

Body Dysmorphic Disorder

Body Image

- A subjective evaluation of your outward appearance, contrasted with an objective evaluation
- More than 50% of American women and 45% of American men are dissatisfied with their overall appearance and body image
- Body image dissatisfaction leads to many appearance enhancing behaviors, including weight loss, exercise, cosmetics use, cosmetic surgery, and hair restoration.

Influences on Body Image

- Media and popular culture
 - Underweight models and celebrities send the message that being thin is best
 - Striving to achieve these thin standards often makes people ill
 - A study of more than 4,000 television commercials revealed that more than one out of every four sends some sort of “attractiveness message”

Influences on Body Image

- Family, community, and cultural groups
 - Parents are especially influential
 - Interactions with siblings and other relatives, peers, teachers, coworkers, and other community members can also influence
 - Associations of physical features with certain traits within cultures
 - European American females experience the highest rates of body dissatisfaction



Operational Definition

- Preoccupation with one or more perceived defects or flaws appearance that are not observable or appear slight to others.
- At some point during the course of the disorder, the individual has performed repetitive behaviors (e.g., mirror checking, excessive grooming, skin picking, reassurance seeking) or mental acts (e.g., comparing his or her appearance with that of others) in response to the appearance concerns.

Operational Definition

- C. The preoccupation causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- D. The preoccupation is not better accounted for by another mental disorder(e.g., dissatisfaction with body shape and size in Anorexia Nervosa).

BDD Specifiers

- With Muscle Dysmorphia
 - The individual is preoccupied with the idea that his or her body build is too small or insufficiently muscular
 - This specifier is used even if the individual is preoccupied with other body areas (which is often the case)



Associated Features

- Preoccupation with your physical appearance with extreme self-consciousness
- Frequent examination of yourself in the mirror, or the opposite, avoidance of mirrors altogether
- Strong belief that you have an abnormality or defect in your appearance that makes you ugly

Associated Features

- Belief that others take special notice of your appearance in a negative way
- Avoidance of social situations
- Feeling the need to stay housebound

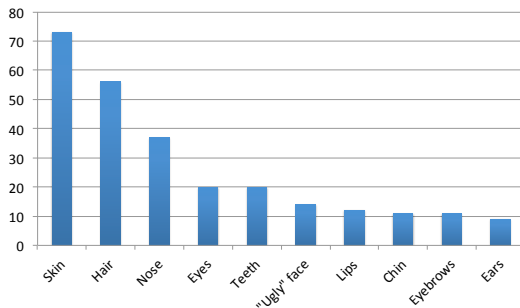
Associated Features

- The need to seek reassurance about your appearance from others
- Frequent cosmetic procedures with little satisfaction
- Excessive grooming or exercise in an unsuccessful effort to improve the flaw

Associated Features

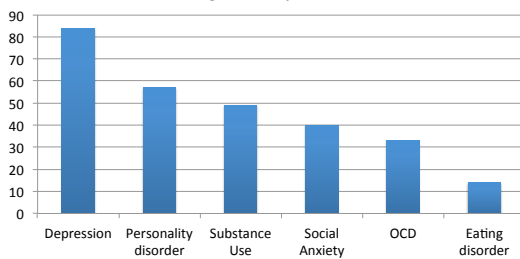
- The need to camouflage perceived flaws
- Comparison of your appearance with that of others
- Reluctance to appear in pictures

Location of Perceived Defect



Comorbidity

Percentage of BDD patients with...



Epidemiology

- In United States, prevalence of 2.4%
 - 2.5% females vs. 2.2% males
- Outside US, prevalence of 1.7-1.8%
- Common in medical settings
 - 10% in dermatology clinics
 - Up to 50% of plastic surgery patients

Gender Differences

- Common body part focus
 - Men: physical build, genitalia, thinning hair
 - Women: breasts/nipples, buttocks, excessive body hair, nose, skin blemishes, stomach, teeth, thighs, body weight
- Typical behaviors
 - Men: weight lifting (5-6 hours/day), substance use
 - Women: camouflage, eating disorder, skin picking

Impact of BDD

- 80% have history of suicidal ideation, 50% have frequent suicidal thoughts, 25% have attempted
- Over 25% have plastic surgery, with poor results
- 70% never marry

Impact of BDD

- Frequent unemployment and low educational attainment
 - A third lost a week of work or more per month
 - 11% had permanently dropped out of school
- Over 40% were hospitalized at some point
- About 30% report being housebound at times

Course of BDD

- Mean age of onset is 16-17
 - 2/3rds of those with the disorder develop it before age 18
 - Those who develop it before 18 are more likely to attempt suicide and have comorbidities
- Chronic, typically unremitting problem
 - Fewer than 6% of patients achieved remission in a three year longitudinal study

Etiology

- Developmental factors especially prominent
- Almost 80% of BDD patients report childhood maltreatment (40% was "severe")
 - Emotional neglect 68%
 - Emotional abuse 56%
 - Physical abuse 35%
 - Physical neglect 33%
 - Sexual abuse 28%

Etiology

- Genetic aspect as well; 4-8x more likely to have a family member with BDD
- Particular neurocognitive deficits
 - Visual memory problems
 - Poor working memory and planning
 - Poor emotion recognition
 - Visual processing abnormalities

EBT for BDD

- A specifically-based modular CBT has been developed and evaluated
- Over 80% were treatment responders (showed a 30% drop in symptoms)
 - Also showed decreased depression and increased quality of life

CBT-BDD

- 22 sessions, six core aspects
 - Psychoeducation and case formulation
 - Motivational enhancement
 - Cognitive restructuring
 - Exposure with response prevention
 - Mindfulness instruction and perceptual retraining
 - Relapse prevention

CBT-BDD

- Four optional treatment modules
 - Compulsive skin picking and hair pulling
 - Concerns about muscularity/shape/weight
 - Cosmetic treatment
 - Mood management

Pharmacology for BDD

- SRIs are first-line choice, more effective than placebos (effect size average of .70)
- Doses often need to be quite high for treatment response, which may take up to 12 weeks
- Supplementing with an antipsychotic is unlikely to be helpful

Media Critique #3