Skin-picking behavior in a patient with schizoaffective disorder

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Introduction

- Psychocutaneous disease represents the interface between the two medical specialties of dermatology and psychiatry.
- The differential diagnosis for skin-picking behavior includes skin-picking disorder, body dysmorphic disorder, delusions of parasitosis, and dermatitis artefacta. Skin-picking disorder (SPD) is a new disorder described in the DSM-V.
- Research has found significant association between skin-picking and depression. Bipolar disorder 1, eating disorders, generalized anxiety disorder, obsessive-compulsive disorder, and body dysmorphic disorders. Significant improvement is observed in patients even after the comorbid psychiatric conditions are controlled.
- There is a paucity of information regarding skin-picking in psychiatric disorders. Yet, psychiatric disorders are an exclusion criteria in some studies and reviews on skin-picking.
- We report a case of a 34-year-old African-American male with 3 to 4 years of comorbid skin-picking alongside his diagnosis of schizoaffective disorder (depressive type) and obsessive-compulsive disorder. A central theme of his delusory auditory hallucinations is the cosmetic appearance of his associations and scars from picking.

Case Presentation

- Our patient is a 34-year-old African-American male with a diagnosis of schizoaffective disorder (depressive type) and alcohol use disorder. The patient has a long history of mental illness and has been treated even before he presented to our Community Mental Health Center (CMHC) in 2015. His past medical history reveals use of various antipsychotics over the years, including haloperidol, olanzapine, and valproic acid. He has not been treated with an SSRI other than trazodone. His current medications are oral quetiapine 200 mg once daily and 1.5 mL of 234 mg/1.5 mL intramuscular paliperidone every 3 weeks, although his adherence to the trazodone is intermittent.
- The patient has a well-documented history of nonadherence to his oral medications.
- We reviewed the patient’s chart and conducted an in-person interview to assess his skin-picking, which has been a daily problem for the last 3-4 years. He met the DSM-V criteria for SPD. After years of mental health treatments, the distress of his skin-picking remained unaddressed despite causing significant distress.
- We assessed our patient’s skin-picking severity and impairment by using the Skin-Picking Scale-Revised. His symptoms severity, impairment, and total scores were 14, 13, and 27, respectively.
- He was started on oral N-acetylcysteine 1200 mg once daily and was scheduled for follow-up visits where his SPS-R scores and potential need for dosage increase would be assessed.
- At a follow-up telephone interview 1 week after the initiation of N-acetylcysteine therapy, the patient denied improvement in his skin-picking with the starting dose. A higher dose and/or longer trial is planned to see if he may eventually respond to N-acetylcysteine.
- He will continue to have regular follow-ups.

Purpose

Using our case report:
- Recognize the importance of addressing skin-picking in patients with psychiatric disorders. It causes significant distress and may be an unnoticed or unaddressed component of their mental health.
- Demonstrate the pitfalls of diagnosis and management of skin-picking behavior in patients with a psychotic disorder.
- Describe the neurotransmitter pathways and possible interventions in a patient with skin-picking with a psychotic disorder.
- Discuss how skin-picking with comorbid psychotic disorders may be addressed in the future.

Discussion

- In previous reports of patients with skin-picking disorder and without comorbid psychosis, a beneficial effect was found once an antipsychotic was augmented with an SSRI or SNRI. These combined regimens were with paliperidone and fluoxetine, and with aripiprazole and venlafaxine. The success of one case was attributed to targeting of a hypersonertonic, hyperdopaminergic corticostriatalthalamic circuit.1
- Antagonism of D3 receptors with various antipsychotic drugs has a role and there are reports that is effective, however, as mentioned this has not proven beneficial for the skin-picking behavior of our patient with schizoaffective disorder. At one time he was being treated with both an antipsychotic and SSRI (trazodone), yet he was still picking his skin at that time.
- We felt that a combined approach using D3 antagonism and glutamate modulation with antipsychotics and N-acetylcysteine might prove useful, as both approaches have been reported to help with schizophrenia and skin-picking behavior.6,6 Our patient reported no benefit after 1 week at the dose of 1200 mg daily, however, this may not represent an adequate trial.
- Medication adherence is a unique factor in the management of patients with psychiatric disorders, as high rates of nonadherence in these patients has been attributed to lack of insight, medication beliefs, and substance abuse.8 The tolerability and safety of N-acetylcysteine was a factor in our choice; however, a future trial of fluoxetine alongside D3 antagonism may be considered to address the proposed hypersonertonic axis.

Conclusion

- Improvement in skin-picking behaviors has been seen in patients treated with SSRIs, antipsychotics, or N-acetylcysteine. However, some cases required dual therapy; and in our literature review we have not encountered any case reports describing a benefit or specific approach to patients who a comorbid psychotic disease.
- The pathophysiology of skin-picking behavior may prove to be different in patients with a comorbid psychotic disorder. The occurrence of SPD with psychosis may be under-recognized. Additional case reports and clinical trials are needed to further determine which pharmacologic regimen may benefit skin-picking patients with psychosis.
- Our next step is to coordinate with IRB to design a clinical trial that screens for SPD in our patients with psychiatric disorders, followed by intervention as appropriate.
- The symptom severity and distress caused by SPD was high in our patient. This case study demonstrates the importance prompt recognition and treatment of skin-picking disorder in addition to treatment of Primary psychiatric diagnosis.

References