Association of nail-biting habits on nervousness, stress and anxiety

[Name of the Writer]

[Name of the Institution]

Nail-biting also is known as onychophagia is self-induced nail disorder. It involves biting the nail itself as well as piercing the cuticle and soft tissue adjacent to the nail. This compulsive biting often leads to severe damage to nails and tissues as nail bed damage leads to nail deformity, textural alterations in addition to the risk for infection. People struggle with their habit of nail-biting and impair their nails and causes distress. However, literature does not contain much information about the way how to control this behaviour as this requires the use of neurocognitive assessments.

The number of researchers is conducted that is full of controversies about the causes of nail-biting. Nail-biting is one of the body-focused repetitive behaviours (BFRBs) that are supposed to anxiety. People use nail-biting for stress-relieving (Siddiqui, Qureshi, Marei, & Mahfouz, 2017). This oral habit is common in all ages people. It is the result of different psychological arrests as proposed in some theories. According to Freud’s model, nail-biting is linked with anxiety and blocked psychological growth. Thus, this habit is linked with the high rate of numerous psychiatric disorders (Siddiqui et al., 2017). People are often seen reporting the decrease in their anxiety level resulting from nail chewing. Studies have testified anxiety as the etiology of onychophagia (Ghanizadeh, 2008). Anxious patients consider this as "nervous habit" and categorize this as the problem. Other also report the same results for boredom. Accordingly, theorists also establish a link of nail-biting with behavioural problems. Nail-biting is not classified in DSM-IV rather it is classified as self-injurious behaviour.

On the other hand, some researches do not agree with this and consider nail-biting as the only state instead of a trait (Singal & Daulatabad, 2017). These researchers consider it as the learnt practice that has no primary emotional trouble. Thus, nail-biting can also be seen in people having any accompanying psychiatric disorder. The third view focuses on its genetic link and considers it as inherited inclination. This proof can be seen in higher concordance rates among monozygotic twins as compared with dizygotic twins (66% vs. 34%). Moreover, children that have parents with a history of onychophagia have a higher incidence of onychophagia (Wells, Haines, & Williams, 1998).

Whatever the cause is behind the nail bitting, it is considered a bad habit as it causes other complications. If a child is biting his nails, he may swallow the bitten-off nails and suffer from stomach complications (Siddiqui et al., 2017). Moreover, nails are often not clean and swallowing of nails causes different infections. Teeth also get affected by this habit as non-physiological forces that act on teeth speed up resorption and damage the apical root. Chronic nail biting leads to fractures at the boundaries of the incisors. Likewise, this habit is frequently swapped by the custom of lip pinching as well as chewing of different objects.

Furthermore, nail-biting is age-related and often seen operating in childhood to adolescence then its intensity is decreased towards adulthood. Similarly, it is also seen more in boys than in girls. Rieder and Tosti in one review had shown the association of nail-biting with other BFRBDs such as skin picking and hair pulling (Sidiropoulou, Sgouros, Theodoropoulos, Katoulis, & Rigopoulos, 2019). Nail-biting presents in a significant proportion of referrals to a mental healthcare clinic setting. Nail-biting should be routinely looked for and asked for in the child and adolescent mental healthcare setting because it is common in a clinical population, easily visible in consultation and relatively unintrusive to ask about. If present, its detection can then be followed by looking for other more subtle stereotypic or self-mutilating behaviours. The literature lacks data related to nail-biting in adults as these people often do not seek any psychiatric help because of the feeling of shame and humiliation.

Nail-biting requires both pharmacological and non-pharmacological treatment. The significant number of fo people are referred to mental healthcare clinics with this habit. However, in some cases, no treatment is needed as it just appears to be a cosmetic issue. Other cases require the use of anti-depressants such as fluoxetine and clomipramine. Patients are often found in need of non-pharmacological approach such as developing conscious awareness about the habit and educating them. One recommendation is to use cognitive behavioural therapy (CBT) (Falkenstein, 2016). People require emotional support and encouragement during the treatment span and CBT effectively fulfil their need. (Siddiqui et al., 2017). The best approach for children is to strengthen their self-confidence, self-esteem and use several cognitive behavioural techniques to manage their different behaviours (Falkenstein, 2016). Always avoid punishment as a strategy to avoid nail-biting for children as it only makes the habit worse.

Nail tic disorders are widespread in people but they are not effectively explored and reported. The scarcity of data makes it difficult to suggest any standard treatment guidelines. There are cosmetic concerns in this habit that require clinical presentation to have sufficient knowledge about the disorder. They can then treat the problem effectively and timely. However, it is also an admit face from researches that nail-biting carries a cluster of symptoms. With the pharmacological treatment, there is also a need for behavioural therapy to modify these behaviours. Thus, the multidisciplinary approach for the treatment of the disease will involve positive reinforcement, and regular follow-ups (Siddiqui et al., 2017). Moreover, there is also a need to make these people familiar with the clinical presentation of onychophagia, and all the accessible treatment possibilities (Winebrake, Grover, Halteh, & Lipner, 2018).

References

Falkenstein, M. J. (2016). Clinical Aspects of Hair Pulling, Skin Picking, and Nail Biting. *Current Treatment Options in Psychiatry*, *3*(4), 375–384.

Ghanizadeh, A. (2008). Association of nail-biting and psychiatric disorders in children and their parents in a psychiatrically referred sample of children. *Child and Adolescent Psychiatry and Mental Health*, *2*(1), 13.

Siddiqui, J. A., Qureshi, S. F., Marei, W. M., & Mahfouz, T. A. (2017). Onychophagia (Nail biting): A body-focused repetitive behaviour due to psychiatric co-morbidity. *Journal of Mood Disorders*, *7*(1), 47.

Sidiropoulou, P., Sgouros, D., Theodoropoulos, K., Katoulis, A., & Rigopoulos, D. (2019). Onychotillomania: A Chameleon-Like Disorder: Case Report and Review of Literature. *Skin Appendage Disorders*, *5*(2), 104–107.

Singal, A., & Daulatabad, D. (2017). Nail tic disorders: Manifestations, pathogenesis and management. *Indian Journal of Dermatology, Venereology, and Leprology*, *83*(1), 19.

Wells, J. H., Haines, J., & Williams, C. L. (1998). Severe morbid onychophagia: The classification as self-mutilation and a proposed model of maintenance. *Australian and New Zealand Journal of Psychiatry*, *32*(4), 534–545.

Winebrake, J. P., Grover, K., Halteh, P., & Lipner, S. R. (2018). Pediatric Onychophagia: A Survey-Based Study of Prevalence, Etiologies, and Co-Morbidities. *American Journal of Clinical Dermatology*, *19*(6), 887–891.