



## Dermatillomania: Insights into a Complex Obsessive-Compulsive Disorder

Thibault Gattuso\*

Department of Neuroscience and Mental Health, University of Melbourne, Parkville, Australia

\*Corresponding Author: Thibault Gattuso, Department of Neuroscience and Mental Health, University of Melbourne, Parkville, Australia; E-mail: thibault@floreys.edu.au

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### Description

Dermatillomania, also known as excoriation disorder or skin picking disorder, is a psychological condition characterized by repetitive and compulsive picking, scratching, or squeezing of the skin, leading to tissue damage and significant distress. Despite its prevalence and impact on individuals' lives, dermatillomania remains under recognized and undertreated. This manuscript explores the definition, prevalence, etiologic, clinical features, consequences, and treatment approaches for dermatillomania, aiming to enhance awareness and facilitate effective intervention strategies. Dermatillomania, a relatively understudied condition, exerts a profound impact on the lives of affected individuals, often resulting in physical harm, emotional distress, and impaired functioning. Characterized by recurrent and compulsive skin picking, dermatillomania poses significant challenges for both patients and clinicians.

This Article endeavours to elucidate the complexities of dermatillomania, providing insights into its definition, prevalence, underlying mechanisms, clinical manifestations, consequences, and therapeutic interventions. Dermatillomania, formally known as excoriation disorder in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), is classified under obsessive-compulsive and related disorders. It is characterized by recurrent skin picking resulting in skin lesions, with repeated attempts to stop or decrease the behavior. Diagnosis is contingent upon the presence of skin picking that causes distress or impairment in social, occupational, or other important areas of functioning. Estimating the prevalence of dermatillomania is challenging due to underreporting and diagnostic variability. However, research suggests that dermatillomania affects a significant proportion of the population, with prevalence rates ranging

from 1.4% to 5.4%. It commonly emerges in adolescence or early adulthood and exhibits a chronic course if left untreated.

The etiology of dermatillomania is multifaceted, involving biological, psychological, and environmental factors. Neurobiological abnormalities, such as dysregulation of serotonin and dopamine neurotransmission, may contribute to the development of compulsive skin picking behaviors. Psychological factors, including stress, anxiety, perfectionism, and body dysmorphic concerns, often exacerbate dermatillomania symptoms. Additionally, environmental triggers, such as trauma, abuse, or modelling of skin picking behaviours, can precipitate or maintain the disorder. Dermatillomania manifests through a spectrum of clinical features, ranging from mild to severe forms of skin picking behavior. Individuals with dermatillomania typically exhibit recurrent and compulsive picking of the skin, resulting in lesions, scarring, and tissue damage. Common target sites for skin picking include the face, arms, hands, and nails. Skin picking episodes are often triggered by emotional distress, boredom, or sensory discomfort, providing temporary relief but exacerbating the cycle of compulsive behavior.

The consequences of dermatillomania extend beyond physical harm, encompassing psychological distress, social impairment, and diminished quality of life. Chronic skin picking can lead to infections, scarring, disfigurement, and medical complications, necessitating dermatological interventions. Moreover, individuals with dermatillomania frequently experience shame, guilt, embarrassment, and social isolation due to their inability to control their skin picking behavior, exacerbating psychological distress and impairing interpersonal relationships. Addressing dermatillomania requires a multimodal treatment approach tailored to individual needs and preferences. Cognitive-Behavioral Therapy (CBT) has emerged as the cornerstone of dermatillomania treatment, targeting maladaptive thoughts, beliefs, and behaviors associated with skin picking. Habit Reversal Training (HRT), a specific form of CBT, focuses on identifying triggers, implementing competing responses, and enhancing self-awareness to interrupt the cycle of compulsive skin picking.

Pharmacotherapy, including Selective Serotonin Reuptake Inhibitors (SSRIs) and N-AcetylCysteine (NAC), may be adjunctive treatments for dermatillomania, particularly in cases with comorbid psychiatric conditions. Dermatillomania represents a complex and debilitating condition characterized by compulsive skin picking behavior, with significant implications for physical health, psychological well-being, and social functioning. By understanding the etiology, clinical features, and treatment approaches for dermatillomania, clinicians can enhance recognition, facilitate early intervention, and improve outcomes for affected individuals. Moving forward, continued research and advocacy are essential to address the unmet needs of individuals with dermatillomania and promote access to effective interventions.

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