CONDITION

Trichotillomania

Trichotillomania is a condition that causes repeated urges to pull out your hair.

WHAT IT IS
Recurrent hair pulling that causes hair loss

BODY SYSTEM
Mental health, skin, and hair

MAIN SYMPTOMS
Hair pulling, hair loss, urges, difficulty stopping

WHAT CAUSES IT
Unknown; biological, emotional, and learned factors contribute

HOW IT IS DIAGNOSED
Clinical assessment and skin or hair examination

MAIN TREATMENT
Habit-reversal training and related behavioural therapy

CAN IT BE CURED?
Sometimes - symptoms may stop or return

IS IT AN EMERGENCY?
Sometimes - severe abdominal symptoms after swallowing hair

LONG-TERM OUTLOOK
Often manageable, with possible relapses over time

Overview

Trichotillomania, also called hair-pulling syndrome, is a mental health condition involving repeated pulling of your own hair. The pulling causes noticeable hair loss and may feel difficult or impossible to control.

It belongs to a group called obsessive-compulsive and related conditions. However, it is not the same as obsessive-compulsive disorder, or OCD.

Some people pull in response to an urge, uncomfortable sensation, stress, boredom, or a feeling that a particular hair is "not right." Others pull automatically while reading, watching television, working, or trying to sleep. Many people experience both patterns.

The most commonly affected area is the scalp. Eyebrows and eyelashes are also often affected, but hair may be pulled from anywhere on the body. Some people examine, roll, bite, or

swallow the hair after pulling it.

Trichotillomania is not simply a bad habit or a lack of willpower. It matters because it can affect the skin, hair growth, confidence, relationships, school, work, and emotional health. Swallowing hair can occasionally lead to a serious blockage in the digestive system.

Symptoms

The main symptom is repeated hair pulling that leads to thinning, bald areas, or missing eyelashes or eyebrows. Hair loss may be uneven, with hairs of different lengths where some have broken or started growing back.

You may repeatedly try to reduce or stop the pulling without being able to do so. Pulling may take only a few minutes at a time or happen for long periods.

Other experiences can include:

Not everyone feels tension before pulling or relief afterward. These feelings are not required for the diagnosis.

Some people pull only in private and may not realise how often it happens. Children may deny pulling because they are embarrassed, afraid of getting into trouble, or genuinely unaware of the behaviour.

Skin in the affected area may become sore, irritated, or infected. Repeated pulling can also damage hair follicles, the structures in the skin that grow hair.

- An urge, tension, tingling, or discomfort before pulling
- Relief, pleasure, calm, or satisfaction afterward
- Searching for hairs with a certain colour, thickness, or texture
- Touching, examining, biting, or playing with pulled hairs
- Avoiding swimming, haircuts, bright lighting, or windy places
- Using hairstyles, hats, wigs, or makeup to hide hair loss

Causes and risk factors

There is no single known cause of trichotillomania. Research suggests that biological factors, emotions, sensory experiences, and learned behaviour may all play a part.

Pulling can become part of a repeating habit loop. A sensation, emotion, setting, or activity triggers the behaviour; pulling then provides relief or stimulation, making it more likely to

happen again.

Trichotillomania can run in families, but it is not inherited in a simple or predictable way. Having a relative with the condition does not mean that you will develop it.

Symptoms often begin around late childhood or the early teenage years, although they can start at any age. Stress may trigger or worsen pulling, but people also pull when relaxed, bored, concentrating, or tired.

Anxiety, depression, OCD, attention-deficit hyperactivity disorder, and other body-focused repetitive behaviours can occur alongside trichotillomania. Examples of related behaviours include skin picking, nail biting, and lip or cheek biting. These conditions do not necessarily cause the hair pulling.

Diagnosis

There is no blood test or scan that confirms trichotillomania. Diagnosis is based on a conversation about the pulling, attempts to stop, hair loss, and how the behaviour affects your life.

A healthcare professional may ask where and when you pull, whether you swallow hair, and what you experience before and after pulling. They may also ask about anxiety, low mood, OCD symptoms, skin picking, and medicines or substances that could affect you.

Your skin and hair may be examined. This helps distinguish trichotillomania from other causes of hair loss, such as alopecia areata, fungal infection, inflammation, breakage from hairstyles, or an underlying medical condition. A dermatologist may use a magnifying device called a dermatoscope. Occasionally, hair samples, blood tests, fungal tests, or a small skin biopsy are needed when the cause remains unclear.

The diagnosis generally requires repeated hair pulling that causes hair loss, unsuccessful efforts to reduce or stop, and significant distress or disruption. The symptoms must not be better explained by another medical or mental health condition.

Treatment and management

The main treatment is a form of behavioural therapy called habit-reversal training. It is often provided as part of cognitive behavioural therapy, or CBT.

Habit-reversal training helps you notice the earliest signs of pulling and practise a safer action that is difficult to do at the same time. This is called a competing response. For example, you

might place your hands flat, hold an object, or gently clench your fists for a short period when an urge begins.

Treatment may also involve identifying patterns and changing your environment. Keeping a simple record can reveal links with particular rooms, activities, emotions, or times of day. Barriers such as finger coverings, plasters, tied-back hair, or moving tweezers out of reach may interrupt automatic pulling. These are tools, not punishments.

Some therapies also teach ways to respond differently to urges, uncomfortable feelings, or self-critical thoughts. Family involvement can help children and teenagers, especially when relatives learn to provide calm support rather than blame or repeated commands to stop.

No medicine is established as a reliable treatment for everyone with trichotillomania. Research into medicines and supplements has produced mixed results. A specialist may sometimes consider medication based on age, symptoms, other health conditions, and possible harms. Medicines may also be used for coexisting anxiety, depression, or OCD, even if they do not directly stop hair pulling. Supplements can have side effects and interactions, so they should not be assumed to be harmless.

Skin infections or injuries may need separate treatment. If you swallow hair, tell a healthcare professional even if you feel well. Digestive assessment may be needed, particularly if swallowing happens repeatedly.

Complications

Repeated pulling can cause broken hairs, irritated skin, bleeding, scarring, or infection. Hair often grows back after pulling stops, but long-term follicle damage can sometimes cause permanent thinning.

Missing hair may affect confidence and social life. Some people spend considerable time hiding affected areas or avoid school, work, relationships, exercise, medical appointments, or hair salons. Shame and secrecy can make it harder to seek support.

Biting hair may damage teeth. Swallowed hair cannot be digested easily and may collect in the stomach as a tightly packed mass called a trichobezoar. A trichobezoar can cause pain, poor appetite, vomiting, weight loss, bleeding, or a blocked or damaged bowel. Although this complication is uncommon, it can require hospital treatment and surgical removal.

Anxiety, depression, and other mental health difficulties can add to the effect of the condition. These concerns deserve assessment and treatment in their own right.

Prevention

There is no proven way to prevent trichotillomania from developing. It is not caused by poor parenting, weakness, or failing to manage stress correctly.

Early recognition and treatment may reduce hair and skin damage and prevent the habit from becoming more established. Learning your triggers and continuing to use behavioural skills may also reduce relapses, but it cannot guarantee that pulling will not return.

If you care for a child who pulls hair, avoid punishment, teasing, or constant checking. A calm response and professional assessment are more helpful than treating the behaviour as deliberate misbehaviour.

Living with it and what to expect

Trichotillomania can last for months or years. Its course is not the same for everyone. Some people have one limited period of pulling, while others experience symptoms that come and go. Stress, tiredness, hormonal changes, illness, or changes in routine may affect the pattern.

Behavioural treatment can reduce pulling and improve control. Progress is often gradual rather than immediate. A return of symptoms does not erase earlier progress; it may signal that old triggers have returned or that treatment skills need to be refreshed.

Hair regrowth takes time. Short hairs may appear uneven at first, and eyelashes or eyebrows may pass through normal growth cycles before looking fuller. Regrowth is less certain after repeated, long-term damage or scarring.

Many people continue with school, work, relationships, parenting, and other usual activities. Practical choices such as changing a hairstyle or using cosmetics may improve comfort while hair grows, but you should not have to hide the condition before seeking care.

Support from people who understand body-focused repetitive behaviours can reduce isolation. It may also help to decide in advance how much you want to tell friends, relatives, hairdressers, or others.

When to get medical help

Arrange a routine appointment if you repeatedly pull your hair, have areas of hair loss, cannot stop despite trying, or feel distressed or limited by the behaviour. You can also seek help if you are unsure whether pulling is causing the hair loss.

Mention any hair swallowing. A primary care professional, mental health professional, or

dermatologist may be involved depending on your symptoms.

Seek prompt medical advice for increasing redness, warmth, swelling, pus, worsening pain, or fever, as these may suggest a skin infection.

Get emergency medical help if hair swallowing is followed by severe or worsening abdominal pain, repeated vomiting, a swollen abdomen, fainting, blood in vomit or stool, or an inability to pass stool or gas. These can be signs of a digestive blockage or injury.

Urgent mental health support is also appropriate if you feel unable to stay safe or are thinking about suicide or serious self-harm. Hair pulling itself is usually not intended as self-harm, but severe distress can occur alongside it.

Common questions

Why do I pull my hair even when I want to stop?

Hair pulling can become an automatic or strongly reinforced behaviour. Pulling may briefly reduce an urge, change an uncomfortable sensation, or provide stimulation. That short-term effect can keep the pattern going even when you dislike its longer-term consequences.

Is trichotillomania a form of self-harm?

It is usually not driven by an intention to injure yourself. It is classified as an obsessive-compulsive and related condition. However, pulling can still cause physical harm, and some people may also have separate self-harming thoughts or behaviours.

Will my hair grow back?

Hair often regrows when pulling stops. The timing and completeness of regrowth depend on the hair cycle and whether follicles have been scarred. Repeated pulling over a long period can sometimes cause lasting thinning.

Can I stop hair pulling on my own?

Some people reduce pulling with awareness, trigger tracking, and practical barriers. Many find that urges or automatic pulling continue despite sincere efforts. Evidence-based behavioural therapy can provide a structured approach and is appropriate even if symptoms seem mild.

Is trichotillomania the same as OCD?

No. The conditions are related but distinct. OCD usually involves intrusive thoughts and repeated actions intended to prevent harm or reduce anxiety. Trichotillomania more often involves sensory urges, automatic habits, or relief after pulling, although both conditions can occur together.

What happens if I swallow the hair?

Small amounts may pass without obvious symptoms, but hair can collect in the stomach because the body cannot digest it. Tell a healthcare professional if you swallow hair repeatedly. Severe abdominal pain, persistent vomiting, swelling, or inability to pass stool or gas requires emergency care.

Sources

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