

ANTIPSYCHOTICS FOR TREATMENT OF SKIN- PICKING: CASE REPORT

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Abstract: Skin-picking disorder is a psychiatric condition defined by the compulsive behavior of frequently squeezing, biting or pinching one's own skin, which can cause psychological distress and significant damage to the routine of patients with the condition. The treatment of the pathology consists of a psychotherapeutic approach combined with pharmacotherapy. Antipsychotics such as aripiprazole, risperidone and haloperidol are considered first-line pharmacological treatment.

Keywords: skin-picking; excoriation; dermatillomania; antipsychotics

CASE PRESENTATION:

Identification: M.R., 50 years old, white, born in Tenente Portela-RS and resident in São Roque do Chopim-PR. She has incomplete primary education, is Catholic, is married, has two daughters and works on the farm.

Main complaint: "I have lesions on my skin, I need to scratch myself to relieve my anxiety".

History of current illness: patient reports feeling a lot of anxiety before scratching himself, and relief and gratification after the act. Reports shame, sadness, anguish, nervousness, difficulty in social interaction. She presents small, solid, reddish lesions that are rough to the touch in the thoracic region.

History of previous illness: patient reports that she started drug treatment in 2019 and used citalopram 20 mg/day without therapeutic response. Onset of symptoms in adolescence.

Family history: she denies psychiatric illnesses.

Lifestyles: she drinks alcohol on weekends. Denies smoking or using illicit drugs. Sedentary. Preserved sleep.



Figure 1 and 2: Cicatricial lesions present on the patient's chest resulting from dermatotylexomania.

CONCLUSION:

Skin-picking disorder is a psychiatric condition characterized by the compulsive and repeated behavior of picking the skin. Skin-picking has an unknown cause, some studies suggest that this manifestation is related to repressed anger and personal conflicts. Many patients feel anxiety before the act, relief and gratification after scratching; guilty and embarrassed by their behavior. (COGINOTTI and REIS, 2016). The patient in this case is using citalopram 40 mg/day and aripiprazole 5 mg/day, with symptoms remitting. In some cases reported in the literature in which there was also comorbidity with other psychiatric disorders and there was no response to the use of serotonin reuptake inhibitors (SSRIs), significant improvement was observed when antipsychotics such as aripiprazole, risperidone and haloperidol were added to the treatment (FERRÃO et. al, 2007).

Thamby and Jaisoorya (2019) concluded that antipsychotics can currently be considered the first-line pharmacological therapy for OCD, as evidence indicates that, among patients who used these medications, one in three patients with OCD resistant to selective antipsychotic inhibitors serotonin reuptake will present an adequate response.

Of the antipsychotics, aripiprazole and risperidone demonstrated the best evidence, haloperidol was considered second line due to its more prominent side effects. Prescription must be in low or medium doses and they need to be discontinued if an unsatisfactory response occurs after an adequate trial of no more than 3 months. Long-term use must be considered by weighing the risks and benefits in each case.

Although the disorder in question is regularly chronic, associated with morbidities and comorbidities, leading to harm in patients' daily lives, we still have good evidence of therapeutic success with the use of the drugs mentioned. (LOCHNER, et al, 2017). The evidence shows a combined response rate of 29.8% vs 12.5% in relation to the efficacy of using antipsychotics versus placebo, with aripiprazole, haloperidol and risperidone being the only ones with significant results. (THAMBY and JAISOORYA, 2019). Most patients benefit, at least partially, from currently available treatments, as is the case of the patient in this report, who achieved therapeutic success with the addition of aripiprazole to the SSRI.

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