

Body Dysmorphic Disorder

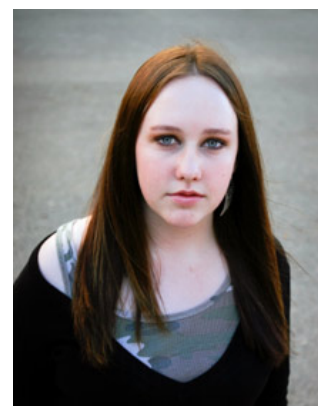


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Summary: Body Dysmorphic Disorder (BDD) is a condition where the person is excessively worried about a body part, fearing that there is something wrong with it, even despite the views of doctors and family to the contrary.

Introduction

M. is an 18-yo who has been increasingly obsessed with her "horrible pimples" and "big nose". And despite the fact that she gets asked out on dates all the time, she has now become so concerned about her appearance that she has recently stopped going to school. "I can't go out - people will see how ugly I am."

J. is a 7-yo boy who believes his hair is "all wrong" and that his stomach is "fat", despite the beliefs of his friends and family who see none of these 'defects'. But now it's to the point where he refuses to go to school unless he combs his hair for hours...

What is Body Dysmorphic Disorder?

Body Dysmorphic Disorder (BDD) is a condition where individuals are obsessed with perceived flaws in their appearance to the point that it causes problems in their life. At the extreme, it can even lead to thoughts of suicide.

Although there may be concerns about any part of the body, most concerns are about the face (e.g. nose being too big, or eyes being too small), hair or skin. Other concerns involve their muscular build (e.g. worries about being small, weak and not muscular enough).

Most of the time, friends and relatives would say the concerns are imaginary because there is no obvious defect. And even if there is a minor imperfection, most others would regard these as "normal" imperfections and the worries to be excessive and unreasonable.

People with BDD end up spending large amounts of time either thinking or doing behaviours related to the BDD. E.g. repetitively checking for their flaws in mirrors; attempting to conceal their perceived defects with make-up, clothing; excessive grooming to try to remove perceived imperfections such as combing one's hair repeatedly.

Some individuals with BDD may even go to the point of seeking out dermatologists or plastic surgeons with the

attempt of removing their imperfections; and even if the doctor agrees to perform a treatment, patients are typically dissatisfied.

Do I have Body Dysmorphic Disorder?

The Body Dysmorphic Disorder Clinic at the Massachusetts General Hospital has devised a series of screening questions for possible BDD:

- Do you worry a lot about your appearance?
- Do you consider any part or parts of your body especially unattractive?
- Do you spend a lot of time thinking about your defect(s)? At least one hour per day?
- Do your appearance concerns interfere with your work or social life?
- Do you repetitively check your appearance in mirrors or go to great lengths to avoid mirrors?
- Do you often ask people for reassurance about how you look?
- Do you spend a lot of money on make-up, cosmetics, etc., to camouflage your flaws?
- Do you often compare your appearance to that of others?
- Do you pick at your skin?
- Have you had repeated cosmetic surgeries?

If you answer "yes" to several of these, then you should consider seeing a professional to see if you may or may not have BDD.

Imagine what life would be like if you didn't have to be controlled by worries about your appearance...

There is hope - treatments exist and you can be free of the BDD thoughts and concerns.

What Causes Body Dysmorphic Disorder?

Body Dysmorphic Disorder is likely due to a variety of causes including one's genetics and the environment (including pressures from society and the media). Whatever the root cause, it is felt that there is ultimately a chemical imbalance in the brain that leads to the distressing thoughts and behaviours of BDD.

How Common is Body Dysmorphic Disorder?

Body Dysmorphic Disorder usually starts in adolescence, but is usually not diagnosed until individuals are older (20's to 30's), and appears to be diagnosed just as often in men and women.

Body Dysmorphic Disorder can be tricky to diagnose because it can cause symptoms that mimic to other mental health conditions such as anorexia, obsessive-compulsive disorder, trichotillomania (compulsive hair pulling), social phobia.

The diagnosis of Body Dysmorphic Disorder is also often missed because it is not well known, even by health professionals. In addition, individuals with BDD often see non-mental health professionals such as dermatologists, plastic surgeons or dentists.

How is Body Dysmorphic Disorder Treated?

Studies show the effectiveness of two main treatments:

- 1) Cognitive behavioural therapy, and/or
- 2) Medications

Cognitive Behavioural Therapy (CBT)

Body Dysmorphic Disorder tricks people into having negative thoughts (e.g. "I'm so ugly") and behaviours (e.g.

avoiding going out). CBT is a therapy that helps by changing people's thoughts and behaviours to deal with the body dysmorphic disorder. It is usually provided by mental health professionals such as psychologists or psychiatrists.

Treatment includes:

- a) Education about BDD. Learning all about BDD, e.g. what is it? What can be done about it?
- b) Learning new ways to think in order to overcome the BDD:
 - i) Monitoring and learning to be aware of one's 'automatic' thoughts.
E.g. "Aha! I'm getting the worry about my nose again! That's the BDD tricking me into having those thoughts, its not me. I'm not going to let the BDD get in the way of my life."
 - ii) Evaluating both the usefulness and validity of thoughts, by asking questions such as:
E.g. "Is this a helpful thought?"
E.g. "What's the evidence to support this thought?"
 - iii) Challenging unhelpful thoughts and replacing them with more helpful thoughts, by asking oneself questions such as:
E.g. "What is a more valid nor realistic thought?"
E.g. "What is a more helpful or useful thought to have?"

For example, a person with BDD might change his/her negative thoughts (e.g. "I'm so ugly") into more realistic thoughts (e.g. "Sure, my nose isn't perfect, but hey, I'm definitely not ugly! Even if I was, my friends and family would still love me.")

- c) Learning helpful behaviours to overcome the BDD:
 - i) **Exposure:** BDD typically tricks people into avoiding social situations, or stressful situations such as mirrors. Exposure is about helping the person to gradually face more and more of these situations, at a comfortable, gradual step-by-step fashion.
 - ii) **Response prevention:** BDD typically tricks people into having compulsive behaviours such as skin picking, comparing oneself to others, looking in the mirror. Response prevention is about preventing these behaviours from happening, once again, in a gradual, step-by-step fashion.

Medications

Medications such as specific serotonin reuptake inhibitors (SSRIs), which work by increasing the brain serotonin function, appear to be helpful for body dysmorphic disorder.

Treatments usually need to be given for long periods (i.e. 12-16 weeks).

Examples of SSRIs include Fluoxetine (Prozac), Citalopram (Celexa), Sertraline (Zoloft), Fluvoxamine (Luvox), Escitalopram (Ciprallex), Paroxetine (Paxil). Other similar medications include Venlafaxine (Effexor).

References

- The Broken Mirror, by Katharine Phillips, 2005.
- Body Image Program at the Butler Hospital, a specialty program for BDD directed by Dr. Katharine Phillips. Retrieved Dec 29, 2008 from <http://www.butler.org/body.cfm?id=123>.
- "About Body Dysmorphic Disorder" (from the Body Dysmorphic Disorder Clinic at Massachusetts General Hospital), retrieved Dec 29, 2008 from <http://www2.massgeneral.org/bdd/info.htm>.

About this Document

Written by the eMentalHealth.ca team.

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