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Cognitive Behavior Therapy for Trichotillomania: Report of a Case Resistant to Pharmacological Treatment

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## Abstract:

Objective: To report a case of trichotillomania that was resistant to pharmacological treatment but responded well to a behavioral therapy program based on habit reversal. Method: The patient was a 47-year-old lady. Her problem had started at the age of seventeen. She had experienced several treatments including full doses of antidepressants, mood stabilizers, antipsychotic, and benzodiazepines as single treatments or in combination. The mentioned medication did not affect her condition. In addition, she was drowsy during the daytime and her function was seriously impaired. At the time CBT was started for the patient, she was receiving fluoxetine 40 mg daily, which she had received during the treatment period. Initial assessments included a detailed behavioral interview, daily chart of activities, record of hair pulling behavior with a description of patient's emotional and situational status during the action. The treatment procedures included self monitoring, pulled hair saving and competing response. The patient was followed for 18 months. Results: Only 2 bouts of hair pulling were reported, both of which occurred in the fist 6 months of the treatment. The patient's hair became thicker, and she was very satisfied with the therapy. Her social relations and function improved markedly, and her anxiety and sadness left her. Conclusion: This case showed that certain components of habit reversal such as awareness, self-monitoring, pulled hair saving, and competing response were effective in our patient.

## Keywords:

Aversive therapy . Cognitive behavioral therapy . Habits . Trichotillomania

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