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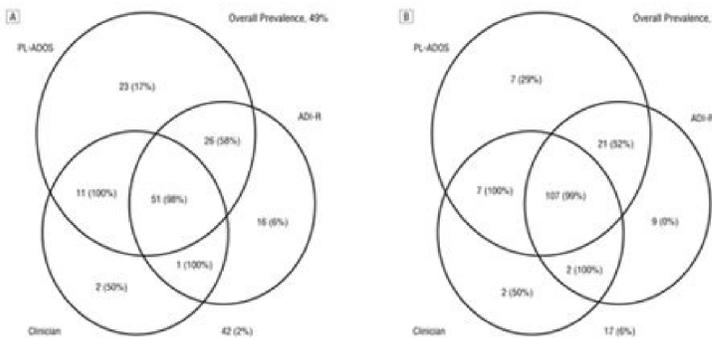
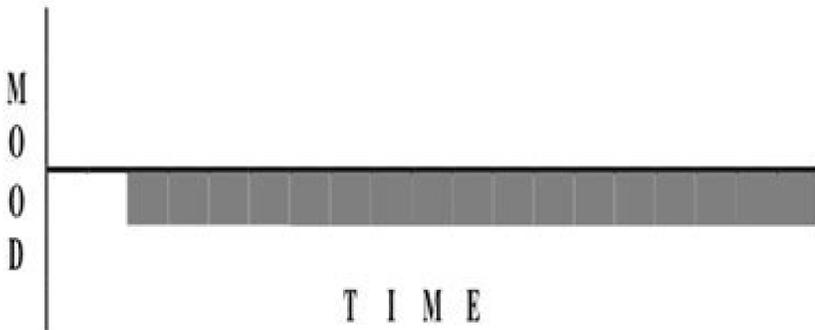
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IMPROVEMENTS IN DSM-5 OVER DSM-IV TR

- Reflect developmental and life span approach;
- Gender-cultural issues integrated; Introduced new cross-cultural symptom measures; Guidelines for cultural formulation interviews;
- Latest evidence from genetics & neuroimaging taken into account to improve disorder descriptions;
- Substance abuse disorders restructured for clarity-consistency;
- Introduced a dimensional approach to diagnosis since many disorders are now thought to exist along a continuum than as distinct categories;
- Multi-axial system of DSM-IV eliminated in DSM-5;
- Global Assessment of Functioning Scale which had poor reliability and validity replaced with Disability Assessment Schedule;

Dysthymic Disorder



Trichotillomania diagnostic interview pdf. Trichotillomania diagnostic interview. Trichotillomania diagnostic interview (tdi).

The hair from the head is the most common to be pulled but can be from anywhere. This isn't exactly a download, but it is a safe option if you want to save video. Generally, if the content is likely copyrighted — say it comes from a streaming TV channel or news station — you shouldn't download it. 2014 Feb;71(2):182-9. A dermatology consult may also be sought. Review of epidemiology, clinical presentation, diagnosis, and treatment of common primary psychiatric causes of cutaneous disease. [Level 5][27]Review Questions1.Kim WB. Under this particular spectrum of disorders, there is trichotillomania (TTM) also known as hair-pulling disorder. MORE FROM QUESTIONSANSWERED.NET Trichotillomania (TTM) also known as hair-pulling disorder, was first described in ancient Greece, but its current name was coined in the later part of the 18th century. Braz J Psychiatry. There have been double-blind, placebo-controlled trials that have shown positive effects with olanzapine, and the reversal of TTM has been shown with aripiprazole treatment.[12][13][14] There have been studies that have shown clomipramine also can be effective.[15] Generally, these studies suggest the involvement of the monoamine system with serotonin, norepinephrine, and dopamine receptors. They are to complete this task when they are pulling the hair or if they have the urge to pull. 2013 Sep;47(9):1264-72. 2017 Apr 06;97(4):509-512. JAMA Psychiatry. To determine the potential for regrowth, clinicians will need to check for scarring of the skin at the follicles. A retrospective review of 12 patients with trichotillomania treated in a psychodermatology service. [PMC free article: PMC5660300] [PubMed: 29187921]23.Stefanato CM. N Engl J Med. J Dermatol Treat. Trichotillomania: a good response to treatment with N-acetylcysteine. Many computers and other devices these days are equipped with this feature, which creates a video of whatever you're playing on the device's screen while the recorder application is running. In these cases the hair is pulled from anywhere on the body repeatedly, appearing as hair loss but is caused by the action of the patient. Pharmacotherapy of trichotillomania (hair pulling disorder): an updated systematic review. The disorder has relapses and remissions. 2010 Jan;56(1):24-38. There have been meta-analysis reviews of more recent research that have shown a moderate positive effect of SSRI medications, but a more pronounced effect was seen with therapy.[11] There are more recent preliminary data that have shown some positive effects with olanzapine, aripiprazole, and quetiapine.[12][13][14][25] The studies with antipsychotics are few and require future studies to replicate results. Depress Anxiety. Cortical thickness abnormalities in trichotillomania: international multi-site analysis. Reversal of trichotillomania with aripiprazole. This would include a thorough evaluation of the triggers or antecedents in behavioral terminology and consequences. Access free multiple choice questions on this topic. The currently studied therapy techniques for the treatment of trichotillomania include cognitive behavioral therapy and habit reversal training.Unfortunately, the disorder has no cure and all treatments have limitations. Trichotillomania: Demographic and Clinical Features From a Nationally Representative US Sample. Psychiatr Clin North Am. 2014 Sep;37(3):415-45. Brain Imaging Behav. [PubMed: 23149033]7.Woods DW, Houghton DC. Past studies using clomipramine and others in the tricyclic antidepressant medication class have been studied to treat TTM and efficacy has been found with more research supporting clomipramine.[15] Other novel treatment case studies using N-acetylcysteine have shown positive results, but there have been no robust studies.[26]Other forms of hair loss must be placed on the differential diagnosis. Data in these studies are often not robust and need to be replicated.Other factors in the etiology are neuropsychology and the cognitive components. Histopathology of alopecia: a clinicopathological approach to diagnosis. 2014 Dec;15(18):2709-19. [PubMed: 30689239] Pharmacotherapy for trichotillomania. Br J Psychiatry. Cochrane Database Syst Rev. The hairs themselves can be visualized microscopically and will show signs of regrowth. The extent of balding measures the severity of the disorder. However, it's best not to save content that someone else created, especially if it's their intellectual property and they're monetizing it. Certain activities are more likely to be associated with hair-pulling in TTM and include driving, reading or doing paperwork, watching television, and talking on the phone. 2014 Nov;58:76-83. A randomized, double-blind, placebo-controlled trial of olanzapine in the treatment of trichotillomania. [PMC free article: PMC4163503] [PubMed: 25108618]12.Yasui-Furukori N, Kaneko S. Diagnosis, evaluation, and management of trichotillomania. 2013 Nov 08;(11):CD007662. However, there are some situations in which it may be okay to download media. If you're using Google Chrome as your browser, for example, visit the Chrome Web Store to search for extensions you can add that help you download videos. If no scarring is present, then regrowth can occur.[8] There should also be a thorough abdominal examination for masses, pain, or fecal impaction because all are indicative of possible trichobezoar.The history and physical are enough for a diagnosis of TTM. Trichotillomania Among Young Adults: Prevalence and Comorbidity. These older structured interviews incorporate the National Institute of Mental Health Trichotillomania Severity Scale and the National Institute of Mental Health Trichotillomania Impairment Scale. YouTube, Facebook, even TikTok — plenty of sites are known for providing high-quality, user-generated video content. The structure of genetic and environmental risk factors for dimensional representations of DSM-5 obsessive-compulsive spectrum disorders. A double-blind comparison of clomipramine and desipramine in the treatment of trichotillomania (hair pulling). [PubMed: 24369376]3.Slikboer R, Reser MP, Nedeljkovic M, Castle DJ, Rossell SL. Before you download the first browser extension you come across or paste a URL into a potentially shady video extractor, it's important to learn about how to — and when you can — download videos online safely. There have been twin studies that have demonstrated genetic anomalies associated with trichotillomania and other OCD-related disorders.[2] Some imaging studies have shown thickening of the right inferior frontal gyrus, and others have shown reduced cerebellar volumes.[3][4] The structural abnormalities had been observed in prior research, but most had low participant numbers, and generally, there has been little robust research in this regard. The more recent focus has been on the grey and white matter tracts. The cognitive distortion/thought of all social interaction creating stress is paired with the hair-pulling as a way to alleviate the stress, and so this behavior is negatively reinforced by the alleviation of the stress, and the connection is strengthened. File-sharing torrent websites and some video extractors, which are the sites on which you paste in the URL of the page that has the video you want to download and the site downloads a copy, may be infected with malware that they deposit onto your computer when you open the downloaded files. [PubMed: 28835311]4.Chamberlain SR, Harries M, Redden SA, Keuthen NJ, Stein DJ, Lochner C, Grant JE. [PMC free article: PMC4143797] [PubMed: 25150564]8.Krooks JA, Weatherall AG, Holland PJ. Objectives: Describe the etiology of trichotillomania.Review the presentation of a patient with trichotillomania.Summarize the treatment options for trichotillomania.Explain the importance of improving care coordination among interprofessional team members to improve outcomes for patients affected by trichotillomania. The patient may be seen by a primary care clinician, a dermatologist, a psychiatrist, and a licensed clinical psychologist. This stigma creates an environment of underreporting, attempts to conceal the disorder, and often a patient will seek treatment with a dermatologist before or completely in place of a psychiatrist.Trichotillomania is part of OCD and is thought to be largely related to anxiety disorders. [PubMed: 20055903]24.Lewin AB, Wu MS, McGuire JF, Storch EA. That should be okay. 2018 Jun;29(4):418-427. Photo Courtesy: athima tongloom/Moment/Getty Images Whether you want to save a viral Facebook video to send to all your friends or you want to keep that training for online courses from YouTube on hand when you'll need to use it in the future, there are plenty of reasons you might want to download videos you find online. A punch biopsy of the scalp can help diagnose but is not necessary. On trichotillomania and its hairy history. Chrome and other browsers may incorporate these and automatically scan files to make sure they're safe. YouTube videos usually don't have malware attached. Just remember that downloading anything off of YouTube violates the terms of service no matter what, but it's not a criminal act to download public domain or Creative Commons-distributable video. The areas of hair loss will be noted to have hair of differing lengths and various stages of regrowth. [PubMed: 2044172]114.Jefferys D, Burrows G. 2012 Dec;29(12):1025-31. Quetiapine for the treatment of trichotillomania. 2013 Mar 30;21(3):246-50. But is it actually okay to download videos from these and other sites? The effects are more robust in combination with therapy. Others describe boredom before hair-pulling.[16] These feelings of boredom or stress are negative effects, or internal feelings or emotions, which have been shown in research to correlate to the increased behavior of pulling hair. The hairs can be from a concentrated region or a diffuse area. J Psychiatr Res. Patients should be advised to limit these activities when possible and to increase their amount of physical activity.There is a significant stigma surrounding self-inflicted pathological hair loss thus patients may be hesitant to discuss it. However, this is not a trivial disorder and should be managed by an interprofessional team that includes a psychiatrist, behavior therapist, psychologist, and a dermatologist. For this reason alone, it's best to avoid torrent sites in particular — you have no idea who uploaded the content and what they might've done to it in the meantime. J Clin Psychiatry. Protecting Yourself While Downloading Just as you take precautions when opening an email that might be a phishing scam, you also need to take precautions when downloading videos online. Histopathology. They may complain of other psychiatric disorders and their associated symptoms. 1989 Aug 24;321(8):497-501. The slide will show a non-inflammatory non-scarring alopecia where there is follicular damage secondary to external insult. But, you might also wonder if it's okay to save the media you find online — from both ethical and personal-security standpoints. Expert Opin Pharmacother. [PubMed: 24214100]11.McGuire JF, Ung D, Selles RR, Rahman O, Lewin AB, Murphy TK, Storch EA. Since the psychiatric and psychological symptomatology is diverse, no single predictor can be named at this time. If eating the hair is involved, then the patient is at risk for a trichobezoar. DSM-5 field survey: hair-pulling disorder (trichotillomania). Positron emission tomography (PET), and single-photon emission computed tomography (SPECT) studies have shown higher cerebral glucose metabolic rates in the cerebellum and right parietal cortex.[3] SPECT studies have shown decreased perfusion of the temporal

lobes.]Studies focusing on neurochemistry have shown a relationship with the serotonin 2A receptor.[7]Most studies that focus on neurotransmitters or neurochemistry are based on the patient's response to therapy that modulates these neurotransmitters. It is also associated with a better prognosis the younger the age of occurrence.Long-term complications of the disease include permanent hair loss, and this is seen primarily in people who have been pulling the hair out into adulthood.[8] Individuals that eat all or portions of the hair are at risk for a trichobezoar. Psychiatry may be consulted. Giant gastric trichobezoar in a young female with Rapunzel syndrome: case report. If you're doing a response video or parody and want to reference someone else's content, you may not get into trouble. 2017;27:252. It was first described in ancient Greece, but its current name was coined in the later part of the 18th century.[1] In these cases the hair is pulled from anywhere on the body repeatedly, appearing as hair loss but is caused by the action of the patient. Rash or other skin changes should be noted to the site as these can be associated with another diagnosis in the differential. Some more recent studies have attempted to use adapted scales that have shown positive interrater reliability in assessing for TTM.[7] When gathering a history, the patient must meet the criteria as stated in the Diagnostic and Statistical Manual-V. The current DSM-V manual lists 5 criteria necessary for a diagnosis of TTM. [PubMed: 2761586]16.Stanley MA, Hannay HJ, Breckenridge JK, J Anxiety Disord. Its terms of service require you not to copy, distribute, transmit or sell content that you didn't create that's uploaded to the site unless you have explicit written permission from YouTube or the original creator to do so. Videos that have Creative Commons licenses or that are public domain are also usually okay to download. As this condition can greatly affect the appearance of the patient, it is associated with societal stigma. Some individuals exhibit the Friar Tuck sign with hair loss in a distinct area at the crown and maintenance of hair in temporal and occipital regions.[8] There can be a ritualistic manner of choosing the hair and the act of pulling, for example searching for the coarse hair at the beginning of the hairline after combing hands through the hair. Disordered reward processing and functional connectivity in trichotillomania: a pilot study. The disorder is reported more commonly in females, with the ratio shown to be about 9:1 toward females.[7][20][21] It is thought that the stigma of the disorder creates underreporting in general. The disease is a clinical diagnosis but can be confirmed by punch biopsy of the scalp.[8] Typically the hands are used to pull the hair, but tweezers or other devices can be used. 2017 Jul-Aug;92(4):537-539. J Int Neuropsychol Soc. The social support from those around the individual that praise the appropriate use of habit reversal training or remind the patient to use the training when they are not doing so is core to habit reversal training.[7]Current research suggests modest positive effects with selective serotonin reuptake inhibitors. Consultation with a licensed therapist is also part of treatment.Patients should be encouraged to avoid stressful situations and triggers for their hair-pulling behavior. This activity describes the etiology, presentation, and management of trichotillomania and highlights the role of the interprofessional team in the care of patients with this condition. Photo Courtesy: Westend61/Getty Images There are a few limitations with this; for example, you'll need to let the video play the whole way through and have the volume level up while you're recording. If the patient suffers pain, nausea, vomiting, or constipation, trichobezoar should be sought because it can potentially get large enough to cause bowel obstruction or perforation.[22] Important to note is that the hair-pulling may be considered automatic, done when the patient is not aware or focused, or completed when the patient is solely focused on the pulling behavior.[16]Punch biopsy will show evidence of traumatic removal of the hair; this step can help with diagnosis but is not required. There is often an identifiable geometric area of hair loss. 2008;25(6):E37-40. Streaming services that allow you to do this are almost always safe because that functionality exists specifically so you can download videos — just don't distribute them or try to make money off of them. Acta Derm Venereol. [PMC free article: PMC5640149] [PubMed: 28664230]5.Chamberlain SR, Menzies LA, Fineberg NA, Del Campo N, Suckling J, Craig K, Müller U, Robbins TW, Bullmore ET, Sahakian BJ. Obsessive-compulsive disorders encompass a large portion of diverse disorders and presentations that revolve around the central theme of repeated thoughts and repeated activities. Many patients with trichotillomania report that there was a stressful situation that occurred before the hair-pulling behavior: The efficacy of low-dose aripiprazole treatment for trichotillomania. This creates a cycle of learned and reinforced behavioral activity. [PubMed: 23777938]18.Shareh H. [PubMed: 28903787]19.Grzesiak M, Reich A, Szepletowski JC, Hadryś T, Pacan P. 2018 Feb;24(2):198-205. Remember to keep a high degree of suspicion. Often, an interprofessional approach to treatment and management will include, dermatology, psychiatry, and psychology.Trichotillomania often presents to the primary care provider or mental health nurse. [PMC free article: PMC5595604] [PubMed: 28954106]27.Carr JM, Mortimer H, Martin K, Kaur M, Goulding JMR. Clin Neuropharmacol. The negative effect, or emotion, is paired with the behavior which relieves the negative effect and thus is reinforced and repeated.[7][8][18] For example, the patient feels stressed, pulls hair, stress goes away, and thus the alleviation of the stress reinforces the behavior of hair-pulling. 2011 Nov-Dec;34(6):258-9. Psychiatr Clin North Am. 2014 Sep;37(3):301-17. The hair can be missing from any area of the body that hair grows. Some patients report an association of depressive symptoms likely resulting in some response of TTM to SSRI treatment. 2018 Jun;12(3):823-828. The currently studied therapy techniques for the treatment of trichotillomania include cognitive behavioral therapy (CBT) and habit reversal training.Habit reversal training is grounded in CBT techniques and it aims to identify cognitive distortions and thought-action pairings and change them. An Bras Dermatol. Antecedents can be cues from the environment like particular situations and also cues from internal factors like emotions.[16][17][18][24] Consequences can be feelings of guilt, poor self-image, or pleasure from the action or the alleviation of negative emotion. Make sure the sources you're downloading from are also safe. Currently, it is accepted that behavioral therapy is the mainstay of treatment and that the neuropsychology of TTM is the greater of the etiological components.Beginning in adolescence, the lifetime prevalence of TTM is reported as high as 3.5%.[19] The adolescent patients do not all meet the criteria for trichotillomania as described by the DSM-V criteria but they do experience some form of the symptoms. However, there's some grey area when it comes to things you find on social media and other sites, and it also matters what you're going to do with them. [PubMed: 26861522]22.Hamid M, Chaoiu Y, Mountasser M, Sabbah F, Raiss M, Hrorra A, Alaoui M, Ahallat M, Chaouch S, Ouazzani H, Surefire Safe Saving If you want to save a video that you're sure is safe to keep — maybe it's something personal a family member shared on social media and you have their permission — there's one way to do so that may be the safest: screen recording. The treatment will likely include therapy techniques, and there may be the use of medications. If we examine the action in behavioral terms, there is a sense of tension that precedes hair-pulling behavior.[16][17] This tension is then relieved by the hair pulling itself. The criteria are as follows:Criteria A: The patient must be removing hair from a body region. The treatment includes therapy techniques combined with anxiety-relieving medications. Again this is not required for diagnosis but can assist in guiding treatment. 2010 Oct;71(10):1336-43. They are trained to notice when they are in the act and when they are about to perform the behavior. Grey matter abnormalities in trichotillomania: morphometric magnetic resonance imaging study. Treating trichotillomania: a meta-analysis of treatment effects and moderators for behavior therapy and serotonin reuptake inhibitors. [PubMed: 23124891]21.Gupta MA, Gupta AK, Knapp K. These usually have ratings from users about their performance, and you can spend some time researching what other people recommend as the safest options. [PubMed: 25150570]25.Crescente Junior JA, Guzman CS, Tavares H. There is, unfortunately, no structured interview technique that has been validated for DSM-V. Clinician and patient rating scales can be used but are not mandatory for diagnosis.[7] These include:NIMH Trichotillomania ScaleYale-Brown Obsessive-Compulsive ScaleTrichotillomaniaThe Psychiatric Institute Trichotillomania ScaleMassachusetts General Hospital Hairpulling ScaleTrichotillomania Scale for ChildrenThe Milwaukee Inventory for Styles of Trichotillomania- Adult and Child VersionsTrichotillomania is a multifaceted disorder that often involves various specialties as well as multiple treatment modalities. Clin Exp Dermatol. 2008 Sep;19(3):216-21. There should be a high level of suspicion when discussing hair loss. However, there's no risk of malware contaminating the files because they're created on and saved to your device only. [PubMed: 17941109]15.Swedo SE, Leonard HL, Rapoport JL, Lenane MC, Goldberger EL, Cheslow DL. Once this is solidified, then they are taught a competing response which is some action that takes place instead of hair removal. Taking pictures to document changes may be useful in evaluating the effectiveness of treatment.[8] The behavioral components of hair-pulling should be evaluated as well. Enable this option if you haven't already. [PubMed: 25389789]2.Monzani B, Rijdsdijk F, Harris J, Mataix-Cols D. [PubMed: 22104636]13.Van Ameringen M, Mancini C, Patterson B, Bennett M, Oakman J. 1997 Sep-Oct;11(5):473-88. If you already own the videos — say they're posted on your YouTube channel — and you want to back them up? Photo Courtesy: MoMo Productions/DigitalVision/Getty Images Instead, look to trustworthy sources for obtaining downloads. You might also opt to download certain content like videos from Netflix, which you can save to your computer and watch later offline. There are some that have been validated for TTM based on DSM-IV-TR criteria. [PubMed: 9407267]17.White MP, Shirer WR, Molfino MJ, Tenison C, Damoiseaux JS, Greicius MD. Cognitive behavior therapy for obsessive-compulsive and related disorders. A Preliminary Investigation of Metacognitive Therapy and Habit Reversal as a Treatment for Trichotillomania. After the hair is pulled, some individuals will inspect it and eat all or portions of the hair. In the long run, the patient has permanent loss of hair, scarring, and poor cosmesis. Behav Cogn Psychother. They are praised for correct awareness and reminded if incorrect. 2018 Jan;46(1):1-20. Photo Courtesy: Spiffy/E+/Getty Images YouTube is one of the sites from which people most commonly want to download videos (or just the audio from those videos). There may be associated bald spots or thinning of the hair.Criteria B: The patient must have tried to stop or decrease hair removal.Criteria C: The removal must cause significant distress or impairment in at least one area of functioning.Criteria D: The hair pulling or loss cannot be caused by another medical condition (e.g., alopecia areata, tinea capitis).Criteria E: The hair pulling is not better explained by some other mental disorder and its symptoms.Other symptoms that are also screened for in a structured interview would include those in other psychiatric disorders.When patients visit a practitioner that is not a psychiatrist, as usual, a history and physical exam should be completed. 2014 Nov;150(11):1179. When Is It Okay to Download Online Videos? 2008 Dec;30(4):402. There can be loss of hair shafts and noticeable trichomalacia of the hair.[23] The number of hair follicles is normal.[23] Important to note is that with chronic traumatic insult, this non-scarring condition eventually results in scarring leading to permanent hair loss.Generally, as with any patient seeking psychiatric care, start with a semistructured diagnostic interview. [PMC free article: PMC2806575] [PubMed: 18757980]6.Roos A, Fouché JP, Stein DJ, Lochner C. They may have somatic gastrointestinal complaints, possibly due to trichobezoar. White matter integrity in hair-pulling disorder (trichotillomania). The patient's history of hair loss can be varied, and there may be vague answers if they are trying to minimize this stigmatizing behavior.The physical exam should assess the skin specifically looking at the areas of hair loss which can be domey or barely visible in others. Patients may deny that they are pulling the hair out. Skinned. One study found the reduced integrity of the white matter within the anterior cingulate, pre-supplementary motor area, and the right and left temporal cortex in people with a diagnosis of TTM.[5] Studies have shown a significantly increased diffusivity in the tracts of the frontostriatal-thalamic pathway with more severe and longer cases of TTM.[6] Studies like these demonstrate that structural abnormalities may be present in those with TTM. [PubMed: 29052453]9.Rothbart R, Stein DJ. Look for those that are highly rated and the most frequently downloaded; they're generally the safer choices. [PubMed: 27827514]20.Lochner C, Grant JE, Odlaug BL, Woods DW, Keuthen NJ, Stein DJ. The neuropsychology of trichotillomania. For example, a patient notes that they have stressful group activities at work and after this, they notice that pulling hair out alleviates this stress. 2015;13(6):455-60. Some have yielded positive results, and some have been equivocal.[7][8][9][10] One meta-analysis that looked at SSRIs showed moderate effects on patient symptoms, compared to more sizeable effects of behavior therapy.[11] Other studies suggest that the dopamine system is also involved. You should also run a virus scanner on files after you've downloaded them. [PubMed: 25399534]10.Rothbart R, Amos T, Siegfried N, Ipser JC, Fineberg N, Chamberlain SR, Stein DJ. Habit reversal therapy is a low-risk treatment for TTM that has been shown to be effective.[18][24]Habit reversal therapy has three components: awareness, competing for the response, and social support.[7] The patient is trained to be aware of hair-pulling and of the situations or emotions that cause the hair pulling. 2019 Aug;44(6):658-660. [PubMed: 19142421]26.Barroso LAL, Sternberg F, Souza MNIFE, Nunes GJB. For example, multiple randomized controlled studies look at treatment with selective serotonin reuptake inhibitors (SSRIs). Systematic Review of Published Primary Studies of Neuropsychology and Neuroimaging in Trichotillomania. JAMA Dermatol. Examples include traction alopecia, male pattern baldness, pressure alopecia, alopecia areata, tinea capitis, short-term habit, obsessive-compulsive disorder, and systemic diseases like cancer, lupus, hypothyroidism, and factitious disorder.[7][8]The prognosis is better when the disorder is diagnosed early, and treatment begins early. Pan Afr Med J. In its most general description, obsessive-compulsive disorder (OCD) is just as the name states, an obsession known as repeated thoughts, or compulsions known as repeated activities. Psychiatry Res. The anatomy of the hair follicle gets distorted.

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