Body Dysmorphic Disorder

Essay

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List of Abbreviations

AvPD	**Avoidant Personality Disorder**
BDD	**Body Dysmorphic Disorder**
CBT	**Cognitive Behavioral Therapy**
CSP	**Compulsive Skin Picking**
DSM-IV	**Diagnostic and Statistical Manual of Mental Disorders 4th Edition**
DSM-IV TR	**Diagnostic and Statistical Manual of Mental Disorders 4th Edition Text revision**
OCD	**Obsessive Compulsive Disorder**
ORS	**Olfactory Reference Syndrome**
PSP	**Pathologic Skin Picking**
SAD	**Social Anxiety Disorder**
SSRI'S	**Selective Serotonin Reuptake Inhibitors**

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Introduction & Aim of the Work

Body dysmorphic disorder (BDD, body dysmorphia, dysmorphic syndrome, originally dysmorphophobia) is a type of mental illness, somatoform disorder where in, the affected persons are concerned with body image, manifested by excessive concern about, and preoccupation with a perceived defect of their physical features. (Hunt TJ. et al., 2008)

The individuals who are affected with this condition think they have a defect in either one feature or several features of their body, which causes psychological distress which may lead to serious impairment in the occupational and social functioning. (Frances A. et al., 2000a)

Often BDD co-occurs with depression and anxiety, social withdrawal or social isolation. (Frances A. et al., 2000a)

The causes of body dysmorphic disorder are different for each person, usually a combination of biological, psychological, and environmental factors. (Didie ER. et al., 2006)

Certain types of psychological trauma stemming from mental and physical abuse, or emotional neglect, can contribute to a person developing BDD. (Didie ER. et al., 2006)

The onset of the symptoms of a mentally unhealthy preoccupation with body image occurs either in adolescence or in early adulthood, when the patient begins self-criticism of the personal appearance, from which develop atypical aesthetic standards derived from the internal perceptual discrepancy between the person's ‘actual self’ and the ‘ideal self'. (Phillips KA. et al., 1994)

The symptoms of body dysmorphia include depression, social phobia, and obsessive compulsive disorder, the affected individual may become hostile towards family members for no reason.

(Phillips KA. et al., 1996)

BDD is linked to a diminished quality of life, can be co-morbid with major depressive disorder and social phobia (chronic social anxiety); features a suicidal ideation rate of 80 percent, in extreme cases linked

with dissociation, and thus can be considered a factor in the person's attempting suicide. (Hunt TJ. et al., 2008)

BDD can be treated with either psychotherapy or psychiatric medication, or both; moreover, cognitive behavioral therapy (CBT) and selective serotonin reuptake inhibitors (SSRIs) are effective treatments. (Phillips KA., 1998)

Although originally a mental-illness diagnosis usually applied to women, body dysmorphic disorder occurs equally among men and women, and occasionally in children and older adults.

(Phillips KA. and Castle DJ., 2001)

About 76% of parents think their child is either over conceited or simply lying about their condition.

(Phillips KA. and Castle DJ., 2001)

Approximately one to two percent (1–2%) of the world's population meets the diagnostic criteria for body dysmorphic disorder. (Kendler KS. and Murray RM., 2011)

Aim of the work :

The aim of this work is to highlight the BODY DYSMORPHIC DISORDER causes , clinical features , effects on the quality of life of those affected and finally treatment which is divided into several domains .

History of BDD

The disorder was first documented in 1886 by the researcher Morselli, who dubbed the condition "dysmorphophobia". It has since been

changed from "dysmorphophobia" to "body dysmorphic disorder" because the original implies a phobia of people, not a reluctance to interact socially because of poor body image.

(Bjornsson AS. et al., 2010)

In his practice, Freud had a patient who would today be diagnosed with the disorder: Russian aristocrat Sergei Pankejeff (nicknamed "The Wolf Man" by Freud himself in order to protect Pankejeff's identity), had a preoccupation with his nose to such an extent it greatly limited his functioning. (Bjornsson AS. et al., 2010)

It even came to the point where "The Wolf Man" wouldn't go out in public for fear of being scrutinized by others around him.

(Bjornsson AS. et al., 2010)

Epidemiology of BDD

A study was performed on 200 people with DSM-IV Body Dysmorphic Disorder, being of age 12 or older and being available to be interviewed in person. (Phillips KA. et al ., 2005)

They were referred by mental health professionals, friends and relatives, non-psychiatric physicians or responded to advertisements. (Phillips KA. et al ., 2005)

Out of the subjects, 53 were receiving medication, 33 were receiving psychotherapy, and 48 were receiving both medication and psychotherapy. (Phillips KA. et al ., 2005)

The severity of BDD was assessed using the Yale–Brown Obsessive Compulsive Scale modified for BDD, and symptoms were assessed using a Body Dysmorphic Disorder Examination Sheet. Both tests were designed specifically to assess BDD. (Phillips KA. et al ., 2005)

The results showed that BDD occurs in 0.7–1.1% of community samples and 13% of psychiatric inpatients. Some of the patients initially diagnosed with obsessive-compulsive disorder (OCD) had BDD, as well. (Phillips KA. et al ., 2005)

Another study was done on 53 patients with OCD and 53 patients with BDD were compared on clinical features, co-morbidity, family history,

and demographic features. Nine of the 53 subjects (14.5%) of those with OCD also had BDD. (Phillips KA. et al., 1998)

Yale–Brown Obsessive Compulsive Scale :-

This scale was designed by Wayne Goodman and his colleagues, is used extensively in research and clinical practice to both determine severity of OCD and to monitor improvement during treatment. (Goodman WK et al., 1989)

This scale, which measures obsessions separately from compulsions, specifically measures the severity of symptoms of obsessive–compulsive disorder without being biased towards the type of content of obsessions or compulsions present.

(Garnaat SL and Norton PJ 2010)

Body Image

The concept of body image is used in numerous disciplines, including psychology, medicine, psychiatry, psychoanalysis, philosophy and cultural and feminist studies. The term is also often used in the media. Across these disciplines and media there is no consensus definition.

(Durkin SJ. and Paxton SJ., 2002)

A person's body image is thought to be, in part, a product of his or her personal experiences, personality, and various social and cultural forces. A person's sense of his or her own physical appearance, usually in relation to others or in relation to some cultural "ideal," can shape his or her body image. (Durkin SJ. and Paxton SJ., 2002)

A person's perception of their appearance can be different from how others actually perceive him or her.

(Durkin SJ. and Paxton SJ., 2002)

The American Psychological Association (2007) found that a culture-wide sexualization of girls (and women) was contributing to increased female anxiety associated with body image.

(Durkin SJ. and Paxton SJ., 2002)

People are constantly told and shown the cosmetic appeal of weight loss and are warned about the risks of obesity; this is something that can lead to a change in a person’s body image.

(Derenne JL. and Beresin EV., 2006)

Commentators note that people who have a low body image will try to alter their bodies in some way, such as by dieting or undergoing cosmetic surgery. (Herald SM., 2010)

Somatoform Disorders

Somatoform disorder in psychiatry and psychology is a mental disorder characterized by symptoms that suggest physical illness or injury symptoms that cannot be explained fully by a general medical condition or by the direct effect of a substance, and are not attributable to another mental disorder. (Frances A. et al 2000b)

Patients with this disorder often become worried about their health because doctors are unable to find a cause for their symptoms. This

may cause severe distress. Preoccupation with the symptoms may portray a patient's exaggerated belief in the severity of their ill-health.

(Curt and LaFrance., 2009)

Symptoms are sometimes similar to those of other illnesses and may last for several years. Usually, the symptoms begin appearing during adolescence, and patients are diagnosed before the age of 30 years.

(Curt and La France., 2009)

Somatoform disorders are not the result of conscious malingering (fabricating or exaggerating symptoms for secondary motives) or factitious disorders, here sufferers perceive their plight as real but various laboratory tests, physical examinations, and surgeries on these individuals show no evidence supporting the idea that these exaggerating symptoms are present. (Curt and La France 2009)