it and realize you have done far more damage than you ever intended to do.
- Picking happens most at night, in the bathroom, or while sitting at a screen or driving somewhere.
- You cover the marks with makeup, long sleeves, or bandages, and you avoid pools, gyms, and beaches.
- Sores get infected, heal slowly, or leave scars, which you then feel worse about and want to fix.
- You have promised yourself you would stop many times, and it keeps happening anyway.

What is happening in your brain and body

- Picking runs on the same habit circuits in the brain as hair pulling, below the level of conscious choice.
- The brain's brakes on automatic movements are a little weaker, so picking starts before you notice it.
- Removing a bump ends an uncomfortable feeling right away, so your brain learns to do it again and again.
- Glutamate, a brain chemical involved in habits, is likely involved. That is why **N-acetylcysteine** is studied.
- Many people describe a trance-like state during long episodes, with little memory of the time passing.

What can make it more likely

- It often begins with teenage acne. The skin gives you a target, and the habit takes hold from there.
- Body-focused habits run in families, so relatives may pick their skin, pull hair, or bite their nails.
- Stress, boredom, anger, and anxiety switch picking on, because it briefly turns those feelings down.
- Wanting perfectly smooth skin keeps the scanning going, and the scanning always finds the next target.

What to expect

- Picking comes in waves and can quiet down for long stretches, especially when stress eases off.
- Behavior therapy usually takes **8 to 12 sessions** and works better than medicine used on its own.
- Skin often heals well once the picking stops, though deeper scars may need a dermatologist's help.
- Slips happen. What matters is how fast you get back to the plan, not that you never slip at all.

What helps

Treatment works. Most people get better.

Talking therapies

- **Habit reversal training** is the main treatment: catch the urge early, then use a competing movement.
- You track when and where you pick first, because you cannot change a habit you cannot yet see.
- Stimulus control changes the setup: trim nails, remove tweezers, cover mirrors, and dim bright lights.
- **Acceptance and commitment therapy** builds real skill in letting an urge pass without acting on it.
- Guided online habit reversal programs help when there is no local specialist you can get to.

Medicines

- No medicine is approved for skin picking, so behavior therapy is the foundation of your treatment.
- **N-acetylcysteine**, a supplement that acts on brain glutamate, beat placebo for adults in a trial.
- **SSRI antidepressants** give mixed results for picking but treat depression, anxiety, and OCD well.
- Naltrexone, a medicine that blunts reward, is sometimes tried when picking feels genuinely pleasurable.
- Infected sores may need antibiotic cream or pills. Doses are always set by your own prescriber.

Everyday things that help

- Keep nails short and put barriers where you pick: gloves at night, bandages, or hydrocolloid patches.
- Get the tools out of reach. Tweezers, pins, and magnifying mirrors are worth locking away for now.
- Give your hands something else to do: textured fidgets, putty, or a stress ball at high-risk times.
- Care for your skin gently - moisturizer, sunscreen, treating acne - so there is less there to pick at.
- Peer support through the TLC Foundation for BFRBs lowers shame, and less shame means less picking.

Get help right away if

- If you are thinking about ending your life, call or text **988** (Suicide and Crisis Lifeline).
- Get medical care today for spreading redness, warmth, pus, red streaks, or a fever.
- Go to an emergency room for a deep wound, heavy bleeding, or a wound you cannot close.

Questions to ask your care team

- *Can you offer habit reversal training, or refer me to someone who does?*
- *Should we check for a skin condition or another cause of the itching?*
- *Is N-acetylcysteine worth trying for me, and what would you watch for?*
- *What can I put on my skin to help these marks heal faster?*

Where this information comes from

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NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.