

## **Body Dysmorphic Disorder**

Over the course of a lifetime, up to 4.2 percent of girls and women will develop bulimia nervosa, and up to 3.7 percent will develop anorexia nervosa, one of the top psychiatric illnesses that lead to death (Taylor et al., 2006). For many individuals, disordered eating habits and eating disorders begin with feelings of dissatisfaction related to one's body image. In addition to eating disorders, other mental health issues may result from feelings of dissatisfaction related to one's body image or specific parts of one's body including Body Dysmorphic Disorder (BDD).

### **Definition**

Body dysmorphic disorder (BDD) is characterized by an excessive preoccupation with a real or imagined defect in one's physical appearance.

Individuals with BDD have a distorted or exaggerated view of how they look and are overly concerned with actual physical characteristics or perceived flaws, such as a certain facial feature or imperfections of the skin. They frequently think of themselves as ugly or disfigured. People with BDD often have recurring negative thoughts about their appearance, even when reassured by others that they look fine and that the minor or perceived flaws aren't noticeable or excessive.

### **Diagnostic Criteria for BDD according to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision**

- A. Preoccupation with an imagined defect in physical appearance. If a slight physical anomaly is present, the person's concern is markedly excessive.
- B. The preoccupation causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- C. The preoccupation is not better accounted for by another mental disorder (e.g., dissatisfaction with body shape and size in Anorexia Nervosa).

### **Symptoms**

The signs and symptoms of BDD include:

- § Frequently comparing appearance with that of others
- § Repeatedly checking the appearance of the specific body part in mirrors or other reflective surfaces
- § Refusing to have pictures taken
- § Wearing excessive clothing, makeup and hats to camouflage the perceived flaw
- § Using hands or posture to hide the imagined defect
- § Frequently touching the perceived flaw
- § Picking at one's skin
- § Frequently measuring the imagined or exaggerated defect
- § Elaborate grooming rituals
- § Excessive researching about the perceived defective body part

- § Seeking surgery or other medical treatment despite contrary opinions or medical recommendations
- § Seeking reassurance about the perceived defect or trying to convince others that it's abnormal or excessive
- § Avoiding social situations in which the perceived flaw might be noticed
- § Feeling anxious and self-conscious around others (social phobia) because of the imagined defect

In severe cases of BDD, a person may drop out of school, quit his/her job, avoid leaving his/ home, or maybe even consider or attempt suicide.

Some common targets/focus of BDD include:

- § Overall size, shape or symmetry of a certain facial feature, such as size or shape of nose
- § Moles or freckles perceived as too large or noticeable
- § Acne and blemishes
- § Minor scars or skin abrasions
- § Too much facial or body hair
- § Baldness
- § Breast size
- § Muscles perceived as too small
- § Size or shape of genitalia

## Causes

BDD is a type of somatoform disorder which is characterized by physical symptoms that suggest a medical condition. However, a thorough medical evaluation doesn't reveal any underlying medical cause for the physical symptoms.

The cause of BDD is unclear but it is likely that multiple factors may be involved and that they can occur together, including:

- § **A chemical imbalance in the brain.** An insufficient level of serotonin, one of your brain's neurotransmitters (chemical messengers) involved in mood and pain, may contribute to BDD. This type of imbalance is possibly linked with any number of mental health issues and while it is presently unexplained, it may be hereditary.
- § **Obsessive-compulsive disorder.** BDD often co-occurs with obsessive-compulsive disorder, in which a person experiences uncontrollable thoughts over and over and engages in uncontrollable ritual behaviors in an effort to reduce the thoughts. A history of or genetic predisposition to obsessive-compulsive disorder may make you more susceptible to BDD.
- § **An eating disorder.** BDD may also occur with an eating disorder, such as anorexia nervosa or bulimia nervosa, especially if it involves a weight-related part of the body, such as the waist, hips or thighs.
- § **Generalized anxiety disorder.** BDD may accompany generalized anxiety disorder, a condition involving excessive worrying resulting in exaggerated or

unrealistic anxiety about life circumstances, which could include a perceived flaw or defect in appearance, as in BDD. A history of or genetic predisposition to generalized anxiety disorder may make you more susceptible to BDD.

- § **Psychological, behavioral or cultural factors.** Someone who feels that he or she must live up to unobtainable or unrealistically high expectations for personal appearance and success, which may be established by their family or the society/culture surrounding them, may be more prone to BDD.

### **Treatments and drugs**

Doctors often use a combination of medications and talk therapy (psychotherapy) to help people overcome BDD:

- § **Antidepressants.** A specific type of antidepressant called selective serotonin reuptake inhibitors (SSRIs) may help lessen or alleviate the signs and symptoms of BDD. Depending on the severity of symptoms, your doctor may wish to consider using other medications, as well.
- § **Cognitive behavior therapy.** This type of talk therapy identifies unhealthy, negative beliefs and behaviors and replaces them with healthy, positive ones. It's based on the idea that your own thoughts — not other people or situations — influence how you behave. The premise is that even if an unwanted situation hasn't changed, you can change the way you think and thus behave in a different way. Cognitive behavior therapy can be effective in learning to manage the effects of BDD. Careful attention to your thoughts may be coupled with certain behavioral assignments, such as reducing the amount of time you check your appearance in the mirror, or increased exposure, such as going out in public more often.

### **When to seek help**

Feelings of shame and/or embarrassment may keep you from seeking treatment for BDD. Even if your anxiety and rituals are deeply ingrained, treatments can help. If you suspect you have BDD, visit or call Student Counseling Services at 516-463-6791 to speak with someone and get more information.

### **References:**

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