



Body Dysmorphic disorder

Ch.6- Psychological Stress and Physical Disorders



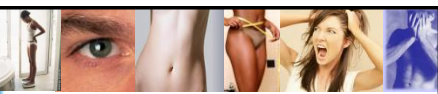
Let's be completely honest...
by also anonymous

What would you change about the way you look?

Most of us can appreciate the desire to change a physical feature, especially in our culture

Millions of Americans report dissatisfaction with the way they look

A survey of 30,000 people found that 93% of women and 82% of men care enough about their appearance to improve it.



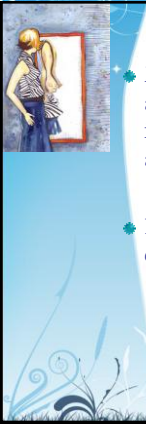
How does this “imperfection” make you feel?

THINK

Has it ever been so upsetting that you were afraid to leave the house for fear everyone would make fun of you?

While the concerns of a person with BDD may seem familiar to some of our own this is not typical dissatisfaction

“Imagined Ugliness”



- *Body Dysmorphic Disorder* is characterized by an excessive preoccupation with a real or imagined defect in your physical appearance.
- People with BDD have a distorted or exaggerated view of how they look.
- Often thinking of themselves as ugly or disfigured.

Jane’s living nightmare

Jane is an attractive woman in her thirties, tall, thin and regal. She believes she is breathtakingly ugly. She is tormented by what she sees as her huge nose, crooked lip, big jaw, fat buttocks and tiny breasts. Jane has not left her house in six years. Though she lives with her mother , she once went two years without seeing her. When relatives come over she avoids them by hiding in her room-even on thanksgiving. The one time she left the house-forced to see a doctor- she covered her face with bandages. Eventually she attempted suicide. “I can’t imagine suffering any more than this”, she said. “If I had a choice I’d rather be blind or have my arms cut off. I’d be happy to have cancer.”

Someone with BDD may obsessively check the mirror to view his or her “flaws”




This obsessive preoccupation interferes with daily function

Obsession?

- People with this disorder often become fixated on mirrors. They frequently check their presumed ugly feature to see whether any change has taken place (Veale, 2001).

Some clinicians feel it is a variant of obsessive-compulsive disorder



How serious is this disorder?

- The severity is often reflected in the high percentage of past suicide attempts

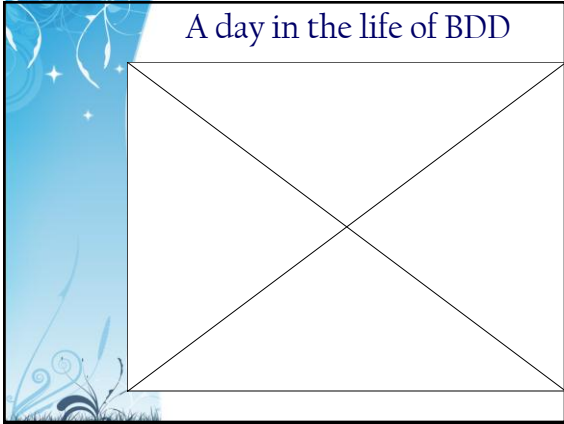
- Recent research shows suicidal ideation is present in 78% of patients with BDD.
- Preliminary data from a prospective BDD study suggest that the rate of completed suicide may even be higher than Major Depressive Disorder, Bipolar disorders, or Eating disorders.



Review and reflect watch the following video clip

What features of BDD does the client display? How does this disorder impact this person's life?

A day in the life of BDD



What are the common “defects”?

- The most common complaints concern the nose, the hair, the skin, the eyes, the chin, the lips or the overall body build.
- People living with BDD may complain of a lack of symmetry.
- They may feel that something is too big or too small or, that it is out of proportion to the rest of the body.

While this disorder is associated most with women, there is an increasing amount of men displaying symptoms of BDD

However, the area of focus is quite different



Pumped up?!

• Those who suffer from muscle dysmorphia tend to hold delusions that they are "skinny" or "too small"

- This often leads to excessive exercise and use dietary supplements (even anabolic steroids) to increase their overall shape and musculature.



People with BDD have "ideas of reference"

The belief that everything going on in the world is related to them, specifically about their imagined flaw.

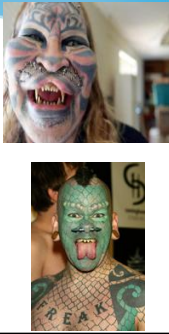


Thoughts?



Is this delusional thinking?

- * The question regarding these extremely irrational thoughts has been raised in terms of qualifying this as “delusional thinking”.
- * Individuals with BDD react to what they think is a horrific and grotesque feature.
 - The pathology of this disorder lies in their reacting to a deformity that others cannot perceive.



What do the experts say?

- * There are no clear answers and this is a source of debate among professionals and those working on the new edition of the DSM (V).
 - For now, those who firmly hold these false beliefs are given a second diagnosis of *delusional disorder, somatic type*.

How common is this disorder?

The prevalence of BDD is hard to estimate due to the high amount of secrecy associated with this disorder.
(1-13%)



Who is more likely to have BDD- men or women?



Who is more likely to have BDD- men or women?

This disorder affects men and women equally.

Gender is not a factor

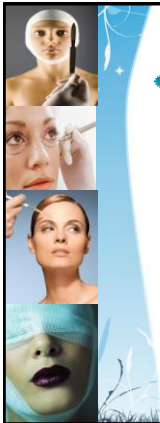
- Statistics show that this disorder does not effect one gender more than another, but slightly more women are effected in the U.S.

- However, 62% of persons with BDD in Japan were men.

- The age of onset ranges from early adolescence through the 20's peaking at age 18 or 19 (Phillips et al., 1993).



Culture determines the standard of beauty, so we see this disorder in other countries with much different preoccupations.



Psychologist or Plastic Surgeon?

- Few mental health clinics treat BDD because most people with the disorder seek other types of health professionals, like plastic surgeons or dermatologists.
- Approximately 2% of patients who have plastic surgery have BDD- but it could be as much as 25% (Barnard, 2000).



One of the most common plastic surgeries is breast augmentation. If a woman has her breast enlarged with implants does this mean she has BDD?

How does a person with BDD differ from a person who has plastic surgery to change a feature?

This is not typical breast augmentation. If either of these women have BDD, they may still view their breasts as too small



Is Plastic Surgery the cure for BDD?

- ◆ No, research has shown that most gain no benefits from plastic surgery and usually return for additional procedures.
 - These additional surgeries usually focus on the same defect or on some new defect.
- ◆ Ironically, the severity of the disorder and accompanying distress increased after surgery (Phillips et al., 2001).


Some patients (those who are refused surgery or cannot afford it) often resort to performing their own surgery.

Example: doing a facelift with a staple gun, or cutting open their nose with a razor blade and attempting to replace their nose cartilage with chicken cartilage in the desired shape.



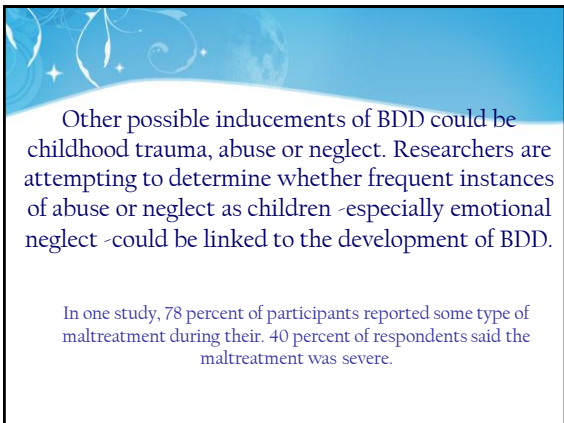
Where did this come from?

- There is little known about the etiology or treatment of BDD. However, recent research suggests a biological component.
- Growing evidence supports poor regulation of serotonin in BDD.
- Further supported by the effectiveness of SSRI's in the treatment of symptoms.



Cultural and Psychological Causes

Researchers are discussing the possible links between pop culture and the prevalence of people with BDD resorting to cosmetic surgeries and treatments for relief.



Other possible inducements of BDD could be childhood trauma, abuse or neglect. Researchers are attempting to determine whether frequent instances of abuse or neglect as children -especially emotional neglect -could be linked to the development of BDD.

In one study, 78 percent of participants reported some type of maltreatment during their. 40 percent of respondents said the maltreatment was severe.

Is BDD a form of OCD?

- The two disorders share a lot of similarities, like intrusive, persistent, horrible thoughts and compulsive behaviors.
- This disorder tends to co-occur with OCD, and has approximately the same age of onset and runs the same course.
- A recent study using brain imaging demonstrated similar abnormal brain functioning between patients with BDD and OCD (Rauch, 2003).

Comorbidity??

It is often associated with social phobia and OCD, delusional disorder and major depressive disorder.

Treatment

- Evidence on effective treatments is limited but there is data to support the effectiveness of SSRI's, that block the reuptake of serotonin.
- Prozac, Luvox and Anafranil provide some relief, which are also most effective in treating OCD.

Can Therapy Help?

- The form of CBT, exposure and response prevention, has been successful in treating BDD.
- In the Rosen et al. study,(1995) 82% of patients with BDD responded to this treatment, although these patients may have been less severe.

What's Next?

- More Somatoform Disorders
 - Conversion Disorders
 - Munchausen's Syndrome
