Skin Picking: Time to change the lexicon and approach to a few psychocutaneous disorders?
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Neurosis/Neurotic

- Elicits stereotypical caricatures
- Risks stigmatization
- Implies conflicted, emotional mess
- Implies “non-organic” etiology
- Dismissive
- Demeaning, antagonizing
- May elicit MORE feelings of anger, helplessness
- Can handicap clinician clarity in Ddx
- Can bias treatment planning
- May dramatically decrease patient compliance
PICKING APART THE PICKER
Fried Cutis 2003

- Heterogeneous group
- Inadequate to diagnose as “picker”; analogous to calling FUO “hot”
- Many meet criteria for OCD
- Must assess presence of skin symptoms
- Must rule out psychosis
- Offer alternative behaviors
- Give control

Take Your “Pick”: Could Neurotic Excoriations be a Forme Fruste of Tourette’s Disorder?

Patients who present with a picking disorder should be thoroughly evaluated to determine the cause of the picking. This evaluation should be utilized to develop a treatment regimen that includes medication if necessary.
Dangers of “labels”

- Often stick and persist regardless of accuracy
- Carry through the evaluative process
- Can strongly bias assessment and plan
- Tough to “live down” a reputation
- Can demoralize and humiliate
- THEY ARE OFTEN WRONG!
- Even the deceased hypochondriac....told you I was sick!!!
“Perceptions of infestation”

- Succinctly describes the subjective experience of the affected individual
- Does not imply mental illness or lack thereof
- Replaces “Delusional” which creates a myopic view of potential etiologies
- Implies necessity of broader scope and ongoing review of differential diagnoses
- Implies need for vigilance for both psychiatric and other “medical etiologies,” including evolving presentations of infectious, metabolic, autoimmune, inflammatory, allergic, and paraneoplastic processes.

“Neuropathic Excoriations”

- Removes “neurotic” connotation
- Appreciates the reality that with chronic excoriation, increased neuronal innervation and alteration of depolarization thresholds do occur
- Therefore, regardless of initiating event (arthropod, infection, acne, stress, depression), with chronicity, there is an inevitable overlap of organic and psychiatric
- Allows for etiologic exploration without clinician judgment
- Assess for “symptom driven” versus functionally autonomous excoriations
Concept of Meds Targeting Etiology

- Neuropeptide modulators
- Histamine modulators
- Cutaneous neuronal threshold modulators
- Anti-infective agents
- Neurotransmitter depletion modulators
- Opens door for SSRI's, SNRI's, TCA's, Anticonvulsants, Typical and Atypical antipsychotics, u-Opioid antagonists (Naloxone, Naltrexone), k-Opioid agonists (Butorphanol), NK1 receptor antagonists (Aprepitant), Topical anesthetics, topical substance P depletors

PSYCHODERMATOLOGY: ANTIDEPRESSANTS

- Sertraline (Zoloft) 50-200mg QD
- Paroxetine (Paxil) 10-60mg QD
- Fluoxetine (Prozac) 20-80mg QD
- Bupropion (Wellbutrin) 100-150mg BiD
- Citalopram (Celexa) 10-40mg QD
- Escitalopram (Lexapro) 10-20mg QD
- Duloxetine (Cymbalta) 40-60mg QD
- Mirtazapine (Remeron) 15-45mg HS
- Amitriptyline (Elavil) 10-100mg HS or divided dose
- Nortriptyline (Pamelor) 10-100mg HS or divided dose
PSYCHODERMATOLOGY
ANTIPSYCHOTICS

- Pimozide (Orap) 1-6mg QD
- Olanzapine (Zyprexa) 1.25-7.5mg
- Risperidone (Risperdal) 1-2mg QD
- Haloperidol (Haldol) 1-2mg QD
- Quetiapine (Seroquel) 25-50mg BiD

Therapeutic “Success” may not necessarily require elimination of ideation, sensation, or behaviors

- Modest amelioration may be sufficient to allay anxieties of impending doom
- Modest amelioration may be sufficient to allay anxieties of progression
- Modest amelioration may be sufficient to allow resumption of “normal” functioning
- Modest amelioration may be sufficient to lessen perseveration and preoccupation with skin and proprioceptive cues
If Elicited and/or Maintained by Sensation: Sensory elimination, diminution, or alteration

- SSRI’s
- SNRI’s,
- TCA’s,
- Anticonvulsants,
- Typical and Atypical antipsychotics,
- u-Opioid antagonists (Naloxone, Naltrexone),
- k-Opioid agonists (Butorphanol),
- NK1 receptor antagonists (Aprepitant)
- Topical corticosteroids

- Topical anesthetics
- Topical calcineurin inhibitors
- Topical substance P depletors

What if it **IS “Organic”??**

- Infection
- Infestation
- Allergic
- Inflammation
- Metabolic
- Autoimmune
- Neuropathy- Small fiber, large fiber, central, distal, both
- Tic disorder
- Active neoplastic process
- Evolving Paraneoplastic presentation
- DRUG??