

## **A review of Dysmorphic Disorder**

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### **Abstract**

*Body dysmorphic disorder is a mental health condition in which a patient cannot stop thinking about one or more perceived defects or flaws in their appearance, a flaw that appears minor or cannot be seen by others. But the patient may feel so embarrassed, ashamed and anxious that the patient may avoid many social situations. When a patient has body dysmorphic disorder, the patient intensely focuses on appearance and body image, repeatedly checking the mirror, grooming or seeking reassurance, sometimes for many hours each day. The patient perceived flaw and the repetitive behaviours cause significant distress and impact the patient's ability to function in daily life. Treatment of body dysmorphic disorder may include cognitive behavioral therapy and medication.*

**Keywords:** *Dysmorphic, cognitive behavioral therapy, obsessive-compulsion.*

## Introduction

Body dysmorphic disorder (BDD), occasionally still called dysmorphophobia, is a mental disorder characterized by the obsessive idea that some aspect of one's own body part or appearance is severely flawed and therefore warrants exceptional measures to hide or fix it.<sup>[1]</sup> In BDD's delusional variant, the flaw is imagined.<sup>[2]</sup> If the flaw is actual, its importance is severely exaggerated. Either way, thoughts about it are pervasive and intrusive and may occupy several hours a day, causing severe distress and impairing one's otherwise normal activities. BDD is classified as a somatoform disorder, and the DSM-5 categorizes BDD in the obsessive-compulsive spectrum and distinguishes it from anorexia nervosa.

Body dysmorphic disorder (BDD) is a mental health problem. If a patient has BDD, the patient may be so upset about the appearance of the body that it gets in the way of the person's ability to live normally. Many of the patients have what they think are flaws in appearance. But if a patient has BDD, the reaction to this "flaw" may become overwhelming. This may find that negative thoughts about the patient's body are hard to control. The patient may even spend hours each day worrying about how they look. Patient thinking can become so negative and persistent, the patient may think about suicide at times.

## Aetiology:

It is not known specifically what causes body dysmorphic disorder. Like many other mental health conditions, body dysmorphic disorder may result from a combination of issues, such as a family history of the disorder, negative evaluations or experiences about the patient's body or self-image, and abnormal brain function or abnormal levels of the brain chemical called serotonin.

## Risk factors

Body dysmorphic disorder typically starts in the early teenage years and it affects both males and females.

Certain factors seem to increase the risk of developing or triggering body dysmorphic disorder, including:

- Having blood relatives with body dysmorphic disorder or obsessive-compulsive disorder
- Negative life experiences, such as childhood teasing, neglect or abuse
- Certain personality traits, such as perfectionism
- Societal pressure or expectations of beauty
- Having another mental health condition, such as anxiety or depression

## Complications

Complications that may be caused by or associated with body dysmorphic disorder include, for example:

- Low self-esteem
- Social isolation
- Major depression or other mood disorders
- Suicidal thoughts or behaviour
- Anxiety disorders, including social anxiety disorder (social phobia)

- Obsessive-compulsive disorder
- Eating disorders<sup>[3]</sup>
- Substance misuse

## Symptoms

Signs and symptoms of body dysmorphic disorder include:

- Being extremely preoccupied with a perceived flaw in appearance that to others cannot be seen or appears minor
- A strong belief that patients have a defect in their appearance that makes them ugly or deformed
- A belief that others take special notice of a patient appearance in a negative way
- Attempting to hide perceived flaws with styling, makeup or clothes
- Constantly comparing patient appearance with others
- Frequently seeking reassurance about patient appearance from others
- Having perfectionist tendencies
- Seeking cosmetic procedures with little satisfaction
- Avoiding social situations<sup>[4]</sup>

## Prevention

There is no known way to prevent body dysmorphic disorder. However, because body dysmorphic disorder often starts in the early teenage years, identifying the disorder early and starting treatment may be of some benefit.

Long-term maintenance treatment also may help prevent a relapse of body dysmorphic disorder symptoms.

## Treatment

### Medication and psychotherapy

Anti-depressant medication, such as selective serotonin reuptake inhibitors (SSRIs), and cognitive-behavioral therapy (CBT) is considered effective. SSRIs can help relieve obsessive-compulsive and delusional traits, while cognitive-behavioral therapy can help patients recognize faulty thought patterns.<sup>[5]</sup> Core treatment elements include psychoeducation and case Formulation, cognitive restructuring, exposure and ritual prevention and mindfulness/perceptual retraining.<sup>[6]</sup> Before treatment, it can help to provide psychoeducation, as with self-help books and support websites.

The symptoms of BDD can get better with treatment.

If the patient's symptoms are relatively mild, a person should be referred for a type of talking therapy called cognitive behavioral therapy (CBT).<sup>[7]</sup>

If the patient has moderate symptoms, a person should be offered either CBT or a type of antidepressant medicine called a selective serotonin reuptake inhibitor (SSRI).

If the patient's symptoms are more severe, or other treatments do not work, a person should be offered CBT together with an SSRI.

## **Cognitive behavioral therapy (CBT)**

CBT can help manage a patient's BDD symptoms by changing the way of thinks and behave. It helps in learning what triggers patient symptoms and teaches different ways of thinking about and dealing with patient habits.

The patient and therapist will agree on goals for the therapy and work together to try to reach them.

CBT for treating BDD will usually include a technique known as exposure and response prevention (ERP).

This involves gradually facing situations that would normally make the patient think obsessively about appearance and feel anxious.

The therapist will help a patient to find other ways of dealing with feelings in these situations so that, over time, become able to deal with them without feeling self-conscious or afraid.

It may also be given some self-help information to read at home and patient CBT might involve group work, depending on the symptoms.

CBT for children and young people will usually also involve their family members.

## **Selective serotonin reuptake inhibitors (SSRIs)**

SSRIs are a type of antidepressant. There are several different SSRIs, but fluoxetine is most commonly used to treat BDD. It may take up to 12 weeks for SSRIs to affect patient BDD symptoms. There are some common side effects of taking SSRIs, but these will often pass within a few weeks.

The doctor will keep a close eye on a patient over the first few weeks. It is important to tell them if the patient is feeling particularly anxious or emotional, or is having thoughts of harming. If a person has not had symptoms for 6 to 12 months, the patient probably is taken off SSRIs.

This will be done by slowly reducing the patient's dose over time to help make sure the patient's symptoms do not come back (relapse) and to avoid any side effects of coming off the drug (withdrawal symptoms), such as anxiety.

Adults younger than 30 will need to be carefully monitored when taking SSRIs as they may have a higher chance of developing suicidal thoughts or trying to hurt themselves in the early stages of treatment. Children and young people may be offered an SSRI if they're having severe symptoms of BDD. Medicine should only be suggested after they have seen a psychiatrist and been offered therapy. <sup>[8]</sup>

## **Further treatment**

If treatment with both CBT and an SSRI has not improved your BDD symptoms after 12 weeks, the patient may be prescribed a different type of SSRI or another antidepressant called clomipramine.

If the patient does not see any improvements in symptoms, a patient may be referred to a mental health clinic or hospital that specialises in BDD, such as the National OCD/BDD Services. These services will probably do a more in-depth assessment of patient BDD.

They may offer patients more CBT or a different kind of therapy, as well as a different kind of antidepressant.

## Mental wellbeing

Practising mindfulness exercises may help a patient feel low or anxious.

Some people also find it helpful to get together with friends or family or to try doing something new to improve their mental well-being.

It may also be helpful to try some relaxation and breathing exercises to relieve stress and anxiety.

## Self-improvement

For many people with BDD cosmetic surgery does not work to alleviate the symptoms of BDD as their opinion of their appearance is not grounded in reality. It is recommended that cosmetic surgeons<sup>[9]</sup> and psychiatrists work together to screen surgery patients to see if they have BDD, as the results of the surgery could be harmful to them.

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