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Letter to the Editor

The Treatment of Psychogenic Excoriation and Obsessive Compulsive Disorder Using Aripiprazole and Fluoxetine

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TO THE EDITOR:

Psychogenic excoriation (PE), also known as neurotic excoriation and pathologic skin picking, is characterized by excessive picking and scratching of normal skin or skin with minor flaws. Although not a formal diagnosis in the DSM IV, PE is very prevalent among psychiatric patients and may go undiagnosed unless appropriately screened for. A high rate of psychiatric comorbidity exists with this condition, especially obsessive-compulsive disorder (OCD) and mood disorders (1–3) Treatment of PE can be very challenging, and there are few studies in the literature examining the effects of its pharmacologic treatment (2,3).

An 18-year-old white female presented with comorbid OCD and PE refractory to numerous treatment regimens. She reported constant intrusive thoughts of harm to her parents causing her extreme anxiety relieved only by compulsively calling her mother for reassurance. In addition, she reported excessive skin picking associated with a premonitory tension. Laboratory studies revealed a normal complete blood count, liver function tests, TSH, free T4, and fasting glucose. Her ASO titer was negative.

Prior treatment with individual serotonin reuptake inhibitors (SSRIs) such as fluvoxamine 150 mg twice daily for 3 months, paroxetine 40 mg once daily for 6 months, and fluoxetine 100 mg for 6 months did not improve her OCD or PE. The patient was unable to tolerate exposure and response prevention secondary to extreme anxiety and suicidal ideations. On presentation, the patient was taking fluoxetine 100 mg once daily and quetiapine 100 mg once daily. She was unable to tolerate a higher dose of quetiapine due to excessive sedation. Her new treatment plan consisted of cross tapering her quetiapine with aripiprazole and continuing her fluoxetine. The patient was educated on the drug interaction of the fluoxetine and aripiprazole, and as such, the aripiprazole was started at 2.5 mg daily and her fluoxetine maintained at 100 mg once daily. At two week follow up the patient reported complete resolution of her skin picking but persistence of OCD symptoms. She complained of low motivation and an inability to feel that was interpreted as a serotonergic side effect. Accordingly, her fluoxetine was decreased to 80 mg daily, and the aripiprazole was increased to 5 mg daily. At two week follow up the patient noted continued resolution of the skin picking and a 30–40% decrease in her OCD symptoms.

Patients with PE may represent a treatment challenge to the physician. It is difficult to treat this condition as a single diagnosis, but it is more complicated when the patient has another comorbid psychiatric disorder. The majority of patients with PE have both features of impulsive and compulsive disorders (1,2). A small number of case studies, open trials, and double-blind studies have demonstrated the efficacy of SSRIs as well as doxepin, clomipramine, naltrexone, pimozide, and olanzapine in PE. Reports suggest the impulsive nature of PE is related

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to the sensation-seeking dopaminergic pathways of the brain. In this respect, PE would respond better to an atypical antipsychotic (1,4). Recently, Carter and Shillcut demonstrated the efficacy of aripiprazole augmentation of venlafaxine in the treatment of PE associated with anxiety and depression (5).

Aripiprazole, a second generation atypical antipsychotic, is characterized as a partial agonist on the dopamine D2 receptors as well as a 5-HT_{1A} receptor partial agonist and 5-HT_{2A} antagonist. It has decreased affinity for alpha adrenergic, histaminergic, and cholinergic receptors compared to other atypical antipsychotics resulting in a better side effect profile (5,6) As indicated clinically by our case presentation, the properties of aripiprazole make it a good choice to augment the treatment of PE in the setting of OCD especially when a patient cannot achieve therapeutic doses of an antipsychotic secondary to side effects of sedation and weight gain.

Disclosure: Robert W. Richards, MD is on the Speaker Bureau for Aripiprazole for Bristol Myers Squibb

REFERENCES

1. Blanch J, Grimalt F, Massana G, Navarro V: Efficacy of olanzapine in the treatment of psychogenic excoriation. *Brit J Dermatol* 2004; 151:714–716
2. Arnold LM, Auchenbach MB, McElroy SL: Psychogenic excoriation: Clinical features, proposed diagnostic criteria, epidemiology and approaches to treatment. *CNS Drugs* 2001; 15:351–359
3. Bowes LE, Alster TS: Treatment of facial scarring and ulceration resulting from acne excoriée with 585-nm pulsed dye laser irradiation and cognitive psychotherapy. *Dermatol Surg* 2004; 30:934–938
4. Netter P, Henning J, Roed IS: Serotonin and dopamine as mediators of sensation seeking behavior. *Neuropsychobiology* 1996; 34:155–165
5. Carter WG, Shillcut SD: Aripiprazole augmentation of venlafaxine in the treatment of psychogenic excoriation. *J Clin Psychiatry* 2006; 67:1311
6. Centorrino F, Fogarty KV, Cimbolli P, Salvatore P, Thompson TA, Sani G, Cincotta SL, Baldessarini RJ: Aripiprazole: Initial clinical experience with 142 hospitalized psychiatric patients. *J Psychiatr Pract* 2005; 11:241–247