



Compulsive Nail Biting: Impact on Health and Psychological Well-being

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Description

Compulsive nail biting, also known as onychophagia, is a common repetitive behavior characterized by the habitual biting or chewing of one's nails, cuticles, or surrounding skin, often to the point of tissue damage and distress. Despite its prevalence and potential impact on physical and psychological well-being, nail biting remains a relatively underexplored phenomenon. This manuscript provides a thorough examination of compulsive nail biting, encompassing its definition, prevalence, etiology, clinical features, consequences, and treatment approaches [1-3]. By elucidating the complexities of nail biting behavior, this review aims to enhance awareness and inform evidence-based interventions for individuals affected by this pervasive habit. Compulsive nail biting, a prevalent habit observed across various age groups, presents a significant challenge for individuals striving to maintain healthy nail hygiene and appearance.

Characterized by the recurrent biting or chewing of nails, cuticles, or surrounding skin, nail biting can lead to tissue damage, infection, and psychological distress. Despite its prevalence and impact on individuals' lives, nail biting remains a relatively under recognized and undertreated behavior. This manuscript seeks to provide a comprehensive overview of compulsive nail biting, exploring its definition, prevalence, etiology, clinical manifestations, consequences, and therapeutic interventions [4,5]. Compulsive nail biting, or onychophagia, is characterized by the repetitive and compulsive biting or chewing of one's nails, cuticles, or surrounding skin, often resulting in tissue damage and emotional distress.

Diagnosis of onychophagia is contingent upon the presence of persistent nail biting behavior that causes significant impairment or distress in social, occupational, or other important areas of functioning. Although nail biting is common among individuals of all ages, its classification as a clinical disorder is based on the severity and impact of the behavior on an individual's life. Estimating the prevalence of compulsive nail biting is challenging due to variations in definitions and assessment methods [6,7]. However, research suggests that nail biting is a prevalent habit, with rates ranging from 20% to 30% among children and adolescents and declining to approximately 5% in adulthood. Nail biting tends to peak during childhood and adolescence,

gradually decreasing with age, although it may persist into adulthood for some individuals.

The etiology of compulsive nail biting is multifaceted, involving biological, psychological, and environmental factors. Genetic predisposition and neurobiological mechanisms, such as alterations in neurotransmitter systems implicated in impulse control and habit formation, may contribute to the development and maintenance of nail biting behavior. Psychological factors, including stress, anxiety, boredom, and perfectionism, often exacerbate nail biting tendencies. Environmental influences, such as familial modeling of nail biting behavior or early childhood experiences, may also shape individuals' propensity to engage in nail biting. Compulsive nail biting manifests through a spectrum of clinical features, ranging from mild to severe forms of the behavior [8,9]. Individuals with onychophagia typically exhibit repetitive and automatic nail biting, often in response to triggers such as stress, boredom, or anxiety. Nail biting episodes may be accompanied by feelings of tension or discomfort, followed by temporary relief or gratification. Chronic nail biting can lead to various complications, including nail deformities, infections, dental problems, and social embarrassment.

The consequences of compulsive nail biting extend beyond physical harm, encompassing psychological distress, social impairment, and diminished quality of life. Chronic nail biting may perpetuate feelings of shame, guilt, and embarrassment, leading to avoidance of social situations or activities that draw attention to the hands. Moreover, individuals with onychophagia may experience negative repercussions in interpersonal relationships, professional settings, and self-esteem, further exacerbating psychological distress and impairing functioning. Addressing compulsive nail biting requires a multimodal treatment approach tailored to individual needs and preferences [10]. Behavioural interventions, such as Habit Reversal Training (HRT) and stimulus control techniques, focus on increasing awareness of nail biting triggers, implementing competing responses, and modifying environmental factors to reduce the occurrence of nail biting behavior.

Cognitive-Behavioural Therapy (CBT) may also be beneficial in addressing underlying psychological factors contributing to nail biting, such as anxiety or perfectionism. Additionally, adjunctive strategies, including relaxation techniques, mindfulness-based interventions, and pharmacotherapy, may complement behavioural interventions in managing nail biting symptoms. Compulsive nail biting represents a prevalent and often distressing habit characterized by the repetitive biting or chewing of nails, cuticles, or surrounding skin [11]. By understanding the etiology, clinical features, and treatment approaches for compulsive nail biting, 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 compulsive nail biting and promote access to effective interventions.

References

1. Tanaka OM, Vitral RW, Tanaka GY, Guerrero AP, Camargo ES (2008) Nailbiting, or onychophagia: A special habit. *Am J Orthod Dentofacial Orthop* 134(2):305-308.
2. Lee DK, Lipner SR (2022) Update on diagnosis and management of onychophagia and onychotillomania. *Int J Environ Res Public Health* 19(6):3392.

3. Winebrake JP, Grover K, Halteh P, Lipner SR (2018) Pediatric onychophagia: A survey-based study of prevalence, etiologies, and co-morbidities. *Am J Clin Dermatol*. 19(S):887-891.
4. Wells JH, Haines J, Williams CL (1998) Severe morbid onychophagia: The classification as self-mutilation and a proposed model of maintenance. *Aust N Z J Psychiatry* 32(4): 534-545.
5. Shin JO, Roh D, Son JH, Shin K, Kim HS, et al. (2022) Onychophagia: Detailed clinical characteristics. *Int J Dermatol* 61(3):331-336.
6. Erdogan HK, Arslantas D, Atay E, Eyuboglu D, Unsal A, et al. (2021) Prevalence of onychophagia and its relation to stress and quality of life *Acta Dermatovenerol Alp Pannonica Adriat*. 30(S):15-9.
7. Lesinskiene S, Pociute K, Dervinyte-Bongarzoni A, Kinciniene O (2021) Onychophagia as a clinical symptom: A pilot study of physicians and literature review. *Sci Prog* 104(4): 00368504211050288.
8. Leonard HL, Lenane MC, Swedo SE, Rettew DC, Rapoport JL (1991) A double-blind comparison of clomipramine and desipramine treatment of severe onychophagia (nail biting). *Arch Gen Psych*. 48(9):821-827.
9. Magid M, Mennella C, Kuhn H, Stamu-O'Brien C, Kroumpouzos G (2017) Onychophagia and onychotillomania can be effectively managed. *J Am Acad Dermatol* 77(5):e143-e144.
10. Williams TIEK, Aboujaoude, LM (2010) Onchophagia (nail biting): Clinical aspects. *Impulse Control Disorders* 144-56.
11. Fişicioğlu S, Korkmaz S (2018) Onychophagia induced melanonychia, splinter hemorrhages, leukonychia, and pterygium inversum unguis concurrently. *Case Rep Dermatol Med*. 2018(3230582):1-3.