

Body Dysmorphic Disorder

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The number of patients with body dysmorphic disorder (BDD), a mental disorder where patients spend the majority of their time worrying about slight or un-noticeable flaws in their appearances, has greatly increased over the past decades, according to cosmetic surgeons. While cosmetic surgeries have become more popular than ever over the past decades, physicians in this field have reported their frequent encounter of body dysmorphic patients. It is important to understand that patients struggling with BDD are in need of psychological assistance, not surgical help. These patients do not need surgeries, but instead, should be referred to psychologists, who would work on the patients' sense of self perception and self-esteem. A deeper understanding of BDD will allow physicians to make the correct medical calls and refer BDD patients to psychological facilities, instead of operating on them.

Identifying patients with this disorder is the first step to combatting this problem. This is achieved by diagnosing BDD patients according to the following diagnostic criteria: (1) obsessive thoughts surrounding a perceived flaw in one's appearances that others can hardly identify, most commonly of facial features; eyes, eyelids, nose or lips (2) repetition of behaviors related

to self-checking/looking at flaws in the mirror, or constant comparing to others, and lastly, (3) preoccupations with the previously mentioned behaviors in a way that conflicts with one's ability to live his or her normal lives. A red flag is the history of the number of a patient's cosmetic surgeries, for these patients have often undergone numerous surgeries within short periods of time (Fig. 1).

Additionally, these patients often have unrealistic expectations about their desired cosmetic procedures and are insistent on getting the surgeries, refusing to compromise, or refusing to allow their physicians to convince them otherwise. Ultimately, reports have proven that the level of distress in the patient around his or her flaw is the most reliable measure of body dysmorphic disorder. Screening these patients if any of these signs are evident is beneficial, for there are numerous tests and assessments that can guide physicians to refer these patients to mental health institutions e.g. BDD questionnaire and Dysmorphic Concern Questionnaire (DCQ) assessments. A special dermatology version of the former called BDDQ-DV is a brief screening tool that a patient can complete in less than 3 minutes while in the waiting room.

While the disorder mainly affects young or middle aged, type A, high intellectual, competitive, or self-conscious individuals, it equally affects women as it does men. In terms of the frequencies of occurrence, while this disorder is

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often times underreported and underdiagnosed, it is believed that about 14% of patients who are classified as aesthetic procedure seekers suffer from BDD.

Because these patients' treatment is heavily dependent on psychotherapy and psychological support, cosmetic surgeons have been more wary and cautious of their response to these patients, as a means of avoiding legal or safety issues. While patients believe that their desired surgery will magically fix their appearance and their perceived "flaw", physicians' approval of the surgeries, when there is evidently no flaw that requires fixing, will only further reinforce the disorder within patients, for they will immediately start demanding more procedures. Studies have shown the 84% of plastic surgeons have operated in BDD patients. It is vital for the physicians to distinguish between the patient's disordered thoughts and the cosmetic preferences that the patients are desiring, especially because if the patient is dissatisfied with the outcome, he or she might become aggressive and

threaten the physician. Since physicians will continue to encounter more BDD patients and the number of BDD patients will only increase, a high level of suspicion is needed and even BDD screen tools and assessments should be severely considered, before operating on such patients. Unwanted legal complications can be avoided if physicians read more about this disorder and are more aware of the increasing number of BDD patients.

Since BDD is a psychological disorder, its treatment can be achieved through Cognitive Behavior Therapy (CBT), prescription drugs such as Selective Serotonin Reuptake Inhibitors (SSRI), or group therapy sessions, not plastic surgeries.

Suggested Readings

1. Higgin S, Wysong A. cosmetic surgery and BDD; an update. *Int J Womens Dermatol.* 2018;4(1):43.
2. Veale D. Body Dysmorphic disorder. *Postgrad Med J.* 2004;80:67.