Skin Picking: Dermatillomania

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Is it a sensory issue? Boredom? Poor impulse control? A symptom of OCD or autism spectrum? Anxiety? There are many theories but just one reality: It can happen to the nicest person – the urge to handle and pick at a small wound or bump. A tiny bug bite can become a sore that won’t heal; a surgical scar can become a fascination; and unfortunately, even an itchy bottom (anus/rectum) can result in a new bad habit. Researchers found that when mice are missing part of the PWS gene, they too will irritate and scratch their own skin. Until we find a way to fix that gene, skin picking remains a challenge for 80% of people with PWS.

Prevention

Our population may attract more insect bites because mosquitos are attracted by exhaled carbon dioxide – and we all know how “sweet” people with PWS are. Insecticide should become a habit for outdoor adventures. Longer pants or sleeves are the best barrier; consider more skin coverage whenever temperatures allow for this, and shop for thin tropical weight fabrics. Clothing can be treated with permethrin to make it repel insects. The American Academy of Pediatrics has advice about choosing skin repellants for children - www.healthychildren.org/English/safety-prevention/at-play/Pages/Insect-Repellents.aspx

Short trimmed fingernails and cuticles will not create a temptation to pick; avoid fingers with snags, cracks and hangnails and keep hands well lubricated with hand cream.

Keep bored hands and restless fingers busy with silly putty, worry beads, a Koosh.

Constipation should be well managed. Once the anal sphincter has been over-stretched and creates a crack or sore area, it must be kept well lubricated (Vaseline, Aquafor) until completely healed. If there is too much time spent on bathroom hygiene after bowel movements, limit the person’s time alone in the bathroom. Special wet wipes for cleansing after bowel movements may be helpful. Any sign of blood after a bathroom visit should lead to swift action – fix the constipation and avoid picking opportunities.

Hide the temptation – once a sore or insect bite has occurred, it is less likely to be picked if it is covered by a bandage or clothing.
IGNORE the behavior and focus on healing the wound. If you can keep from saying “don’t pick” – you may prevent picking which occurs in anger or tantrums. It is more helpful to focus on the positive – “That sore needs to heal”.

Treatment

Keep the area covered with Band-Aids, gauze and lots of tape if needed, clothing if possible, and provide praise for “helping the sore to heal.” Require more frequent handwashing. Inspect fingernails.

Use antibiotic ointment on any open sore – not cream. A slippery sore is much harder to pick.

Express no disapproval of the behavior. Focus on the healing. Consider a reward chart – a sticker for every day that the bandage is clean and undamaged at the end of the day. Measure the sore and track how it gets smaller, if that is rewarding for your person with PWS.

Massage and skin brushing seem to help many people decrease their need to pick. Skin brushing can be done with a soft baby brush or a skin brush now popular for “detoxing” the body. If picking is a way to relieve tension, a massage or good long hug may help.

If rectal picking becomes a habit, see a GI specialist for help.

Medications

There is no medication that stops the urge to pick for all individuals. No medication has been developed for this specific purpose. However, there are a variety of drugs, prescription and over the counter, which have been helpful for some.

Over the Counter

We always recommend to “Start Low, Go Slow” for any supplement or medication.

• NAC (N-acetylcysteine) (Pharma-NAC®) This is a non-prescription amino acid precursor to the antioxidant glutathione. Its action in calming down glutamatergic, dopamine, and neurotropic pathways prompted researchers to see if it might work on a variety of problems linked to these systems, such as OCD, hair pulling, and skin picking. As a supplement, it has not been approved by the FDA to make any medical claims.

NAC has been tested outside of the PWS world for use in a variety of psychiatric conditions. It is not a proven therapy for skin picking but can be very effective for some people. This drug is short acting and needs to be given twice per day. Pharma-NAC® was tested by Drs. Miller and Angulo in 2013 in a pilot research project. Thirty-five individuals with PWS aged 5-39 years were treated at doses of 450-1200mg/day. They noted decreased picking in all subjects, with some having complete remission of picking, with less effect for almost one third, but no side effects. This brand of NAC is
sealed in airtight foil and produces a flavored fizzy drink when dropped into water. NAC can cause GI upsets such as diarrhea and flatulence, which may be dose related.

• Inositol (a B vitamin-like supplement) has also been studied by behavioral experts for a variety of conditions such as OCD and panic disorder, as well as hair pulling and skin picking; it has not been specifically tested on persons with PWS. This is another substance that has solid science to explain why it might be effective, but mixed results are seen for those with skin picking habits.

Like NAC, it is a supplement that is not labeled with any specific claim for medical benefits.

**Prescription Medications**

Naltrexone, Topamax/ Topiramate
These are prescription drugs which have been used for a variety of psychiatric and medical conditions. Naltrexone is used in addiction, and Topamax is a seizure medication which often has a calming effect as well. Since the mechanism of picking in PWS is not well understood, treatment for “impulse control” or OCD may or may not benefit any one individual. These drugs may have other beneficial effects for some individuals. A mental health professional or neurologist would be the best expert to discuss this with.