Psychiatric Morbidity in patient seeking aesthetic surgery

Submitted for partial fulfillment of master degree of neuropsychiatry.

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2010

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Acknowledgment

First of all, I wish to express my sincere thanks to GOD for his care and generosity throughout my life.

I would like to express my heartfelt gratitude to ***Prof.Dr./ Aida Esmat Seif El Dawla*** *Professor of Neuropsychiatry, Faculty of Medicine, Ain Shams University for her precious time, guidance and kind support to complete this work.*

I would like to thank ***Ass. Prof. Dr./ Mohamed Fekry Essa,*** *Assistant Professor of Neuropsychiatry, Faculty of Medicine, Ain Shams University, for his vital encouragement and assistance in numerous ways. He thankfully provided me with the help and inspiration needed to do this review article.*

I am also thanking ***Dr/ Marwa Abd EL-meguid Hamed****, Lecturer of Neuropsychiatry, Faculty of Medicine, Ain Shams University, for her helpful valuable advice and patience needed to complete this review.*

Last but not least, I wish to extend my thanks to my ***great parents****, my dear brother* ***Mohammed*** *and sister* ***Doaa;*** *whom I am in debited to them and could not find enough words to express their role not only in this work, but also throughout my life and their efforts for making me who I am today.*

Introduction

1.1 The concept of aesthetic surgery:

Plastic surgery consists of reconstructive surgery and cosmetic surgery but the boundary between the two, like the boundary of plastic surgery itself, is difficult to draw. The more one studies the specialty, the more the distinction between cosmetic surgery and reconstructive surgery disappears. Even if one asks, as an insurance company does, about the functional importance of a particular procedure, the answer often hinges on the realization that the function of the face is to look like a face (i.e., function = appearance) **(Thorne, 2007).**

However, literatures define reconstructive surgery as a procedure to correct a clear abnormality. Reconstructive procedures such as correction of cleft lip or palate can provide enormous benefit to children and teenagers. In contrast, aesthetic surgery is defined as surgery to improve a “normal” appearance, such as reshaping a nose or augmenting breasts. As aesthetic procedures have become much more pervasive, advertised in the mass media and the subject of numerous prime time television programs, it has become increasingly difficult for health professionals to agree on when it is

appropriate or necessary (**Zuckerman and Abraham, 2008).** A common procedure such as a breast reduction is enormously complex when one considers the issues of appearance, self-image, sexuality, and womanhood, and defies categorization as simply cosmetic or necessarily reconstructive **(Thorne, 2007).**

Indeed, aesthetic surgery has been defined as "surgery which is designed to correct defects which the average prudent observer would consider to be within the range of normal" **(Bass and Murphy, 1995). Grossbart and Sarwer, 2003** also define cosmetic surgery as, "The use of surgical procedures, in the absence of disease or physical trauma, to alter the physical appearance of the body in pursuit of psychosocial benefit."

The word *cosmetic*, *kosme´tikos*, means “skilled in adornment.” *Kosmein* means “arrange,” or “adorn.” *Kosmos* means “order:” It also means “to make for beauty, especially of the complextion, or beautifying,”; it also means “done or made for the sake of appearance,” or “correcting defects especially of the face.” More than that it is “decorative,” or “ornamental.” For many centuries, cosmetics were made to serve beauty, elaborate it, or promote it. Beauty was only one aspect of the Greek word “komes,” which means harmony. It is an aspect of the truth and close to the perfection of human beings. Over

time, the meaning changed into masking, concealing, covering up, and camouflaging. After all, real beauty could never be created only from the outside; it had to emanate mainly from the inner being. Since the dawn of history, humans have searched for materials and developed many products for women to enhance their beauty, especially in the eyes of men. Women also embellished themselves and tried always to be aesthetically attractive to men and in particular to their lovers. They also meant to intimidate their enemies, mask the effects of advancing age, and compensate for any physical defect, whether real or imagined **(Oumeish, 2001).**

1.2 History of aesthetic surgery:

Haiken, 1997 wrote a comprehensive account of the history of cosmetic surgery. She describes World War 1 trench warfare producing unprecedented numbers of soldiers with massive facial trauma. The severe and highly visible nature of these injuries maximized the impact not only on the soldiers themselves, but on family, and potential employers upon the soldiers return to civilian life. Specialists who came to be known as the "first generation" of plastic surgeons respond to the need. New techniques and a group of highly skilled professionals developed from the outpouring of energy and

expertise for soldiers whose needs were so compelling. French and British practitioners returned home to have relatively limited immediate impact, whereas American practioners became the nucleus of a new and soon to be thriving specialty.

Seeds of many of the controversies, public perceptions, and demands that surgeons were to face for decades to come, originated in this period and the two decades after World War 1. In 1926, surgeon John Staige Davis declared, "True plastic surgery, without question…..is absolutely distinct and separate from what is known as cosmetic or decorative surgery." As late as 1958, Pope Pius cautioned that although cosmetic surgery had many legitimate uses, using surgery to increase the "powers of seduction, thus leading others more easily into sin…. Or to satisfy vanity or the caprice of fashion…."was morally unlawful. Even today, many cosmetic surgery patients rebut imagined charges of vanity or superficiality at some point in their decision-making process. More Americans than ever before now accept cosmetic surgery as a means of self-improvement, perhaps similar to joining a health club. Others experience a range of mixed emotions about a surgical improvement in appearance. Workshop patients, when asked to imagine disadvantages of increased physical attractiveness, most frequently include items such as stirring up jealousy or

competitiveness in others, being thought of as vain, superficial, snobbish, or unapproachable, and fears of sinking deeper into the cluches of the "beauty culture." They also echoed the Pope's concerns that, after cosmetic surgery, they might be seen as promiscuous, obsessed with seducing the opposite sex, or objects of unwanted sexual advances. Similarly, many cosmetic surgeons probably go through episodic musing on the appeal of alternative specialties that focus on tissue with undisputed pathology **(Grossbart and Sarwer, 1999).**

1.3 Incidence of aesthetic surgery:

Cosmetic surgery has become increasingly popular among women and men from a variety of age, racial, and socioeconomic groups **(Sarwer, 2000).** At the same time, **i**ncreasing numbers of physicians from a variety of specialties, and nonphysicians as well, now perform cosmetic surgery **(Grossbart and Sarwer, 2003).**

In Japan, **Hayashi *et al*., 2007** noticed that the demand for cosmetic surgery has increased as more people learn about different cosmetic procedures and become more interested in improving their appearance.

According to the American Society for Aesthetic Plastic Surgery, the rate of aesthetic procedures rose 173% in the short span between 1997 and 2000, even after having already increased exponentially throughout the last two decades. Despite the expense, as of 1994, 65% of cosmetic procedures were performed on those with annual family incomes of less than 50 thousand dollars **(Davis and Vernon, 2002).**

In 2002, also According to the American Society of Plastic Surgeons (ASPS), almost 6.6 million Americans underwent cosmetic surgical and non-surgical treatments, an increase of 1600%. Common procedures such as breast augmentation and rhinoplasty have increased by more than 700% in the past 10 years. Many new procedures have been introduced during that time, such that cosmetic medicine now includes both surgical and non-surgical treatments **(Sarwer and Crerand, 2004).**

In 2007, 11.7 million procedures performed nationally. Approximately 10.6 million surgical cosmetic procedures in 2007 were performed on women, whereas 1.1 million procedures were performed on men. Moreover, 21% of these procedures were performed on individuals between 19 and 34 years of age, and 27% of 18–24 year olds reported that they

would consider undergoing cosmetic surgery now or in the future **(Park et al., 2009).**

Table 1.1: Cosmetic medical treatments performed in 1992, 1998, and 2002

Procedure	1992	1998	2002
Botox® injections	–	–	1123510
Breast augmentation	32607	132378	236888
Breast implant removal	18297	32262	43507
Breast lift (mastopexy)	7963	31525	56822
Breast reduction in women	39639	70358	101526
Breast reduction in men (gynecomastia)	4997	9023	14343
Buttock lift	291	1246	1388
Cellulite treatment	–	–	54464
Cheek implants (malar augmentation)	1741	2864	9224
Chemical peel	19049	66002	920340
Chin augmentation (mentoplasty)	4115	4795	18352
Collagen injections	41623	45851	441718
Dermabrasion	13457	12191	64678
Ear surgery (otoplasty)	6371	8069	39748
Eyelid surgery (blepharoplasty)	59461	120001	230672
Facelift (rhytidectomy)	40077	70947	117831
Fat injections	7865	25437	54823
Forehead lift	13501	36777	75638
Laser hair removal	–	–	587540
Laser skin resurfacing	–	55623	194808
Laser treatment of leg veins	–	–	107155
Lip augmentation (other than injectable materials)	–	–	18779
Liposuction	47212	172079	282876
Lower body lift	–	–	4545
Male-pattern baldness/hair transplantation	1955	2146	29031
Microdermabrasion	–	–	900912
Nose reshaping (rhinoplasty)	50175	55953	354327
Retin-A treatment	23520	106862	–
Sclerotherapy	–	–	511827
Thigh lift	1023	3785	4230
Tummy tuck (abdominoplasty)	16810	46597	85752
Upper arm lift	434	1939	4158
Wrinkle injection (fibril)	357	1463	–
Other cosmetic	1098	–	–
Totals	413208	1045815	6589886

(–) denotes data unavailable for year **(the American Society of Plastic Surgeons (ASPS), 2003).**

1.4 Causes of increase incidence of aesthetic surgery:

Cosmetic medical treatments have become increasingly popular over the past decade. The explosion in popularity can be attributed to several factors—the evolution of safer, minimally invasive procedures, increased mass media attention, and the greater willingness of individuals to undergo cosmetic procedures as a means to enhance physical appearance. Body image has been thought to play a key role in the decision to seek cosmetic procedures, however, only recently have studies investigated the pre- and postoperative body image concerns of patients. While body image dissatisfaction may motivate the pursuit of cosmetic medical treatments, psychiatric disorders characterized by body image disturbances, such as body dysmorphic disorder and eating disorders, may be relatively common among these patients **(Sarwer and Crerand, 2004).**

More generally, many researchers have related the increasing popularity of cosmetic surgery to higher disposable incomes among patients, the lower cost of procedures, and increased media coverage of cosmetic procedures. Given these developments, it is no surprise that psychologists have focused their attention on correlates of interest in cosmetic surgery. For

example, recent work has reported that women are much more willing than men to undergo cosmetic procedures which are consistent with the actual female-to-male ratio of cosmetic patients standing at 9:1. Other work has shown significant associations between willingness to undergo cosmetic surgery and respondent age, self-assessed attractiveness, media exposure, appearance-based rejection sensitivity, and negative body image **(Swami, 2009).**

Park et al., 2009 has been attributed the increasing acceptance of cosmetic surgery in Western cultures to a variety of factors, ranging from advances in surgical procedures, to increased availability and affordability of cosmetic procedures, to media exposure and influence. In addition to these factors, researchers have identified several intrapsychic and interpersonal variables that contribute to people's interest in cosmetic surgery. First, self-perceptions of attractiveness and satisfaction with appearance have been shown to be significant predictors of interest in cosmetic surgery. Not surprisingly, individuals who perceive themselves (or some aspect of their appearance) to be unattractive are more likely to consider cosmetic surgery than those who perceive themselves to be attractive or are satisfied with their appearance. Indeed, individuals with body dysmorphic disorder – a psychiatric