

SUCCESSFUL USE OF NALTREXONE MONOTHERAPY IN A PATIENT WITH TRICHOTILLOMANIA: A CASE REPORT

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OBJECTIVE: Trichotillomania (hair-pulling disorder) is a chronic psychiatric condition characterized by recurrent, compulsive hair-pulling resulting in hair loss, significant distress, and impaired functioning. Although selective serotonin reuptake inhibitors (SSRIs) and atypical antipsychotics have been commonly utilized in treatment, their efficacy remains limited. This report presents a case of trichotillomania successfully treated with naltrexone monotherapy, with clinical response objectively evaluated using the Massachusetts General Hospital Hairpulling Scale (MGH-HS).

CASE: An 18-year-old single female with a 3-year history of trichotillomania was referred for evaluation. The patient had no comorbid psychiatric or medical disorders. Previous trials with sertraline (100 mg/day), escitalopram (20 mg/day), and risperidone (1 mg/day) failed to yield significant improvement. Naltrexone was initiated at 25 mg/day, with the dose increased to 50 mg/day after one week. Symptom severity was assessed using the MGH-HS, with an initial score of 20, indicating severe hair-pulling behavior. By the second week of treatment,

a significant reduction in symptoms was noted, with the MGH-HS score decreasing to 13. At the end of two months, the patient achieved marked improvement, reflected in an MGH-HS score of 5, indicating mild residual symptoms. No adverse effects were reported during the course of treatment. (Informed consent was obtained from the patient.)

DISCUSSION: This case highlights the potential utility of naltrexone, an opioid receptor antagonist, in the management of trichotillomania. Naltrexone's efficacy may be linked to its modulation of the endogenous opioid system, which plays a critical role in reward-related behaviors. The patient's rapid clinical response, objectively supported by a significant reduction in MGH-HS scores, underscores the therapeutic potential of naltrexone in trichotillomania, particularly in treatment-resistant cases. Further controlled trials are warranted to establish its efficacy, optimal dosing, and long-term safety profile in this population.

Keywords: Trichotillomania, naltrexone, monotherapy, treatment