Habit Disorders

Dr. M.S. BHATIA
Dr. P.K. SINGHAL

Trichotillomania or Compulsive Hair Pulling

Trichotillomania or compulsive hair-pulling is a kind of habit disorder like thumb-sucking, nail-biting, head banging, etc. It is defined as "an irresistible urge to pull one's hair". The associated disorders with this problem include fingering. strucking, twirling as well as the intehsified brushing, patting and hair arranging of adolescence. The hair may be pulled out in patches and then eaten, caressed or discarded.

Frequency and Incidence

Females with this complaint far outnumber males. This problem covers age span from toddlerhood through adulthood. The other associated habit disorders are bed-wetting, stammering, masturbation, nail-biting, excessive smoking or drinking, etc.

Causes

Compulsive hair-pulling is the incontrovertible evidence for some emotional disturbance or is a sign of some underlying pathology.

The psychology of this symptom is multi-determined. In a study covering 10,000 children in Kalawati Saran Children's Hospital, New Delhi, the various factors or disorders found to be associated with this problem were :

— Critical or overprotective parents
— birth or death of a sibling
— illness or separation from parents
— stress of examination or strict teachers
— excessive guilt or depression in adolescents
— parents—child or husband—wife conflict
— mental retardation
— encephalitis, etc.

In the elderly, this symptom may be the manifestation of underlying depression, dementia or syphilis of brain.

In psychoanalytic terms, this problem reflects inadequate emotional satisfaction during childhood, inadequate communication in the family or extreme degree of aggression directed towards self.

Complications

Trichotillomania or compulsive hair-pulling may lead to baldness (alopecia), which, if checked in time is reversible. The broken hair, if eaten (called Trichophagia) can lead to fatal complication like intestinal-obstruction (manifesting as persistent vomiting, heaviness in the abdomen, diarrhoea or constipation in hair-pulling children). The underlying treatable condition *eg* dermatitis, depression or Neurosyphilis should be treated in time to avoid other complications.

Treatment

The majority of youngsters who pull their hair in childhood probably do not come to the attention of a psychiatrist or psychologist. The treatment is directed at the cause, the child's developmental struggles and disturbed parent-child relationship rather than at the symptom itself. Depending on age and causes, child therapy with collaborative perental counselling is successful in most of the children. Family therapy (in removing identified stresses) and behavior therapy (in symptom removal) is most effective. The Children in our study showed good response to change in home environment, parental counselling and behavior therapy.

With early and correct treatment, this problem is fully curable and the re-occurrence is rare.

THUMB SUCKING

Finger and Thumb sucking is the earliest form of habitual manipulation of the body. It is extremely common during the first two years of life, which may be normal and most of the children grow out of it without any counselling or treatment.

If it persists after the age of 2-3 years or if it starts after a long period without it, a definite cause or stress factor should be looked for and it should be removed in time to avoid further worsening of the condition and its complications.

Prevalence: 800 children over the age of two years (3-12 years) were studied in child Guidance Clinic of Kalawati Saran Children Hospital, New Delhi, 18.8% were found to be thumb-suckers. Thumb sucking was found to be more common in girls, belonging to nuclear family. In many of them (27%) more than one child of the family had the similar habit. In many of them, thumb sucking was accompanied by other habit disorders e.g. Nail biting (16.6%), collor biting (4%), bed-wetting (10.7%), stammering (4.7%) breath holding (6.0%) etc.

(Continued on page 304)

Habit Disorders

(Continued on page 287)

Complications: The notion that it is harmful to the child, came in the nineteenth century when it was found to be associated with enlargement of tonsils, spine problems, pain in abdomen, dental caries, digestive disorders (worms, diarrhoea etc.) and changes in the facial expression. A school survey in USA showed that 14 percent developed a deformity of the teeth as a result of thumb sucking persisting after the age of five years. The finger or thumb sucking should be terminated by 5 years of age to avoid any deformity in permanent teething.

Causes: The various identified stress-factors among the thumb-suckers were:

— Overprotection from parents
— Strict parents
— Neglected child or separation from parents
— disharmony among parents
— loneliness, boredom
— Jealousy, sibling rivalry
— overdemanding or critical parents.

Treatment: The children belonging to upper social class were brought earlier (between 2-5 years=84%) for treatment as compared to those of lower class (2-5 years=20%). In majority of children, thumb-sucking was not recognized as a problem, only during interrogation of parents, it was found to be present. Though it has many complications, if it is treated in time, it is fully curable. The longer the delay the worst the outcome.

Thumb sucking and the related habit problems are fully treatable. The common ingenious devices designed to prevent the hands from being brought to the mouth (e.g. putting chillies over fingers, tying the hands, scolding, beating, criticizing etc) should be discouraged as they may lead to further conflicts in the personality of the child. Psychotherapy remains the main tool of treatment. The removal of the known stress factors also helped in early cure of the disease. It was also noticed that after symptom removal, there was improvement of parent-child relationship and also in the child's socialization and school performance.

It is suggested that if any child in the family (especially if more than 2 years of age) suck the thumb or finger, the child psychiatrist or psychologist should immediately be consulted so that the child can be saved from this maladaptive habit leading to many complications and the conflicted personality development.

The authors belong to the Department of Psychiatry & Paediatrics, Kalawati Saran Children Hospital, New Delhi.

People's Participation

(Continued from page 300)

Objectives : To help Health Guides (HGs) to further develop their skills and credibility with community as well as health functionaries by providing better and effective preventive and curative services and also to help him develop better perception of community health problems assisting in the activisation of Village Health Committees.

(iv) Scheme of Organisation of Health Clubs in Schools

Rationale & Scope: Health as a programme of development and change must use schools (teachers and students) as institutional vehicle for community participation for more effective health care and education. The National Health Policy accords a high recognition to the involvement of schools as an effective tool for community participation in national health programmes. So the scope of this research scheme of organising of health clubs in schools will go a long way in meeting the well defined purpose of involving school population in promotion and betterment of health.

Objectives : The main objective of the scheme in the DANIDA Innovative (IEC) project will be to try out and develop methodology for organising health clubs in schools in villages, and to develop the pattern of organising and operationalising the functioning of the clubs. Small activity planning by the school children themselves for promotion of health care is also aimed at in this scheme.

(v) Clinic-cum-Orientation Approach to PHC Worker

Rationale & Scope : To increase the effectiveness of the Health Workers it is necessary to continue to educate them both in the clinic and in the actual fields area. It has to be a continuing educational process to be carried out on and by all for those responsible for the leadership, supervision and guidance of health workers in the field areas. The innovative scheme in the project is a step in the implementation of this idea of administrative participation for effective delivery of health care. To start with it will be tried in one block in one of the 3 selected districts.

Objectives : To develop a system of administrative participation through which medical officers and other medical and para medical staff work as a team in the field area to implement the national programmes. Another inbuilt objective is re-education and retraining of the staff through ongoing sharing and communication of all levels of Health Workers for effective functioning in meeting and felt demands of the community.

(Concluded)

(*Courtesy :* **Social Change**)