Journal of Neonatal Surgery
ISSN(Online): 2226-0439
Vol. 14, Issue 8s (2025)
https://www.jneonatalsurg.com

OPEN ACCESS

Beyond The Surface: How Detailed History-Taking And Therapeutic Rapport Aid In The Diagnosis Of Depression, Trichotillomania, And Self-Harm

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Cite this paper as: Dr. Abhinav Dhankar, Dr. Priya Ambawata, Dr. Praneta Swarup, Dr. Kunal Kumar, Dr. Abhinit Kumar, Dr. Nikhil Nayar, Dr. Siddharth Bhargava, (2025) Beyond The Surface: How Detailed History-Taking And Therapeutic Rapport Aid In The Diagnosis Of Depression, Trichotillomania, And Self-Harm. *Journal of Neonatal Surgery*, 14 (8s), 922-924.

ABSTRACT

Comprehensive history-taking is the cornerstone of psychiatric diagnosis and treatment.[6] This case highlights the importance of repeated assessments in uncovering hidden psychopathologies beyond an initial presentation of depression.

Case: A 16-year-old hindu female presented with low mood, irritability, crying spells, and low confidence for nine months. She was initially diagnosed with depression and started on Escitalopram 5 mg and Etizolam 0.25 mg. However, she showed minimal improvement, leading to inpatient admission. Upon detailed history-taking and serial mental status examinations, additional symptoms emerged, including trichotillomania and self-harming behaviors, which had not been initially disclosed. These symptoms were exacerbated by emotional distress and family conflicts.

Management & Outcome: Based on the evolving clinical picture, treatment was modified to include SSRI and low-dose atypical antipsychotics along with psychotherapy—Dialectical Behavior Therapy (DBT), Cognitive Behavioral Therapy (CBT), and Mentalization-Based Therapy (MBT). This multidisciplinary approach targeted emotional dysregulation, compulsive behaviors, and underlying distress.

Conclusion: This case underscores the dynamic nature of psychiatric symptoms and the critical role of thorough, iterative history-taking in identifying comorbidities and ensuring targeted treatment. A combination of pharmacotherapy and psychotherapy was essential for comprehensive management.

Keywords: *Depression, trichotillomania, self-harm, history, impluse control disorder, mental status examination*

1. INTRODUCTION

In psychiatry, history-taking is not merely a routine step but the foundation of accurate diagnosis and effective treatment. Unlike other medical specialties where laboratory tests and imaging often confirm a diagnosis, psychiatric conditions rely heavily on a thorough clinical interview, behavioral observations, and collateral information from family members. Trichotillomania is a chronic impulse control disorder characterised by pulling out one's own hair, resulting in noticeable hair loss [1]. Trichotillomania is estimated by smaller studies to affect 1–3.5% of late adolescents and young adults [2] The subset of individuals with Trichotillomania who ingest the hairs after pulling are at risk of gastrointestinal complications stemming from trichobezoars (i.e., hairballs [3,4]), This case highlights the significance of meticulous history-taking in uncovering hidden psychopathologies and guiding appropriate interventions. A comprehensive psychiatric history is essential for accurate diagnosis and effective treatment planning. However, factors such as limited time, clinician's philosophy, and lack of formal training can compromise history-taking, potentially affecting patient care. [5] Understanding

the history of psychiatry can also provide valuable insights into current practices, offering a perspective on how things might be done differently in the present and future.[6]

2. CASE DETAILS

A 16-year-old un married female, hindu resident from dadri, greater noida from lower socio-economic background presented to the psychiatry outpatient department (OPD) accompanied by her mother, with complaints of low mood, irritability, diminished interest in activities previous pelasurable activites, crying spells, and low self-confidence for the past nine months, which were insdiou, persistant with no diurnal variations. The patient was initially reluctant to provide her history, and most of the information was obtained from her mother. MSE- Patient was unkempt, untidy, eye to eye contact – partial, rapport not established, partially cooperative, hostile and guarded attitude with reduced psychomotor activites, low pitch, monotonous and non spontaneous speech, dysohoric, shallow contricted and non-reactive affect with depressive ruminations, average intelligence. Insight- grade 3. Based on the presenting symptoms, and rulling out diffrentials, a diagnosis of single episode depressive disorder, moderate, without psychotic symptoms was made, and she was started on Tab. Escitalopram 5 mg at bedtime along with Tab. Etizolam 0.25 mg. On follow-up, the patient reported minimal improvement in her symptoms. Considering the lack of significant response to initial treatment, the decision was made to admit her for further evaluation and management. Upon a more detailed history, it was noted that the patient exhibited heightened emotional sensitivity, particularly when reprimanded or subjected to critical remarks by family members. She described persistent, intrusive thoughts running through her mind in such situations. Further serial mental status examinations (MSE) and repeated history-taking revealed an additional concern. The patient admitted to a repetitive habit of plucking her own hair, primarily from the back of her head. She described experiencing an intense internal urge to pull her hair, which worsened when she was alone. This urge was particularly pronounced in moments of distress, such as when she was scolded, irritated, or angry. Upon further probing, she disclosed that this behavior had been ongoing for approximately one year. Based on symptoms and rulling out other repetitibe beahviors and other differentials, Trchotillomania was added in the diagnosis. Treatment was changed to Cap. Fluoxetine 20 mg OD along with a cover of T. clonepam 0.25mg BD and frequent sessions of aprropriate HRT and CBT. Patient had no history of any other psychiatric illness, head trauma or substance abuse. No hisotry of any developmental delay in milestone by her mother. Over the course of her inpatient stay, further history-taking uncovered another concerning behavior. The patient was found to have multiple hesitation cuts on her inner thighs. Initially undisclosed, she later admitted that these self-harming behaviors intensified during conflicts with her parents. She reported engaging in self-inflicted cutting for the past one and a half years, particularly during episodes of emotional distress. Given the presence of self-harming behaviors and emotional dysregulation, a low-dose antipsychotic, Tab. Aripiprazole 2mg , was added to her treatment regimen. In addition, psychotherapy sessions were initiated with a clinical psychologist, incorporating Dialectical Behavior Therapy (DBT) for emotional regulation, Cognitive Behavioral Therapy (CBT) for maladaptive thought patterns, and Mentalization-Based Therapy (MBT) to improve self-awareness and interpersonal functioning. The multidisciplinary approach aimed to address both her depressive symptoms and underlying impulsive behaviors. After multiple sessions, patient was discharged on Cap. Fluoxetine 80mg OD, T. Aripirazole 5mg. Currently patient is maintaining well on treatment with regular follow up.

Investigations

The patient was admiited after showing no improvement on medications and underwent a routine investigations including CBC, KFT, LFT, Tridot viral marker,blood sugar levels, ECG, Urine R/m, thyroid profile, USG- W/A, S. vit B-12 etc. MRI brain- WNL. Pediatric opinion was also done rule out any organic cause.

3. DISCUSSION

The importance of detailed history-taking in psychiatry:

Is the Psychiatric History Losing Its Relevance? This article discusses the critical role of obtaining a comprehensive history in making accurate diagnoses and developing effective treatment plans in psychiatry, especially given the limited value of laboratory or imaging investigations in this field. [5]

Obtaining a Family Psychiatric History: Is It Worth the Effort? The study highlights that cliniciangenerated family psychiatric histories are sensitive to the presence or absence of psychiatric disorders, underscoring the value of detailed family history in psychiatric assessments. [7]

Taking Legal Histories in Psychiatric Assessments. This study reviews the significance of incorporating legal histories into psychiatric evaluations, suggesting that such comprehensive history-taking can enhance understanding of patients' stories and improve psychiatric care.[8]

The Temperaments and Their Role in Early Diagnosis of Bipolar Spectrum Disorders The article emphasizes the importance of understanding a patient's premorbid personality and past history, including longitudinal and family history, for accurate diagnosis of bipolar spectrum mood disorders. [9]

Mental Status Examination. This resource outlines the components of the mental status examination, a structured method of assessing a patient's current mental state, which is integral to psychiatric history-taking. [10]

4. CONCLUSION

This case highlights the importance of thorough history-taking in psychiatry. Initially diagnosed with depression, repeated assessments uncovered trichotillomania and self-harming behaviors, which the patient had not disclosed due to stigma and lack of insight. Collateral history from her mother provided valuable context, but direct engagement with the patient was crucial in eliciting personal experiences. Unlike static medical conditions, psychiatric symptoms evolve over time, making serial mental status examinations essential for a complete clinical picture. A superficial evaluation might have led to misdiagnosis and inadequate treatment, but identifying hidden symptoms allowed for appropriate pharmacological adjustments and psychotherapy. Establishing a trusting, nonjudgmental environment was key in encouraging the patient to disclose self-harm, reinforcing the role of comprehensive historytaking in ensuring accurate diagnosis and effective intervention.

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