

BODY DYSMORPHIA

Introduction

Body dysmorphic disorder (BDD) is defined as an extreme preoccupation with a perceived defect in appearance, thereby damaging one's self-esteem and interfering with relationships (Insel, and Walton, 2012). Although it affects only about 2% of the population of the United States, it is related to obsessive compulsive disorder (OCD) and may lead to depression, social phobia, and suicide if the individual is left untreated (Insel, and Walton, 2012). Sufferers from anorexia nervosa have severely distorted body image and often during treatment are asked to draw their body as they see it and then have their body traced so that they can see how distorted their image of themselves is. Body dysmorphic disorder is also a characteristic of individuals with muscle dysmorphia; a newly coined psychiatric disorder categorized by a preoccupation with building body mass.

I chose to research this topic because I am quite fascinated by eating disorders and body dysmorphic disorder is often a precursor of problems with body weight and weight control. As a personal trainer, I am at times confronted with clients that have body dysmorphic disorder and on more than one occasion, a client with an eating disorder. Given that body dysmorphic disorder often leads to eating disorders, it is a challenge I face in my profession. I educate and challenge clients to incorporate exercise into their lives for weight loss or for maintaining weight; as well as dispense advice on how nutrition plays a part in such goals.

Section 1: Background and Problem Statement

HP2010 does not have any information on my topic

Web site #1 Name: Anxiety Disorders Association of America

Web address: <http://www.adaa.org/understanding-anxiety/related-illnesses/other-related-conditions/body-dysmorphic-disorder-bdd>

Background Information: "People who have body dysmorphic disorder (BDD) think about their real or perceived flaws for hours each day. They can't control their negative thoughts and don't believe people who tell them that they look fine. Their thoughts may cause severe emotional distress and interfere with their daily functioning. They may miss work or school, avoid social situations and isolate themselves, even from family and friends, because they fear others will notice their flaws. They may even undergo unnecessary plastic surgeries to correct perceived imperfections, never finding satisfaction with the results."

Web site #2 Name: Mayo Clinic

Web address: <http://www.mayoclinic.com/health/body-dysmorphic-disorder/DS00559/DSECTION=symptoms>

Background Information: "Signs and symptoms of body dysmorphic disorder include: Preoccupation with your physical appearance, Strong belief that you have an abnormality or defect in your appearance that makes you ugly, Frequent examination of yourself in the mirror or, conversely, avoidance of mirrors altogether, Belief that others take special notice of your appearance in a negative way, The need to seek reassurance about your appearance from others, Frequent cosmetic procedures with little satisfaction, Excessive grooming, such as hair plucking,

Extreme self-consciousness, Refusal to appear in pictures, Skin picking, Comparison of your appearance with that of others, Avoidance of social situations, and The need to wear excessive makeup or clothing to camouflage perceived flaws.”

Web site #3 Name: WebPageToday.com

Web address: <http://medpagetoday.com/Psychiatry/GeneralPsychiatry/18251>

Background Information:

“Patients with body dysmorphic disorder have abnormal brain activity when viewing their own faces, researchers say. Brain imaging scans revealed hypoactivity in visual processing regions and hyperactivity in frontostriatal systems when patients with the disease looked at an image of their own face, Jamie D. Feusner, MD, of UCLA, and colleagues reported in the February *Archives of General Psychiatry*. “Abnormalities in visual processing systems may contribute distorted perceptual input to frontostriatal systems, which may be associated with the experience of aversion, and that may subsequently mediate obsessive thought patterns and urges to perform compulsive behaviors,” the researchers wrote. Little is known about the pathophysiology of the disease. One school calls it an obsessive-compulsive spectrum disorder, but there's also evidence it may be related to social phobia, eating disorders, or delusional disorder. Early research has shown evidence of abnormal visual processing, and a better understanding of the neurobiology of the disease may shed light on how to better categorize it, the researchers said.”

Section 2: Research

Web site #1 Name: AboutOurKids.org

Web address:

http://www.aboutourkids.org/families/disorders_treatments/az_disorder_guide/body

Summary of the research: “This is the home page of the About Our Kids - Body Dysmorphic Disorder Information (BDD) website. The site is provided by the About Our Kids group based at New York University Child Study Centre in the United States. Content of the site includes descriptions of this disorder's symptoms and treatments, along with brief case examples. Site also includes answers to common questions for parents of teens who may have BDD”

Web site #2 Name: BMJ

Web address: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1121529/>

Summary of the research: “Body image isn't just a women's problem. Many studies reveal that a surprisingly high proportion of men are dissatisfied with, preoccupied with, and even impaired by concerns about their appearance. One American study, for example, found that the percentage of men dissatisfied with their overall appearance (43%) has nearly tripled in the past 25 years and that nearly as many men as women are unhappy with how they look. However, recent research findings are encouraging, with clinical series, open label studies, and controlled trials indicating that serotonin reuptake inhibitors are effective for most patients. Higher doses and longer trials than those usually used for depression are often needed. Clinical series and studies

using untreated controls waiting for treatment suggest that cognitive behavioural therapy is also effective. This treatment helps patients develop more realistic views of their appearance, resist repetitive behaviours, and face avoided social situations. Other types of psychotherapy or counselling, in contrast, do not appear effective. Most men with body dysmorphic disorder, however, receive dermatological, surgical, or other non-psychiatric treatment. Although rigorous studies are lacking, the data suggest that these treatments are usually ineffective. Some patients are so disappointed with the outcome that they become severely depressed, suicidal, litigious, or even violent towards the treating physician. A recommended approach is to educate patients about the disorder and effective psychiatric treatment. It is probably best to avoid cosmetic procedures. Simply trying to talk patients out of their concern is usually futile.”

Web site #3 Name: PubMD.org

Web address: <http://www.ncbi.nlm.nih.gov/pubmed/21279251?dopt=Abstract>

Summary of the research: Background: Muscle dysmorphia or vigorexia is a disorder in which a person becomes obsessed with the idea that he or she is not muscular enough. AIM: To assess physical exercise, eating behaviors and the presence of muscle dysmorphia among weightlifters and medical students. SUBJECTS AND METHODS: Cross sectional evaluation of 88 male weightlifters aged 27 ± 7 years and 84 male medical students aged 22 ± 1 year was made. Eating behaviors were evaluated using the Eating Attitudes Test (EAT-40) and the Eating Disorders Inventory (EDI). The perception of body image was assessed using the Graduate Hannover Scale (GHS). RESULTS: Prevalence of muscle dysmorphia among weightlifters was 13.6%. Both groups did not differ in body dissatisfaction. Interest in appearance among weightlifters was significantly higher than in students and ranged significantly higher in EAT-40 and EDI ($p < 0.001$). Other sports were practiced with the same frequency by weightlifters and students. Weightlifters expended more time than students exercising to improve their appearance ($p < 0.005$). Forty two percent of weightlifters with muscle dysmorphia displayed abuse of anabolics and 67% used other substances to improve their performance ($p < 0.005$). CONCLUSIONS: The presence of muscle dysmorphia among weightlifters was confirmed. They were dissatisfied with their body image and more concerned with their physical appearance than those without muscle dysmorphia and/or students. Their anabolic abuse rate was high. Our findings were similar to those reported in the international literature.

Section 3: Statistics

Web site #1 Name: The Renfrew Center Foundation

Web address: <http://www.renfrew.org/research.asp>

Summary of the statistics: “The Renfrew Patient (2005-2007) (This data is reflective of The Renfrew Patient in a Residential setting at the Philadelphia site).

Eating Disorder Diagnosis:

Anorexia nervosa, restricting type 23.6%

Anorexia nervosa, purging type 16.7%

Bulimia nervosa 39.9%
EDNOS 18.3%
(eating disorder not otherwise specified) - includes women with binge eating disorder and those who do not meet full diagnostic criteria for anorexia or bulimia

Associated Diagnoses:

Depressive disorders 45.2%
Substance/Alcohol Abuse 14.7%
Anxiety disorders 25.1%
Bipolar disorders 7.3%
Post traumatic stress disorder 3.0%
Obsessive-Compulsive Disorder 7.6%

Ages:

Adult mean age: 24.4
Adolescent mean age: 15.9

Weight:

Weight range: 62.5-350.6 lbs
Mean weight: 117.4 lbs
Mean weight for anorexics: 94.9 lbs
Ethnicity:

Caucasian 91.1%
African American 1.7%
Asian American 1.5%
Hispanic 2.7%
Multiracial 1.4%
Other 1.7%

Family status:

Single (never married): 64.3%
Married: 11.9%
Other: 24.0%

Employment:

Enrolled as students: 37.8%
Employed outside the home: 32.1%
Unemployed: 18.7%

Hospital Experience for an Eating Disorder:

Never hospitalized: 50.5%

1 prior hospitalization: 17.8%

2 or more hospitalizations: 26.8%

Range of Previous Hospitalizations: 0-30”

Web site #2 Name: Anxiety Disorder Associations of America

Web address: <http://www.adaa.org/about-adaa/press-room/facts-statistics>

Summary of the statistics: “Anxiety disorders are the most common mental illness in the U.S., affecting 40 million adults in the United States age 18 and older (18% of U.S. population). Anxiety disorders are highly treatable, yet only about one-third of those suffering receive treatment. Anxiety disorders cost the U.S. more than \$42 billion a year, almost one-third of the country's \$148 billion total mental health bill, according to "The Economic Burden of Anxiety Disorders," a study commissioned by ADAA (*The Journal of Clinical Psychiatry*, 60(7), July 1999). More than \$22.84 billion of those costs are associated with the repeated use of health care services; people with anxiety disorders seek relief for symptoms that mimic physical illnesses. People with an anxiety disorder are three to five times more likely to go to the doctor and six times more likely to be hospitalized for psychiatric disorders than those who do not suffer from anxiety disorders. Anxiety disorders develop from a complex set of risk factors, including genetics, brain chemistry, personality, and life events.”

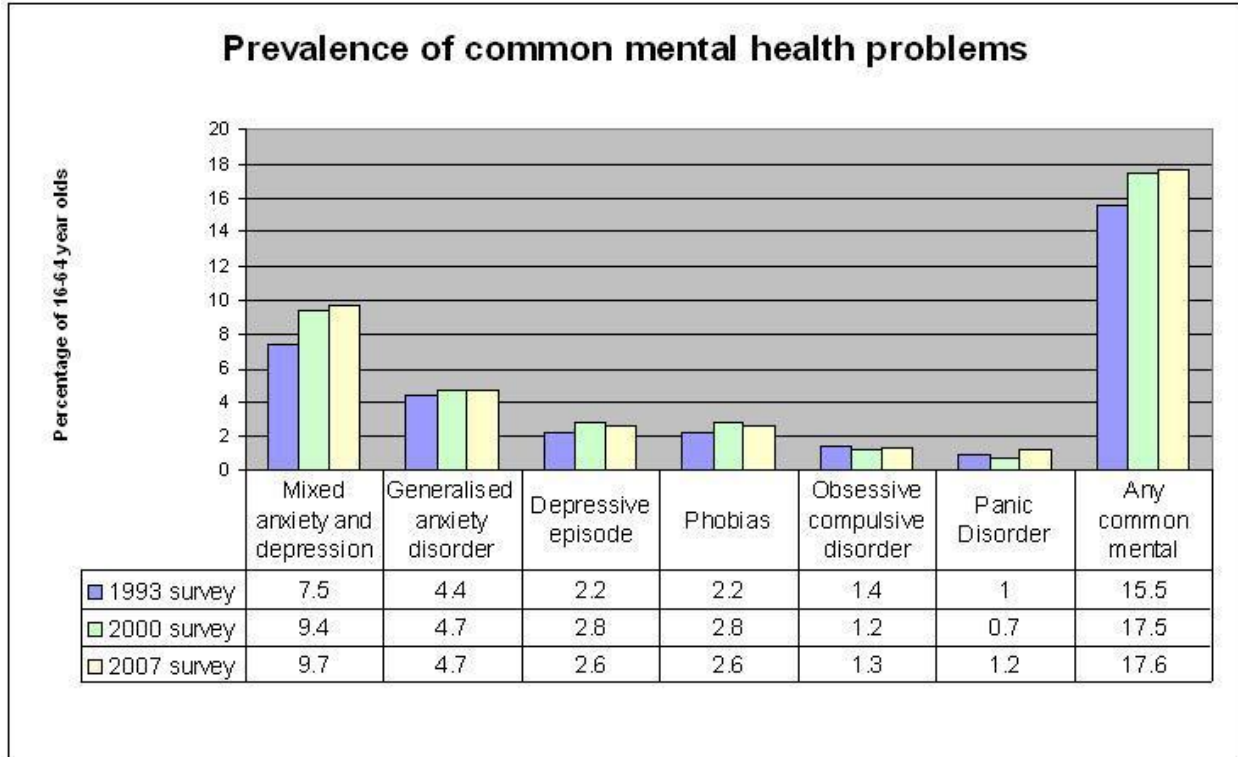
Web site #3: Mind for Better Health

Web address:

http://mind.org.uk/help/research_and_policy/statistic_1_how_common_is_mental_distress

Summary of the statistics: “1 in 4 people will experience a mental health problem in any given year. This is the most commonly quoted statistic, and the one which has the most research evidence to support it. It came initially from a large scale study published first in 1980, then updated again 1992. This figure is further supported by the results of all three Adult Psychiatric Morbidity Survey. The breakdown below gives an overview of what treatment those who experience mental health problems are likely to seek and get: around 300 people out of 1,000 will experience mental health problems every year in Britain, 230 of these will visit a GP, 102 of these will be diagnosed as having a mental health problem, 24 of these will be referred to a specialist psychiatric service, 6 will become inpatients in psychiatric hospitals.

This chart shows the prevalence of common mental health problems since 1993”



Section 4: Consumer Information

Web site #1 Name: Body Dysmorphic Disorder News Archive

Web address: <http://www.semel.ucla.edu/group/3443/news>

Summary of the information: “People suffering from body dysmorphic disorder, or BDD — a severe mental illness characterized by debilitating misperceptions that one appears disfigured and ugly — process visual information abnormally, even when looking at inanimate objects, according to a new UCLA study. First author Dr. Jamie Feusner, a UCLA assistant professor of psychiatry, and colleagues found that patients with the disorder have less brain activity when processing holistic visual elements that provide the "big picture," regardless of whether that picture is a face or an object. The research appears in the current online edition of the journal *Psychological Medicine*. (26 May 11)”

Web site #2 Name: National Institute for Mental Health

Web address: <http://www.nimh.nih.gov/health/topics/obsessive-compulsive-disorder-ocd/index.shtml>

Summary of the information: “Many people that are affected by BDD are also affected by OCD. “Obsessive-Compulsive Disorder, OCD, is an anxiety disorder and is characterized by recurrent, unwanted thoughts (obsessions) and/or repetitive behaviors (compulsions). Repetitive behaviors such as hand washing, counting, checking, or cleaning are often performed with the

hope of preventing obsessive thoughts or making them go away. Performing these so-called "rituals," however, provides only temporary relief, and not performing them markedly increases anxiety. People with OCD may be plagued by persistent, unwelcome thoughts or images, or by the urgent need to engage in certain rituals. They may be obsessed with germs or dirt, and wash their hands over and over. They may be filled with doubt and feel the need to check things repeatedly. Effective treatments for obsessive-compulsive disorder are available, and research is yielding new, improved therapies that can help most people with OCD and other anxiety disorders lead productive, fulfilling lives.”

Web site #3 Name: American Society of Plastic Surgeons

Web address: <http://www.plasticsurgery.org/News-and-Resources/One-Third-of-Rhinoplasty-Patients-Have-Body-Dysmorphic-Symptoms.html>

Summary of the information: “Over a 16-month period, researchers distributed a BDD questionnaire and other surveys to 266 patients seeking rhinoplasty. Results suggested 33 percent of patients had moderate to severe symptoms of BDD. The figure rose to 43 percent for patients who were seeking rhinoplasty solely for aesthetic reasons (versus at least partly for functional reasons). By comparison, moderate to severe BDD symptoms were found in just two percent of patients undergoing nasal surgery for medical reasons. Twenty percent of patients had a previous rhinoplasty, and were more likely to have high BDD symptom scores. Symptoms of BDD were also more frequent among patients with a history of psychiatric problems. The severity of BDD symptoms was unrelated to an objective evaluation of the nasal shape; many patients who were highly concerned about their appearance had a normal-looking nose or only minor defects. Patients with higher BDD symptom scores had lower quality of life and more problems in several areas of daily functioning, including relationships and self-esteem. Plastic surgeons routinely assess the motivations and mental health of patients seeking aesthetic surgery. However, few studies have examined the role of BDD - the only psychiatric diagnosis that directly considers body image concerns. The study highlights the high rate of moderate to severe BDD symptoms in patients seeking aesthetic rhinoplasty, according to Dr. Picavet and colleagues. They conclude, "Large-scale and long-term prospective outcome studies investigating the influence of BDD symptoms on outcomes are imperative, as they will help us in the establishment of guidelines concerning patient selection in aesthetic surgery."”

Section 5: Solutions to the Problem (or Issue)

Web site #1 Name: World Psychiarty

Web address: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1414653/>

Summary of the information: Government agency. “Although treatment research is still limited, serotonin reuptake inhibitors (SRIs) and cognitive-behavioral therapy (CBT) are currently the treatments of choice. Available data indicate that SRIs, but not other medications or electroconvulsive therapy, are often efficacious for BDD, even for delusional patients. Following reports of cases that responded to SRIs, a largely retrospective study of 30 patients found that 58% responded to SRIs compared to only 5% for other medications; an expansion of this study (n=130) yielded similar findings. Another retrospective study (n=50) similarly found that SRIs were more effective than non-SRI tricyclics. Two prospective open-label studies of the

SRI fluvoxamine found that two thirds of patients responded. In a prospective study of the SRI citalopram, 11 of 15 patients responded; functioning and quality of life, as well as BDD symptoms, significantly improved.”

Web site #2 Name: BDD Clinic

Web address:

http://bddclinic.info/joomla/index.php?option=com_content&task=view&id=37&Itemid=60

Summary of the information: Not for profit organization. “This program is for 6 weeks, Monday-Friday, for a total of 30 days of treatment. We recommend this program for those individuals seeking treatment from out of state or abroad, and as a result, would not be able to attend weekly therapy sessions. This is an OUTPATIENT intensive treatment program. Patients usually stay in furnished apartments located within very close walking distance to the clinic. This program entails 1 hour of individualized BDD therapy per day, 2 hours of behavioral therapy per day (depending on the needs of the individual), and one 30 minute medication management session weekly. This is a total of 93 hours of specialized treatment condensed into six weeks, thus is equivalent to attending therapy one time per week for over a year. We consider the first two weeks of this program as an extended treatment evaluation which allows our clinicians to better understand the client while simultaneously providing treatment. Additional weeks are available as needed. A severe condition such as body dysmorphic disorder cannot be "cured" with 6 weeks of treatment. Nevertheless we believe that the intensive treatment protocol is an excellent way to make significant advancements in a therapeutic process that will need to continue after the program.”

Web site #3 Name: MGH BDD Clinic

Web address: <https://mghocd.org/clinical-services/bdd/>

Summary of the information: Not for profit organization. “The Body Dysmorphic Disorder (BDD) Clinic & Research Unit at the Massachusetts General Hospital/Harvard Medical School was founded in 1998 by Sabine Wilhelm, Ph.D. Currently, this is one of the few clinics in the United States, and the only clinic in Boston, specializing in the treatment and research of BDD. The Clinic consists of a treatment program and a research unit. Patients are treated with cognitive behavioral treatment and/or medication. The Research Unit currently focuses on studies regarding information processing, perception and interpretation, neuropsychology, neuroimaging, prevalence, and treatment of BDD. In addition to active clinical and research services, the Clinic serves an educational purpose with research fellows and graduate students currently involved in clinical and research activities. Body Dysmorphic Disorder is an illness about which there is inadequate awareness among healthcare professionals, as well as the general public, insufficient research, and meager funds for treatment. Working in close connection with the MGH Obsessive-Compulsive Disorder Clinic & Research Unit and the MGH Trichotillomania Clinic & Research Unit the mission of the BDD Clinic is to educate healthcare professionals and the general public, advance research, and conduct state-of-the-art treatment and research aimed at improving the standard of care for people suffering from BDD and related disorders.

Conclusions

BDD is a severe and relatively common psychiatric disorder that occurs around the world. However, it usually goes undiagnosed in clinical settings. It is important to diagnose BDD, as it causes significant impairment in functioning and is associated with markedly poor quality of life. SRIs and CBT are currently considered the treatments of choice. However, studies of all aspects of BDD are needed - in particular, treatment studies, epidemiology studies (in which BDD symptoms are specifically inquired about and differentiated from other disorders such as OCD), cross-cultural studies, and investigation of BDD-related disability and the disorder's cost and burden to society. Research is also needed on whether BDD may be more closely related to social phobia, OCD, or depression than to most of the other somatoform disorders with which it is classified. Research on BDD's pathogenesis, including its underlying neurobiology, has just begun; such work may ultimately lead to more effective treatments and prevention of this severe mental disorder.

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