UNDERSTANDING YOUR DIAGNOSIS

Hair-Pulling Disorder

Also called Trichotillomania (Hair-Pulling Disorder)

You pull out your own hair, you have tried hard to stop, and it keeps happening. This is a known condition.

HOW COMMON	OFTEN STARTS	TREATABLE	YOU ARE NOT ALONE
About 1 or 2 in 100 people	Ages 10 to 13	Yes - habit therapy works	Millions of people in the US

What this is

- Hair-pulling disorder is a body-focused repetitive behavior. It is not self-harm and not attention seeking.
- You are not weak. Willpower on its own rarely stops it, which is exactly why a specific therapy exists.
- People pull from the scalp, eyebrows, or eyelashes most often, but any hair on the body can be a target.
- Most people hide it for years. Telling a clinician is the hardest step and also the most useful one.

What it can look and feel like

- You pull hair without noticing - while reading, driving, or watching a screen - and only see it afterward.
- Other times you pull on purpose, to release tension or because one hair feels coarse, gray, or wrong.
- You feel tension building before pulling and a wave of relief or satisfaction right after you pull.
- You inspect the root, roll the hair between your fingers, or bite it. Some people swallow the hair.
- There are thin patches or bare spots that you cover with hats, scarves, makeup, or a chosen hairstyle.
- You skip swimming, windy days, haircuts, or being close to people so that nobody will notice.
- You have promised yourself many times that you would stop, and the promise never holds for long.

What is happening in your brain and body

- Pulling is a habit wired into the movement and habit centers of the brain, well below conscious choice.
- Once a habit is learned that deeply, deciding to stop is not enough. You have to retrain the movement itself.
- The brakes on automatic actions work a little less well, which is why pulling starts before you notice it.
- Glutamate, a brain chemical involved in habits, may play a part. That is why **N-acetylcysteine** is studied.
- If you swallow hair, it can form a mass in your stomach. Tell your doctor, because that can need surgery.

What can make it more likely

- It runs in families, and relatives often have similar habits such as skin picking or nail biting.
- It usually starts around puberty, often quietly, and can settle into a habit before anyone notices it.
- Boredom, stress, frustration, and sitting still are triggers, not causes. Pulling turns the feeling down.
- You did not do this to yourself. Shame keeps it hidden, and hiding is a big part of what keeps it going.

What to expect

- Symptoms come and go, often heavier during stressful stretches and quieter when life settles down.
- Behavior therapy works well and usually takes **8 to 12 sessions**. It works better than medicine here.
- Hair usually grows back once the pulling stops, though long-damaged spots can take many months.
- Slips are normal and are not failure. Booster sessions help you get back on track quickly after one.

What helps

Treatment works. Most people get better.

Talking therapies

- **Habit reversal training** is the main treatment: notice the urge, then do a competing move instead.
- First you learn to catch yourself, tracking when, where, and how you pull before you change anything.
- The competing move is something you cannot pull while doing, like clenching your fists for one minute.
- **Acceptance and commitment therapy** adds skills for riding out an urge without having to act on it.
- Stimulus control changes the setting: gloves, bandages, hats, fidget toys, and different lighting.

Medicines

- No medicine is approved for hair pulling, so behavior therapy stays the main treatment, not medicine.
- **N-acetylcysteine**, a supplement that acts on brain glutamate, helped adults in studies but not children.
- **SSRI antidepressants** do little for the pulling itself, but they treat depression or anxiety alongside it.
- Clomipramine, an older antidepressant, gives modest help. It needs heart checks and prescriber oversight.
- Any medicine here is a support, and the dose is decided with your prescriber, never from a website.

Everyday things that help

- Keep your nails short and keep fidget objects where you usually pull - the couch, the car, the desk.
- Change the setting: dim the bathroom light, cover the magnifying mirror, or sit somewhere different.
- Notice your high-risk hours, usually quiet evenings sitting still, and plan hands-busy activity then.
- Track pulling in a simple log or app. Awareness by itself lowers pulling for a lot of people.
- Peer groups through the TLC Foundation for BFRBs cut shame quickly, because everyone there gets it.

Get help right away if

- If you are thinking of ending your life, call or text **988** (Suicide and Crisis Lifeline) now.
- Go to an emergency room for belly pain, vomiting, or feeling full fast if you swallow hair.
- See a doctor if pulled areas become red, swollen, painful, or start to drain fluid.

Questions to ask your care team

- *Can you provide habit reversal training, or refer me to someone who can?*
- *Is N-acetylcysteine reasonable for me, and what dose would you choose?*
- *How do we tell hair pulling apart from a scalp or skin condition?*
- *What should I do after a slip so it does not turn into a full relapse?*

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.