



Body Dysmorphic Disorder

Practical Points

Body Dysmorphic Disorder (BDD) affects 2% of the general population with an even higher percentage seeking cosmetic surgery (8 to 15%). Regardless of the statistics, plastic surgeons can expect to see BDD patients in their office. As many as 10% of Clinical Practitioners will miss the diagnosis of BDD. The suicide rate is 45 times higher than the general population. Greater than 90% of BDD patients are unhappy after cosmetic surgery, which can actually worsen their condition. This can trigger violence, lawsuits, psychotic behavior and suicide. **BDD should be considered a contraindication to cosmetic surgery.** Plastic surgeons have a responsibility to perform basic screening to assess for BDD. These patients can be treated with therapy (cognitive behavior therapy) and medications (e.g. SRI's).

According to the Diagnostic and Statistical Manual of Mental Disorders, 5th edition, (DSM-V), the following criteria define the diagnosis of body dysmorphic disorder (BDD).

- Preoccupation with one or more perceived defects or flaws in physical appearance that are not observable or appear slight to others.
- At some point during the course of the disorder, the individual has performed repetitive behaviors (i.e., mirror checking, excessive grooming, skin picking, reassurance seeking) or mental acts (i.e., comparing his or her appearance with that of others) in response to their appearance concerns.
- The preoccupation causes clinically significant distress and impairment in daily function.
- An eating disorder may be seen with body dysmorphia, but is not pivotal to its diagnosis.

Note: A diagnostic criterion describing repetitive behaviors or mental acts in response to preoccupations with perceived defects or flaws in physical appearance has been added since the DSM-IV-TR, consistent with data indicating the prevalence and importance of this symptom.

References:

1. Highlights of Changes from DSM-IV-TR to DSM-5. American Psychiatric Association. Available at <http://www.dsm5.org/Documents/changes%20from%20dsm-iv-tr%20to%20dsm-5.pdf>. Published 2013.
2. Varma A, Rastogi R. Recognizing Body Dysmorphic Disorder (Dysmorphobia). J Cutan Aesthet Surg. 2015 Jul-Sep;8 (3): 165-8.
3. Plastic Surgery News, April/May 2017

Disclaimer: The preceding recommendations are from the ISAPS patient safety committee and not an established standard of care.