



Body Dysmorphic Disorder

Body Dysmorphic Disorder

INTRODUCTION

What is BDD?

Body Dysmorphic Disorder (BDD) is defined as a pre-occupation with an imagined or very slight defect in physical appearance which causes significant distress to the individual.

BDD is a chronic psychiatric condition that causes severe emotional distress which goes beyond vanity and is not something that individuals can either 'forget about' or 'get over'. BDD is not a rare disorder, only an under-recognised one which affects women and men from all walks of life.

People who suffer from BDD dislike an aspect of their appearance to such a degree, that they can't stop thinking and worrying about it. To others, these reactions may seem excessive, as the perceived 'problem' may not even be noticeable or relates to a very minor mark such as a mole or very mild acne scarring which anyone else may not even notice. However, to the BDD sufferer, the defects are very real, very obvious and very severe.

BDD often begins as early as adolescence and may remain undiagnosed for many years. It is estimated to affect between 1-2% of the population and appears to affect roughly equal numbers of males and females. Research data suggests that BDD usually persists for years, sometimes worsening over time, unless appropriately treated.

SYMPTOMS

Most people spend only a few minutes each day thinking about their appearance, but the BDD sufferer may spend hours pre-occupied by how he or she looks.

Some say they are obsessed and find it hard to stop thinking about the particular aspects of their appearance which concern them. One aspect of BDD that can be especially troubling is the feeling that other people take special notice of this perceived defect, and that people stare at it or make fun of it or laugh behind their backs when in reality, no one may even notice it. Many sufferers feel ashamed and fear being rejected by others.

Another feature of this disorder is what people do to try to reduce their feelings of distress. Most people with BDD perform one or more repetitive and often time consuming behaviours known as 'rituals', which are usually aimed at examining, 'improving' or hiding their perceived flaw.

BDD sufferers usually spend a lot of time checking themselves in the mirror to see if their 'defect' is noticeable or has changed in some way, or they will frequently compare themselves with others.

BDD is a chronic psychiatric condition that causes severe emotional distress which goes beyond vanity and is not something individuals can either "forget about" or simply "get over"

Many hours are spent grooming themselves by applying make-up, changing clothes or re-arranging their hair to 'correct' or cover up 'the problem'. Some people approach cosmetic surgeons or dermatologists seeking surgery or medical treatments. Others attempt to camouflage or hide their defect by wearing a hat or a scarf or sunglasses. Some sufferers will repeatedly ask family or friends for reassurance that they look ok, or alternately try to convince them of their ugliness.

This behaviour can be frustrating for family members because the BDD sufferer is usually not reassured no matter how much support, time and reassurance they are given. Some people with BDD manage to function well despite their distress. Others, however, are severely impaired by their symptoms, often becoming socially isolated by not attending school or work, and in extreme cases, refusing to leave their homes for fear of embarrassment about their appearance.

“At this stage, the causes of BDD are unknown. In most cases, there are likely to be multiple biological, psychological and socio-cultural factors which contribute to its cause”

It is not uncommon for people with BDD to feel depressed about their problem and the negative impact it has had on their life. Relationship problems are common, and many sufferers have few friends and often become socially isolated. BDD is not yet widely recognised and health professionals may not be familiar with the disorder so can be misdiagnosed. What distinguishes normal appearance concerns from BDD is:

- *the extent of the preoccupation with the perceived defect*
- *the amount of distress it causes*
- *the extent to which it interferes with the person’s life.*

Many people with BDD often suffer from depression at some stage and there is often a high rate of depression in their families. BDD sufferers can present with other symptoms as well such as Obsessive Compulsive Disorder (OCD), eating disorders, anxiety disorders & Trichotillomania (hair pulling).

WHAT CAUSES BDD?

At this stage, the causes of BDD are unknown. In most cases, there are likely to be multiple biological, psychological and socio-cultural factors which contribute to its cause.

There is some suggestion that an imbalance in the chemical Serotonin in the brain may make some people more likely to express the symptoms of BDD. It is also possible that excessive teasing during childhood or family pressures regarding appearance might be risk factors in some cases.

TREATMENT

Medication

Serotonin-reuptake inhibitors (SRIs) are a group of medications that appear to be useful and effective for people with BDD. The SRIs are a type of anti-depressant used successfully in the treatment of Depression and Obsessive Compulsive Disorder (OCD).

People who respond to SRI therapy generally spend less time obsessing about their ‘defect’, and if they start to think about it, it is easier to push the thoughts aside and think of other things. Self-consciousness and feelings of anxiety, depression and suicide often diminish and self-esteem and body image often improve. Treatment response often takes some months.

Psychotherapy

Cognitive Behaviour Therapy (CBT) appears to be another effective treatment of BDD, where the aim over time is to decrease distress involved with the particular situation of having to expose their ‘defect’ in situations which they would usually avoid.

FIND OUT MORE!

For more information:



Collaborative Therapy Unit
Bridging Research & Clinical Practice

Collaborative Therapy Unit Mental Health Research Institute

Prof. David Castle or Roberta Honigman
155 Oak Street, Parkville 3052
Tel: (03) 9388 1633 Fax: (03) 9387 5061
Email: info@ctu.mhri.edu.au
Internet: www.mhri.edu.au