Body Dysmorphic Disorder (BDD) is a body-image disorder characterised by persistent and intrusive preoccupation with an imagined or slight defect in one's appearance.

The preoccupation can lead to obsessive rituals such as mirror gazing, body checking or constant comparing. The perceived flaw(s) is highly distressing and interferes significantly in the person's life.

BDD most often develops in adolescents, and research shows that it affects men and women almost equally.

**Symptoms**

*Behaviours*

- Mirror checking – spending large amounts of time checking the perceived deficit in the mirror or avoiding the mirror altogether
- Comparing themselves to others – friends, celebrities or strangers
- Going to excessive lengths to hide the ‘deficit’
- Excessive grooming
- Reassurance seeking that the defect is not visible or too obvious
- Repeatedly measuring or touching the defect
- Repeatedly consulting with medical specialists, such as plastic surgeons or dermatologists to find ways to improve their appearance
- Undergoing surgery to correct the areas of their concern, despite the professionals advice informing them that nothing needs correcting
- Avoiding socialising
- Changing clothes excessively
- Skin picking
- Excessive grooming

**What causes BDD?**

The exact cause of BDD is not known but certain biological and environmental factors may contribute to its development, including genetic predisposition, neurobiological factors such as malfunctioning of serotonin in the brain, personality traits, and life experiences.1

Other factors that might influence the development of or trigger BDD include:

1. A traumatic events during childhood
2. Low self-esteem
3. A history of being criticized for their appearance
Pressure from peers and a society that places a heavily emphasis on physical appearance with beauty and value also can have an impact on the development of BDD. Furthermore, Dr. David Veale, Psychiatrist for The Priory Hospital has linked ‘selfies’ with Body Dysmorphic Disorder (BDD), where the selfie serves to maintain the rituals of fixating and checking one’s appearance.

Research has shown that BDD is associated with a high rate of depression and suicide and with “DIY” cosmetic surgery, and, in comparison with all other body image disorders, these patients are the most distressed and handicapped by their condition.

**Diagnosis and Treatment**

BDD is often misdiagnosed as it has similar symptoms to obsessive-compulsive disorder, eating disorders and social anxiety. However, an accurate diagnosis is important to successful treatment of BDD.

Treatment for BDD likely will include a combination of the following therapies:

*Psychological Therapy:*
Cognitive Behaviour Therapy— CBT identifies and target beliefs about the perceived defects, which tend to carry a strong personal meaning and maintain the cycle of BDD. Behavioural exposure work will help to move away from unhelpful compulsive behaviours.

Patients may also require imagery re-scripting/trauma work if they experienced a past trauma.

*Behavioural Therapy –* Including Mindfulness Based therapies/Acceptance and Commitment Therapy has shown significant results in the treatment of BDD.

*Medication*
Certain antidepressant medications called selective serotonin reuptake inhibitors (SSRIs) are showing promise in treating body dysmorphic disorder.

*Group and/or family therapy*
Family support is very important to treatment success. It is important that family members understand body dysmorphic disorder and learn to recognize its signs and symptoms.

If you would like to talk to someone about BDD, contact the clinic by telephone on 01 685 4195 or book online by email or using the contact form on the website.

admin@theconsultingclinic.ie
References:


Recommended Reading:
The Broken Mirror: Understanding and Treating Body Dysmorphic Disorder, by Katherine Phillips, MD (Oxford University, Press 2005).

Understanding Body Dysmorphic Disorder, by Katharine Phillips, MD (Oxford University Press, 2009)