

Update on A Spectrum Disorder: Body Dysmorphic Disorder

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Body dysmorphic disorder (BDD) is a mental illness characterized by an intense preoccupation with an imagined defect or slight imperfection in one's appearance. This preoccupation can become overwhelming and lead to significant distress and impairment in one's social life, relationships, employment, schoolwork, and overall functioning.

BDD is a fairly common disorder, and is seen in approximately one to two percent of the population, or nearly five million Americans. The disorder is diagnosed equally among men and women. BDD can develop at any age, though it usually appears in early adolescence and, if left untreated, often becomes chronic. In more extreme cases, BDD may result in hospitalizations or suicide. Despite its prevalence, BDD is generally not well known or understood by physicians, friends, family members, the general public, or even by the sufferers themselves.

Any body part can be the focus of a BDD sufferer's preoccupation, though there are particular body parts that are more commonly found to be of concern to BDD patients. People with BDD often agonize about skin color, acne, wrinkles, scars, facial asymmetry, and thinning or excessive hair. Other frequent issues of concern may be the shape or size of the nose, eyes, mouth, lips, or teeth. Muscle dysmorphia is a subtype of BDD that primarily impacts men. Muscle dysmorphic individuals believe they are not strong or muscular enough and respond with excessive exercise, at times to the point of joint injury or steroid abuse.

BDD can be difficult to diagnose and may be mistaken for a number of other disorders, including obsessive-compulsive disorder (OCD), major depression, social anxiety disorder, or an eating disorder, among a number of other conditions. Diagnoses are made even more challenging by the fact that BDD individuals are often secretive, embarrassed, or ashamed of their symptoms

and, thus, frequently opt not to reveal their distress to family, friends, or physicians. Many BDD patients believe their imagined flaw to be real and will often seek medical treatment as opposed to psychiatric care for their problems. Given these factors, it is vital that physicians in other medical fields, not only in mental health, learn how to properly distinguish between a patient with normal appearance concerns and one whose worries are unreasonable and to refer those with excessive concerns for the appropriate treatment.

How can you determine if an individual has BDD?

BDD sufferers frequently visit plastic surgeons, dermatologists, and dentists, seeking treatment for their perceived flaws. They exhibit an array of symptoms, including:

- Maladaptive appearance-related thoughts and distorted beliefs. (i.e., "If my appearance is not perfect, I am worthless." or "I must look amazing in order to be happy.")
- Unrealistic perceptions and expectations of their own appearance. Low self-esteem.
- Repetitive behaviors designed to check or correct their imagined flaw, such as mirror checking, grooming, skin picking, or hair pulling.
- Reassurance seeking.
- Comparing their appearance unfavorably to that of others.
- "Doctor shopping." People with BDD have often had countless cosmetic surgeries or other procedures to correct their perceived imperfections and are often unsatisfied with the results.
- Avoidance behaviors. Sufferers may avoid mirrors or bright lights. They may hide or camouflage the body part of concern with cosmetics or clothing, or by altering their body position. Sufferers may engage in repetitive or avoidance behaviors for several hours every day, but this seldom provides more than temporary relief.

To be diagnosed with BDD a person must spend at least one hour per day thinking about the perceived imperfections in his or her appearance, though on average, BDD individuals spend

between three and eight hours per a day preoccupied with such thoughts. Research suggests that approximately 7 to 15 percent of cosmetic surgery patients and 12 percent of dermatological patients actually suffer from BDD, (Phillips, K.A., Castle, D., 2001). Many sufferers seek a medical diagnosis, which confirms their belief that they have a physical problem and further obscures the psychiatric basis of their concern.

Despite the severity of BDD, a number of medications and psychotherapeutic treatments have been shown quite effective in significantly reducing the symptoms of the disorder. In recent years, cognitive-behavioral therapy (CBT) has grown increasingly popular as a form of treatment for BDD and has demonstrated impressive results when administered in either an individual or group setting. CBT combines various cognitive and behavioral treatment strategies. By combining these treatment elements into CBT, we can better target the multiple issues, challenges, and complications faced by someone with BDD.

Another treatment option is pharmacotherapy. Recent research has shown the effectiveness of a certain group of antidepressants known as selective serotonin reuptake inhibitors (SSRIs) in treating BDD, even for those individuals who are delusional. Successful medication treatment can result in a reduction in time spent focused on one's appearance, less time spent on associated ritualistic behaviors, less agony and distress, and a decrease in depressive symptoms. Patients often develop better insight into their BDD problems. An individual with BDD should be on a medication for 12-16 weeks before assessing his/her response to the drug. If one SSRI is found ineffective, another should be attempted. Medication may be used alone, though patients who take medication as an adjunct to CBT appear to improve most significantly.

Self-help books for BDD are also available. Dr. Sabine Wilhelm, an Associate Professor of Psychology at Massachusetts General Hospital and Harvard Medical School, has recently written a new book, *Feeling Good About the Way You Look: A Program for Overcoming Body Image Problems*, which contains invaluable

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information for both clinicians and BDD sufferers alike, including self-assessment tools to help readers better understand BDD and help them to determine if professional psychiatric treatment is necessary; step-by-step instructions on how to overcome your BDD-related symptoms; information for friends and family members who believe a loved one may be suffering from BDD and much more.

In addition, Dr. Katharine Phillips, Director of the Butler Hospital Body Image Program in Providence, R.I., has recently updated and expanded her renown and exceptionally informative book entitled *The Broken Mirror: Understanding and Treating Body Dysmorphic Disorder*. This newly revised edition offers the latest and most accurate information and recommendations about effective treatments for BDD. In addition, it provides helpful advice for loved ones and friends on how to cope with the disorder. Written for professionals, BDD individuals, and their families and friends, this newly updated version is a demonstration of the vast accomplishments that have been made in recent years toward developing a better understanding of BDD.

Many of the treatments and self-help guidelines offered in these books are ones provided by Dr. Wilhelm and her colleagues at the Massachusetts General Hospital/Harvard Medical School Body Dysmorphic Disorder Clinic & Research Unit. Founded and directed by Dr. Wilhelm, the MGH BDD Clinic has become internationally known for its cutting edge research and state-of-the-art patient care. The BDD Clinic is one of only a few clinics in the United States, and the only clinic in Boston, specializing in the care and treatment of individuals suffering from BDD and related disorders. Treatments offered include CBT and medication. The program also offers consultations, evaluations, and follow-up care.

In addition to clinical care, the MGH BDD Clinic consists of a research unit where breakthrough research is being conducted. The Research Unit currently focuses on studies concerning information processing, perception and interpretation, neuropsychology, neuroimaging, psychophysiology, prevalence, and treatment of BDD. In addition to active clinical

and research services, the Clinic serves an educational purpose, with research fellows and graduate students actively involved in patient care and research.

The Butler Hospital and Brown Medical School Body Image Program, directed by Dr. Phillips, is another of only a small number of clinics specializing in the care and research of BDD. At the Body Image Program, Dr. Phillips and colleagues are devoted to conducting research to further our understanding of BDD and to developing the newest and most effective treatments for BDD.

BDD is an illness for which there is a lack of knowledge and awareness among healthcare professionals, as well as the general public, meager funding for research, and poor access to treatment. Hopefully the work that is being done now will lead to more effective diagnosis and treatment.

For more information about BDD, contact the Neysa Jane BDD Fund
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"OCD IN THE CLASSROOM" IS AVAILABLE AGAIN

"OCD in the Classroom" is available again from the OCF Foundation. "OCD in the Classroom" is a multimedia program designed to "educate educators" about the effects of OCD on a child's performance in the classroom. The program kit contains two videos: "Jake's Story and the Kids' Panel" and "How to Recognize and Respond to OCD in School Age Children." It also includes a "Presenter's Manual" that contains a tightly written script that outlines a complete presentation that can be given by a parent or a mental health professional. The presentation describes the causes and treatments of OCD and contains information on the effects that OCD has upon a child's ability to study and learn. The kit also contains transparencies.

There are also two pamphlets in the set: "School Personnel: A Critical Link in the Identification, Assessment and Treatment of OCD in Children and Adolescents" by Gail Adams, Ed.D. "Obsessive Compulsive Disorder in Children & Adolescents" by Dr. Hugh F. Johnston and J. Jay Fruehling, M.A. "OCD in the Classroom" is available from the OCF for \$45.50 for members of the OCF and \$50.50 for non-members. These prices include shipping and handling. To order, call Leslie at 203-401-2070, Ext. 14 or e-mail her at capezzone@ocfoundation.org.