



SKIN PICKING DISORDER

Dr. Mrs. V
Hemavathy

D.Saranya*

*Corresponding Author

ABSTRACT Skin picking (excoriation) disorder is a serious and poorly understood problem. People who suffer from skin picking disorder repetitively touch, rub, scratch, pick at or dig into their skin, often in an attempt to remove small irregularities or perceived imperfections. This behavior may result in skin discoloration or scarring. In more serious cases, severe tissue damage and visible disfigurement can result. Skin picking disorder is considered a "body-focused repetitive behavior" (BFRB) along with trichotillomania (hair pulling disorder) and onychophagia (nail biting). These behaviors are not habits or tics; nor are they considered self-injurious behaviors. Rather, they are complex disorders that cause people to repeatedly touch their body and hair in ways that result in physical damage. Most people pick their skin to some degree. Occasional picking at cuticles, acne, scabs, calluses or other skin irregularities is a very common human behavior. It also is not unusual for skin picking to actually become a problem, whether temporary or chronic. Studies indicate that 2-5% of people pick their skin to the point that it causes noticeable tissue damage and marked distress or impairment in daily functioning. Skin Picking Disorder may develop at any age. How the disorder progresses depends on many factors, including the stresses in a person's life, and whether or not the person seeks and finds appropriate treatment.

KEYWORDS : trichotillomania, onychophagia, disfigurement, self-injurious behaviors,

DEFINITION

Excoriation disorder is a mental disorder characterized by the repeated urge to pick at one's own skin, often to the extent that damage is caused.

CLASSIFICATION

Since the DSM-5(2013), excoriation disorder is classified as "L98.1 Excoriation (skin-picking) disorder" in ICD-10;^[4] is no longer classified in "Impulse control disorder" (f63)".

Excoriation disorder is defined as "repetitive and compulsive picking of skin which results in tissue damage".

Its most official name had been "Dermatillomania" for some time. As of the release of the fifth Diagnostic and Statistical Manual of Mental Disorders May 2013, excoriation disorder is classified as its own separate condition under "Obsessive Compulsive and Related Disorders" and is termed "excoriation (skin-picking) disorder".

ETIOLOGY

There have been many different theories regarding the causes of excoriation disorder including biological and environmental factors.

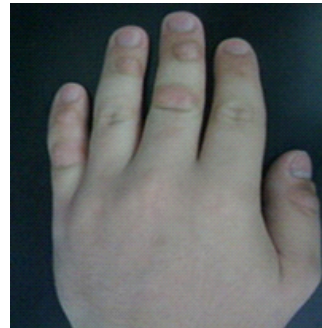
Psychological. A common hypothesis is that excoriation disorder is often a coping mechanism to deal with elevated levels of turmoil, arousal or stress within the individual, and that the individual has an impaired stress response.

Neurological. There is limited knowledge regarding the neurobiology that drives excoriation disorder, and there have been no neuroimaging studies of patients with excoriation disorder.

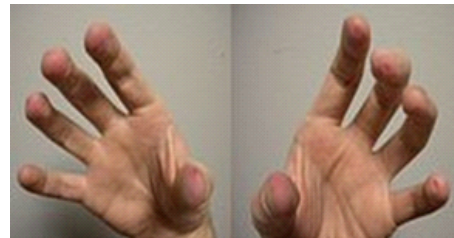
Comorbid. Those individuals that have excoriation disorder along with other diagnosed conditions report differing motivations for their picking. Those with both OCD and excoriation disorder report that they will pick their skin due to a perceived contamination of the skin, while those with both body dysmorphic disorder (BDD) and excoriation disorder reportedly pick to fix perceived imperfections in the skin.

Drugs such as cocaine, methamphetamine, and dopamine agonist, which increase the pharmacological effects of dopamine, have been shown to cause uncontrollable picking in users. These drugs can create the sensation of formication, which feels like something is crawling on or under the skin. Additionally, drugs such as naltrexone have shown some benefit in reducing picking behavior. Thus, excoriation disorder could result from a dysfunction in the dopamine reward functions.

SIGNS AND SYMPTOMS



Compulsive picking of the knuckles (via mouth) illustrating potentially temporary disfigurement of the distal and proximal joints the middle little.



The fingers have been compulsively picked and chewed in someone with excoriation disorder and dermatophagia.



Compulsive picking of face using nail pliers and tweezers.

Episodes of skin picking are often preceded or accompanied by tension, anxiety, or stress. During these moments, there is commonly a compulsive urge to pick, squeeze, or scratch at a surface or region of the body, often at the location of a perceived skin defect.

DIAGNOSIS

Two of the main reasons for objecting to the inclusion of excoriation disorder in the DSM-5 are: (1) that excoriation disorder may just be a symptom of a different underlying disorder, e.g. OCD or BDD, and (2) that excoriation disorder is merely a bad habit and that by allowing this disorder to obtain its own separate category it would force the DSM to include a wide array of bad habits as separate syndromes, e.g., nail biting and nose-picking. Because excoriation disorder is different from other conditions and disorders that cause picking of the skin.

In order to better understand excoriation disorder, researchers have developed a variety of scales to categorize skin-picking behavior. These include the Skin-Picking Impact Scale (SPIS), and The Milwaukee Inventory for the Dimensions of Adult Skin-picking. The SPIS was created to measure how skin picking affects the individual socially, behaviorally, and emotionally.

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TREATMENT

Individuals with excoriation disorder often do not seek treatment for their condition largely due to feelings of embarrassment, alienation, lack of awareness, or belief that the condition cannot be treated. One study found that only 45% of individuals with excoriation disorder ever sought treatment

Medication:

There are several different and only 19% ever received dermalogical treatment. classes of pharmacological treatment agents that have some support for treating excoriation disorder:

- (1) SSRIs;
- (2) opioid antagonists; and
- (3) glutamatergic agents.

SSRIs have shown to be effective in the treatment of OCD and this has provided an argument in favor of treating excoriation disorder with the same therapy. Unfortunately, the clinical studies have not provided clear support for this, because there have not been large double-blind placebo-controlled trials of SSRI therapy for excoriation disorder.

Review of treatment of excoriation disorder have shown that the following medications may be

Counseling

Behavioral treatments include habit reversal training, cognitive-behavioral therapy, acceptance-enhanced behavior therapy and acceptance and commitment therapy (ACT).

Several studies have shown that habit reversal training associated with awareness training reduces skin-picking behavior in those individuals with excoriation disorder that do not have psychological disabilities. Habit reversal training can include awareness enhancement and competing response training.

Other Behavioral Treatments:

There are several different behavioral interventions that have been tested to treat excoriation disorder in the developmentally disabled.

One method is to have individuals wear a form of protective clothing that limits the ability of the patient to pick at his body, e.g., gloves or face mask.

Other behavioral treatments attempt to change behavior through providing different incentives. Under Differential Reinforcement of Other Behavior (DRO), a patient is rewarded if able to abstain from the picking behavior for a certain amount of time.

In contrast to DRO, Differential Reinforcement of Incompatible Behavior (DRI) rewards an individual for engaging in an alternative behavior that cannot physically occur at the same time as the problem behavior (e.g. sitting on your hands instead of picking at your skin). Lastly, differential reinforcement of alternative behavior rewards behavior that is not necessarily incompatible with the target behavior but serves the same function as the target behavior (e.g., providing

people with a competing behavior to occupy their time instead of skin picking)

All of these techniques have been reported to have some success in small studies, but none has been tested in large enough population to provide definitive evidence of their effectiveness.

Biofeedback

Tentative evidence suggests that devices that provide feedback when the activity occurs can be useful.

PROGNOSIS

Typically, individuals with excoriation disorder find that the disorder interferes with daily life. Hindered by shame, embarrassment, and humiliation, they may take measures to hide their disorder by not leaving home, wearing long sleeves and pants even in heat, or covering visible damage to skin with cosmetics and/or bandages. Activities such as typing may be painful for those who pick at their fingers or hands, or walking for those who pick at the soles of their feet

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