The Pittsburgh Partnership

Skin Picking

by Linda Gourash, MD

The "skin picking" behavior of PWS has a wide range of severities from patient to patient and sometimes in the same person over time. As Wigren reported in 1999, stability over time is more typical. Some patients have occasional minor skin picking while others maintain large open wounds.

In the PWS Personality presented in 2006, we separated *skin picking as a habit behavior* (common) from *self mutilation* associated with extreme emotional distress (less common). Here we will only address the former and leave the latter and rectal picking for another day.

Why do they pick? Some speculation

Much of PWS behavior makes more sense when we view it as a failure to inhibit an idea or an impulse. The eating behavior in PWS is due to defective "brakes" called satiety. The drive to skin pick in PWS may start out as a normal drive (who has not picked a scab or other bodily irregularity?), but the limiting signals are weakened. We speculate that these signals are pain and disgust; both are neurologically based and apparently reduced in PWS.

Skin Picking as a Habit Behavior

Here, skin picking is defined as a repetitive, driven activity that has no apparent function. It goes on when the person is calm, and it does not appear to be causing any emotional distress. It has been related to boredom and anxiety, but objective evidence for has been difficult to establish. It is characterized by opportunistic typography; that is, the location of skin picking is convenient to reach.

Locations and type of skin picking include:

- Arms, face, scalp
- Nose, nasal septum
- Nail cuticles
- Pulling out toenails, teeth
- Peeling skin from soles of feet

No specific intervention has been uniformly effective. The behavior often extinguishes if healing of the wound is achieved. There has been limited success using protective dressings and an intense program of providing alternative activities until wound healing occurs. Behavioral interventions have been effective in some cases (see box).

Points on Management

- Because skin picking behavior occurs intermittently and clandestinely in many cases, behavioral interventions targeted at the activity itself are difficult to implement. A basic principle is that no attention (positive or negative) should be paid to the behavior itself other than to require that the person observe social conventions and good hygiene.

- The behavior appears to be "compulsive", however this is not an obsessive compulsive behavior and medications [1] targeting OCD (obsessive compulsive disorder) or anxiety have not been helpful. If the behavior is clearly related to other signs of anxiety, then the anxiety should be addressed with environmental changes including a re-evaluation of the individual's *food security*.

- Topiramate (Topamax) in low doses has been effective for some people and should be considered in those with [s]evere picking. In 2002 Shapira[2] and others gradually increased to 150-200 mg daily and reported that some patients responded and some did not. Side effects include irritability, cognitive blunting, and RTA (renal tubular acidosis) all dose dependent and *reversible.* R**T**A is diagnosed when serum electrolytes show an elevated chloride and decreased bicarbonate in the blood. These issues should not deter a trial of the medication, but provide a guide for what the physician should monitor. If lesions heal, a trial off the medication makes sense, since healed lesions are often left alone. Allow 2-3 months on the medication to evaluate efficacy."

- Anecdotally, sensory stimulation has been quite effective for some severe picking behaviors. Sensory modalities have included vibration or massage administered on a schedule multiple times per day. The sensory stimulation should not be linked verbally or temporally with the picking behavior as this could result in inadvertently rewarding the behavior. More information on using sensory integration techniques has been assembled by Janice Agarwal, PT and is available on the PWSA website.

[1] Remember that anti-anxiety medications, while helpful for anxiety, carry the risk of increasing irritability or triggering mood activation (hypomania, irritability, increased impulsivity, restlessness, increased goal-directed behavior including food seeking). Mood activation can begin weeks or months after the medication has been started even if it is effective for reducing anxiety.

[2] *International Journal of Neuropsychopharmacology* (2002), 5, 141±145.

A Program to Address Typical Skin Picking

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1. *Tell the child that you want to help her sore to heal. Do not talk about the "picking".*
2. *Tell him that when the sore heals you will celebrate with a special reward.*

- *This reward should be motivating, but not too motivating; rewards that are too motivating can create anxiety. Also there is the risk that an older, more clever individual will deliberately create wounds to heal to earn the reward!*
- *Be prepared to offer the same reward on multiple occasions.*
- *Try to anticipate the situations when picking tends to occur, and before he starts to pick, remind him that he is working to gain this reward.*
- *Once the reward is earned, offer it weekly (for very young or low functioning children or for severe pickers) or monthly for "no new sores."*
- *If a reward must be withheld because of a continued open sore, express your disappointment that the reward was not earned and your optimism that he can achieve it very soon. Most superficial sores show considerable healing in a matter of 2-3 days if there is no picking going on.*

3. *Tell her that you have medicine to help the sore to heal.*

- *Plastic surgeons use Polysporin Ointment on healing wounds to minimize scarring. Also, it has the effect of keeping the area soft, slippery, and less tempting or less easy to pick.*
- *Use Polysporin ointment on the sore as frequently as possible (every ½ - 1 hour while awake) and apply thoroughly at bedtime.*

4. *Use a dressing or some other barrier where anatomically possible. Your purpose is to make the picking <u>less convenient.</u>*

- *The ideal dressing is NOT airtight but is difficult to remove. On arms and legs this can be gauze wrap covered with cling wrap.*
- *If there is no evidence of picking during sleep leave the area open to the air. Socks or mittens taped at the wrist have been used for nighttime picking.*
- *Other covers have been effective barriers*: "Onesies"; tight fitting clothes e.g. Scuba suit or leotard for trunk; Panty hose for legs; can be cut and redesigned for arms or scalp.