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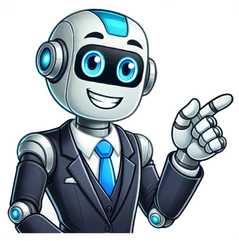

Body Dysmorphic Disorder (BDD) is a mental health condition that has been recognized for over a century, but it has gained more attention recently due to its profound impact on individuals quality of life. First described in the late 19th century, BDD is characterized by an obsessive focus on perceived flaws or defects in ones appearance, which are often unnoticeable to others. This preoccupation can lead to severe emotional distress and significantly interfere with daily functioning. This article provides a comprehensive overview of Body Dysmorphic Disorder, including its risk factors, symptoms, diagnostic tests, treatment options, and self-care strategies. Understanding the condition can help individuals manage their symptoms and improve their mental well-being.What is Body Dysmorphic Disorder?Body Dysmorphic Disorder (BDD) is a mental health condition marked by obsessive thoughts about perceived physical flaws. This article will explore the risk factors, symptoms, diagnostic tests, medications, procedures, and at-home strategies that can help manage the symptoms of BDD.Description of Body Dysmorphic DisorderBody Dysmorphic Disorder (BDD) is a psychiatric condition where individuals experience an overwhelming preoccupation with one or more perceived defects or flaws in their physical appearance. These perceived imperfections are either minor or entirely unnoticeable to others, but for the person affected, they cause significant distress and anxiety. People with BDD may spend hours each day fixating on these flaws, often engaging in repetitive behaviors like checking mirrors, excessive grooming, or seeking reassurance from others. This can disrupt daily life, including work, school, and social relationships.BDD often begins in adolescence, a time when individuals are particularly sensitive to their appearance. Without treatment, the condition can worsen, leading to social isolation, depression, and even suicidal thoughts. According to the Anxiety and Depression Association of America (ADAA), BDD affects approximately 1 in 50 people, or about 2% of the population. It is equally common in men and women, though the specific areas of concern may differ between genders.While BDD can affect any part of the body, common areas of concern include the skin, hair, nose, and weight. The disorder is often associated with other mental health conditions, such as anxiety, depression, and obsessive-compulsive disorder (OCD). Early diagnosis and treatment are essential to prevent the progression of the disorder and improve the patients quality of life.Risk Factors for Developing Body Dysmorphic DisorderLifestyle Risk FactorsSeveral lifestyle factors can increase the risk of developing Body Dysmorphic Disorder. Social media and societal pressures play a significant role, as constant exposure to idealized images of beauty can lead to unrealistic expectations about ones appearance. People frequently exposed to environments where appearance is highly valued, such as in the fashion or entertainment industries, may be more susceptible to developing BDD. Additionally, individuals who have experienced bullying or teasing about their appearance, particularly during childhood or adolescence, are at higher risk. Low self-esteem and a tendency to compare oneself to others can also contribute to the development of BDD.Medical Risk FactorsBody Dysmorphic Disorder is often associated with other mental health conditions. Individuals with a history of anxiety disorders, depression, or obsessive-compulsive disorder (OCD) are at a higher risk of developing BDD. The disorder is also linked to eating disorders, such as anorexia or bulimia, where body image concerns are central. In some cases, individuals who have undergone cosmetic surgery may develop or exacerbate BDD, as they may continue to perceive flaws even after surgical procedures. Additionally, trauma, such as physical or emotional abuse, can increase the likelihood of developing BDD.Genetic and Age-Related Risk FactorsThere is evidence suggesting that genetics may play a role in the development of Body Dysmorphic Disorder. Individuals with a family history of BDD or other mental health conditions, such as OCD or depression, are more likely to develop the disorder. While BDD can occur at any age, it most commonly begins in adolescence or early adulthood. This may be due to the heightened focus on appearance during these developmental stages, as well as the hormonal and emotional changes that occur during puberty. However, BDD can persist into adulthood if left untreated, making early intervention crucial.Clinical Manifestations of Body Dysmorphic DisorderObsessive Thoughts About AppearanceObsessive thoughts about appearance are a hallmark symptom of Body Dysmorphic Disorder (BDD), occurring in approximately 94% of patients. These thoughts often focus on perceived flaws that may not be noticeable to others. Individuals with BDD may spend hours each day fixating on specific body parts, such as their nose, skin, or hair. This focus can lead to significant emotional distress, making it difficult for patients to concentrate on daily tasks. This symptom may be more intense in the earlier stages of the disorder but often persists throughout its course.Excessive GroomingExcessive grooming behaviors, such as frequent mirror checking, skin picking, or applying makeup to conceal perceived flaws, are seen in about 80% of BDD patients. These behaviors are driven by the desire to correct or hide the perceived imperfections. Patients may spend hours each day engaged in grooming rituals, which can interfere with their ability to work, socialize, or perform daily activities. This symptom is often more pronounced in individuals particularly concerned about their skin or facial features.Avoidance of Social SituationsAvoidance of social situations occurs in approximately 70% of individuals with BDD. Patients may fear judgment or ridicule based on their appearance, leading them to withdraw from social interactions, including work, school, or family gatherings. This avoidance can result in isolation and exacerbate feelings of loneliness and depression. In severe cases, individuals may become housebound, further limiting their ability to function in daily life.Comparing Appearance to OthersNearly 90% of individuals with BDD report frequently comparing their appearance to others. This behavior can lead to feelings of inadequacy and reinforce the belief that they are unattractive or deformed. Patients may compare themselves to people they see in person, on social media, or in magazines, often concluding that they fall short of societal beauty standards. This constant comparison can fuel obsessive thoughts and worsen the emotional impact of the disorder.Seeking Reassurance About AppearanceSeeking reassurance from others about appearance is common in BDD, with roughly 60% of patients engaging in this behavior. Individuals may ask friends, family, or even strangers for validation that their perceived flaws are not noticeable. While reassurance may provide temporary relief, it often leads to further anxiety and obsession, as patients may not trust the responses they receive. This cycle can perpetuate the disorder and increase emotional distress.Low Self-EsteemLow self-esteem is a pervasive issue in BDD, affecting up to 85% of patients. The disorders focus on perceived physical flaws can erode a persons sense of self-worth, leading to feelings of shame, embarrassment, and inadequacy. Patients may feel that their appearance defines their value, and the inability to fix their perceived flaws can result in a deep sense of failure. Low self-esteem can also contribute to other mental health issues, such as depression and anxiety.DepressionDepression is a common comorbidity in BDD, with studies showing that up to 75% of patients experience depressive symptoms. The emotional toll of constantly fixating on perceived flaws, combined with social isolation and low self-esteem, can lead to feelings of hopelessness and sadness. In severe cases, depression may lead to suicidal thoughts or behaviors, making it crucial for patients to seek professional help early in the course of the disorder.AnxietyAnxiety is present in approximately 80% of individuals with BDD. Patients may experience generalized anxiety, social anxiety, or panic attacks, particularly in situations where they feel their appearance will be scrutinized. The constant worry about how they are perceived can make it difficult for individuals to engage in social or professional activities, further contributing to their isolation and emotional distress.Body Image DistortionBody image distortion is a key feature of BDD, affecting nearly 100% of patients. This symptom involves a distorted perception of ones physical appearance, where individuals see themselves as flawed or disfigured, even when others view them as normal or attractive. This misperception can be so severe that patients may believe they look grotesque, despite reassurance from others. Body image distortion often drives many of the other symptoms of BDD, such as obsessive thoughts, excessive grooming, and social avoidance.Compulsive BehaviorsCompulsive behaviors, such as mirror checking, skin picking, or seeking cosmetic procedures, are seen in about 90% of BDD patients. These behaviors are attempts to fix or manage the perceived flaws, but they often provide only temporary relief. Over time, compulsive behaviors can become more frequent and interfere with daily functioning. In some cases, patients may undergo multiple cosmetic surgeries, only to remain dissatisfied with the results, further perpetuating the cycle of obsession and distress.Diagnostic Evaluation of Body Dysmorphic DisorderThe diagnosis of Body Dysmorphic Disorder (BDD) is primarily based on a comprehensive clinical evaluation. Healthcare providers typically begin by conducting a thorough patient history and physical examination, focusing on the patients concerns about their appearance and how these concerns affect their daily life. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) criteria are used to confirm the diagnosis, which requires that the patient exhibits a preoccupation with one or more perceived defects or flaws in physical appearance that are not observable or appear slight to others. Additionally, the preoccupation must cause significant distress or impairment in social, occupational, or other areas of functioning. Several diagnostic tools and assessments are also used to support the diagnosis of BDD.Clinical InterviewThe clinical interview is a structured conversation between the healthcare provider and the patient, designed to gather detailed information about the patients symptoms, thought patterns, and behaviors. During this interview, the provider will ask about the patients concerns regarding their appearance, the duration and intensity of these concerns, and how they impact daily functioning. The interview may also explore the patients mental health history, including any previous diagnoses of anxiety, depression, or other mood disorders.Results that Indicate Body Dysmorphic DisorderDuring the clinical interview, healthcare providers look for key indicators of BDD, such as the presence of obsessive thoughts about appearance, compulsive behaviors, and significant emotional distress related to perceived physical flaws. If the patient meets the DSM-5 criteria for BDD, the provider will likely diagnose the disorder. If the interview reveals that the patients concerns are more related to another mental health condition, such as an eating disorder or obsessive-compulsive disorder (OCD), further evaluation may be needed to clarify the diagnosis.Psychological AssessmentA psychological assessment involves the use of standardized tests and questionnaires to evaluate the patients mental health and cognitive functioning. These assessments can help identify underlying psychological factors that may contribute to BDD, such as low self-esteem, perfectionism, or a history of trauma. The assessment may also evaluate the patients level of insight into their condition, as some individuals with BDD may not recognize that their concerns are excessive or irrational.Results that Indicate Body Dysmorphic DisorderResults from psychological assessments that suggest BDD may include high levels of anxiety or depression, poor body image, and a strong focus on perfectionism. If the assessment reveals significant emotional distress related to appearance, combined with compulsive behaviors or social avoidance, the provider may diagnose BDD. However, if the results point to other mental health conditions, such as generalized anxiety disorder or social phobia, additional testing may be needed to differentiate between these conditions and BDD.Self-Report QuestionnairesSelf-report questionnaires are tools that allow patients to describe their symptoms, thoughts, and behaviors in their own words. These questionnaires often include questions about the patients concerns regarding their appearance, the frequency of obsessive thoughts, and the impact of these concerns on daily life. Commonly used questionnaires for BDD include the Body Dysmorphic Disorder Questionnaire (BDDQ) and the Dysmorphic Concern Questionnaire (DCQ).Results that Indicate Body Dysmorphic DisorderPositive results on self-report questionnaires typically include high scores on items related to appearance-related distress, compulsive behaviors, and social avoidance. If the patients responses indicate a preoccupation with perceived physical flaws and significant impairment in daily functioning, the provider may diagnose BDD. If the questionnaire results are inconclusive, further evaluation may be needed to confirm the diagnosis.Structured Clinical InterviewsStructured clinical interviews are formal assessments that follow a specific set of questions designed to diagnose mental health conditions. These interviews are often used in research settings but can also be helpful in clinical practice. The Structured Clinical Interview for DSM-5 (SCID-5) is one such tool that can be used to assess for BDD. This interview covers a wide range of mental health symptoms, including those related to body image and compulsive behaviors.Results that Indicate Body Dysmorphic DisorderStructured clinical interviews that indicate BDD typically reveal a pattern of obsessive thoughts about appearance, compulsive behaviors, and significant emotional distress. If the patient meets the DSM-5 criteria for BDD based on the interview, the provider will likely diagnose the disorder. If the interview results suggest another mental health condition, further evaluation may be needed to differentiate between BDD and other disorders.What if All Tests are Negative but Symptoms Persist?If all tests and assessments come back negative for Body Dysmorphic Disorder but symptoms persist, it is important to continue seeking medical advice. In some cases, symptoms may be related to other mental health conditions, such as obsessive-compulsive disorder (OCD) or generalized anxiety disorder (GAD). Your healthcare provider may recommend further testing, refer you to a specialist, or suggest treatment options such as cognitive-behavioral therapy (CBT) to address your symptoms. Do not hesitate to seek a second opinion if you feel your concerns have not been fully addressed.Treatment Options for Body Dysmorphic Disorder (BDD)Medications for Body Dysmorphic DisorderMedications are often an essential part of a comprehensive treatment plan for Body Dysmorphic Disorder (BDD). These medications primarily aim to reduce the obsessive thoughts and compulsive behaviors that are characteristic of the condition.FluoxetineDefinition: Fluoxetine is a selective serotonin reuptake inhibitor (SSRI) commonly prescribed for depression, anxiety, and obsessive-compulsive disorders (OCD). It works by increasing serotonin levels in the brain, which can improve mood and reduce obsessive thoughts.How and When Its Used: Fluoxetine is often a first-line treatment for BDD due to its effectiveness in alleviating obsessive-compulsive symptoms. It is typically prescribed for moderate to severe cases and is taken orally, usually once a day. Full benefits may take several weeks to become noticeable.Expected Outcomes: Patients can expect a reduction in obsessive thoughts and compulsive behaviors within 4 to 6 weeks. Continued use helps maintain symptom relief and enhances overall quality of life.SertralineDefinition: Sertraline is another SSRI frequently used to treat depression, anxiety, and OCD. It helps increase serotonin levels in the brain, which can alleviate BDD symptoms.How and When Its Used: Like fluoxetine, sertraline is often prescribed as a first-line treatment for BDD. It is taken daily, and its effects may take several weeks to become noticeable. It is particularly beneficial for individuals with co-occurring anxiety or depression.Expected Outcomes: Patients may notice gradual improvement in obsessive thoughts and compulsive behaviors within 4 to 8 weeks. Long-term use helps maintain symptom control.ParoxetineDefinition: Paroxetine is an SSRI used to treat various mental health conditions, including depression, anxiety, and OCD. It works by balancing serotonin levels in the brain.How and When Its Used: Paroxetine is typically prescribed when other SSRIs, such as fluoxetine or sertraline, are ineffective. It is taken orally, usually once a day, and may take several weeks to show results. It is particularly helpful for patients with severe anxiety.Expected Outcomes: Patients can expect a reduction in obsessive thoughts and compulsive behaviors within 4 to 6 weeks. Long-term use provides sustained symptom relief.ClomipramineDefinition: Clomipramine is a tricyclic antidepressant (TCA) that is particularly effective in treating OCD and related conditions like BDD. It works by affecting the balance of serotonin and norepinephrine in the brain.How and When Its Used: Clomipramine is typically prescribed when SSRIs are ineffective. It is taken orally, and its effects may take several weeks to become noticeable. It is often used in more severe cases of BDD or when patients do not respond to first-line treatments.Expected Outcomes: Patients can expect a reduction in obsessive-compulsive symptoms within 4 to 6 weeks. Continued use helps maintain symptom relief.EscitalopramDefinition: Escitalopram is an SSRI used to treat depression and anxiety disorders. It helps increase serotonin levels in the brain, improving mood and reducing obsessive thoughts.How and When Its Used: Escitalopram is often prescribed as a first-line treatment for BDD, especially in patients with co-occurring anxiety or depression. It is taken once daily, and its effects may take several weeks to become noticeable.Expected Outcomes: Patients can expect a gradual reduction in obsessive thoughts and compulsive behaviors within 4 to 6 weeks, with long-term use providing sustained symptom control.VenlafaxineDefinition: Venlafaxine is a serotonin-norepinephrine reuptake inhibitor (SNRI) used to treat depression, anxiety, and OCD. It increases serotonin and norepinephrine levels in the brain.How and When Its Used: Venlafaxine is typically prescribed when SSRIs are ineffective. It is taken daily, and its effects may take several weeks to become noticeable. It is particularly useful for patients with co-occurring depression.Expected Outcomes: Patients can expect a reduction in obsessive thoughts and compulsive behaviors within 4 to 8 weeks, with long-term use providing sustained symptom relief.DuloxetineDefinition: Duloxetine is an SNRI used to treat depression and anxiety disorders. It works by increasing serotonin and norepinephrine levels in the brain.How and When Its Used: Duloxetine is often prescribed when SSRIs are ineffective. It is taken daily, and its effects may take several weeks to become noticeable. It is particularly useful for patients with chronic pain alongside BDD.Expected Outcomes: Patients can expect a reduction in obsessive thoughts and compulsive behaviors within 4 to 8 weeks, with long-term use providing sustained symptom relief.BupropionDefinition: Bupropion is a norepinephrine-dopamine reuptake inhibitor (NDRI) used to treat depression and anxiety. It increases norepinephrine and dopamine levels in the brain.How and When Its Used: Bupropion is typically prescribed when SSRIs or SNRIs are ineffective. It is taken daily, and its effects may take several weeks to become noticeable. It is particularly useful for patients with low energy or motivation alongside BDD.Expected Outcomes: Patients can expect an improvement in mood and a reduction in obsessive thoughts within 4 to 6 weeks, with long-term use providing sustained symptom relief.MirtazapineDefinition: Mirtazapine is an antidepressant that increases serotonin and norepinephrine levels in the brain. It is often used to treat depression and anxiety disorders.How and When Its Used: Mirtazapine is typically prescribed when SSRIs or SNRIs are ineffective. It is taken daily, usually at night, as it can cause drowsiness. It is particularly useful for patients with sleep difficulties or weight loss alongside BDD.Expected Outcomes: Patients can expect an improvement in mood and a reduction in obsessive thoughts within 4 to 6 weeks, with long-term use providing sustained symptom relief.AripiprazoleDefinition: Aripiprazole is an atypical antipsychotic used to treat various mental health conditions, including OCD and BDD. It balances dopamine and serotonin levels in the brain.How and When Its Used: Aripiprazole is typically prescribed when other medications, such as SSRIs or SNRIs, are ineffective. It is taken daily, and its effects may take several weeks to become noticeable. It is often used in more severe cases of BDD.Expected Outcomes: Patients can expect a reduction in obsessive-compulsive symptoms within 4 to 6 weeks. Long-term use helps maintain symptom control.Improving Body Dysmorphic Disorder and Seeking Medical HelpIn addition to medications, several lifestyle changes and self-care strategies can help manage BDD symptoms and improve overall well-being:Mindfulness meditation: Practicing mindfulness can help reduce obsessive thoughts by encouraging focus on the present moment.Journaling: Writing down thoughts and feelings can help identify triggers and patterns in obsessive thinking.Exercise: Regular physical activity improves mood and reduces anxiety, both of which are common in BDD.Healthy eating: A balanced diet supports overall mental health and well-being.Social support: Connecting with friends and family provides emotional support and reduces feelings of isolation.Setting realistic goals: Breaking tasks into smaller, achievable steps can reduce feelings of overwhelm.Limiting social media use: Reducing exposure to unrealistic beauty standards can minimize BDD triggers.Practicing self-compassion: Being kind to oneself helps reduce negative self-talk often associated with BDD.Engaging in hobbies: Finding activities that bring joy can shift focus away from obsessive thoughts.Seeking professional help: Telemedicine offers a convenient way to access mental health care from home.Prevention and Management of Body Dysmorphic DisorderWhile there is no guaranteed way to prevent BDD, early diagnosis and treatment can significantly improve outcomes. If you or someone you know is struggling with obsessive thoughts related to appearance, its important to seek medical help. Telemedicine offers a convenient and accessible way to connect with healthcare providers, allowing you to receive care without leaving home. Regular follow-up appointments and ongoing treatment can help manage symptoms and prevent the condition from worsening.Living with Body Dysmorphic Disorder: Tips for Better Quality of LifeLiving with BDD can be challenging, but there are strategies that can help improve your quality of life:Follow your treatment plan as prescribed by your healthcare provider.Stay connected with supportive friends and family members.Engage in activities that bring you joy and help distract from obsessive thoughts.Practice mindfulness and self-compassion to reduce negative self-talk.Limit exposure to social media and other sources of unrealistic beauty standards.ConclusionBody Dysmorphic Disorder is a serious mental health condition that can significantly impact a persons quality of life. However, with early diagnosis and appropriate treatment, it is possible to manage symptoms and improve overall well-being. If you or someone you know is struggling with BDD, dont hesitate to seek help. Our primary care telemedicine practice is here to provide the support and treatment you need, from the comfort and privacy of your own home. Reach out today to schedule a consultation and take the first step toward feeling better. By Katharine A. Phillips, MD To diagnose BDD, the DSM-5 [1] diagnostic criteria should be followed. DSM-5 classifies BDD in the chapter of Obsessive-Compulsive and Related Disorders, along with OCD and several other disorders.The DSM-5 diagnostic criteria for BDD require the following: Dr. Eve Fisher shares personal story with Body Dysmorphic Disorder (BDD) and how she discovered she had it from taking a magazine quiz. Appearance preoccupations:The individual must be preoccupied with one or more nonexistent or slight defects or flaws in their physical appearance. Preoccupation is usually operationalized as thinking about the perceived defects for at least an hour a day (adding up all the time that is spent throughout the day). Note that distressing or impairing preoccupation with obvious appearance flaws (for example, those that are easily noticeable/clearly visible at conversational distance, such as obesity) isnotdiagnosed as BDD; rather, such preoccupation is diagnosed as Other Specified Obsessive-Compulsive and Related Disorder."Repetitive behaviors:To qualify for a diagnosis of BDD, at some point during the course of the disorder, the individual must perform repetitive, compulsive behaviors in response to the appearance concerns. These compulsions can be behavioral and thus observed by others for example, mirror checking, excessive grooming, skin picking, reassurance seeking, or clothes changing. Other BDD compulsions are mental acts such as comparing ones appearance with that of other people. Note that individuals who meet all diagnostic criteria for BDD except for this one are not diagnosed with BDD; rather, they are diagnosed with Other Specified Obsessive-Compulsive and Related Disorder.It's important to keep in mind, though, that it is sometimes difficult to unearth these repetitive behaviors, because they can be highly idiosyncratic and specific to an individual. For example, someone who is preoccupied with perceived hair loss might search for and collect each hair that is found around the house, lay them out on a table, and count them each day. Or a person with BDD might drink gallons of water a day to make their face look fuller. For this reason, it's helpful to ask whether the appearance preoccupations trigger any type of repetitive behavior and then give some of the more common examples - rather than limiting your question to only the examples that are listed above.Clinical significance:The preoccupation must cause clinically significant distress or impairment in social, occupational, or other important areas of functioning. This criterion helps to differentiate the disorder BDD, which requires treatment, from more normal appearance concerns that typically do not need to be treated with medication or therapy.Differentiation from an eating disorder:If the appearance preoccupations focus on being too fat or weighing too much, the clinician must determine that these concerns are not better explained by an eating disorder. If the patients only appearance concern focuses on excessive fat or weight, and the patients symptoms meet diagnostic criteria for an eating disorder, then he or she should be diagnosed with an eating disorder, not BDD. However, if diagnostic criteria for an eating disorder are not met, then BDD can be diagnosed, as concerns with fat or weight in a person of normal weight can be a symptom of BDD. It is not uncommon for patients to have both an eating disorder and BDD (in this case, with the latter focusing on body areas other than weight or body fat).Specifiers:Once BDD is diagnosed, clinicians should assess the two DSM-5 BDD specifiers to identify meaningful subgroups of individuals with BDD:Muscle dysmorphia:The muscle dysmorphia form of BDD is diagnosed if the individual is preoccupied with concerns that that his or her body build is too small or insufficiently muscular. Most are males. Many individuals with the muscle dysmorphia form of BDD are additionally preoccupied with other body areas; the muscle dysmorphia specifier should still be used in such cases. Individuals with the muscle dysmorphia form of BDD have been shown to have even higher rates of suicidality and substance use disorders, as well as poorer quality of life, than individuals with other forms of BDD. A substantial proportion use, and can abuse, anabolic steroids, which have significant health risks. In addition, the treatment approach may require some modification.Insight specifier: This specifier indicates degree of insight regarding BDD beliefs (for example, I look ugly or I look deformed) that is, how convinced the individual is that his/her belief about the appearance of the disliked body parts is true. Levels of insight are with good or fair insight, with poor insight, and with absent insight/delusional beliefs. Note that absent insight/delusional beliefs are diagnosed as BDD, not as a psychotic disorder.Before receiving effective treatment, most people with BDD have poor or absent insight. Those with poorer insight may be more reluctant to engage and stay in mental health treatment, and motivational interviewing may be needed. BDD is often misdiagnosed as another disorder. If BDD is misdiagnosed, patients may not receive appropriate care or improve with treatment that is provided.BDD is commonly misdiagnosed as one of the following disorders: Obsessive Compulsive Disorder:If preoccupations and repetitive behaviors focus on appearance (including symmetry concerns), BDD should be diagnosed rather than OCD.Social anxiety disorder (social phobia):If social anxiety and social avoidance are due to embarrassment and shame about perceived appearance flaws, and diagnostic criteria for BDD are met, BDD should be diagnosed rather than social anxiety disorder (social phobia).Major depressive disorder:Unlike major depressive disorder, BDD is characterized by prominent preoccupation and excessive repetitive behaviors. BDD should be diagnosed in individuals with depression if diagnostic criteria for BDD are met.Trichotillomania (hair-pulling disorder):When hair tweezing, plucking, pulling, or other types of hair removal is intended to improve perceived defects in the appearance of body or facial hair (for example, "uneven" eyebrows or "excessive" body hair), BDD should be diagnosed rather than trichotillomania (hair-pulling disorder).Excoriation (skin-picking disorder):When skin picking is intended to improve perceived defects in the appearance of ones skin, BDD should be diagnosed rather than excoriation (skin-picking) disorder.Agoraphobia:Avoidance of situations because of fears that others will see a persons perceived appearance defects should count toward a diagnosis of BDD rather than agoraphobia.Generalized anxiety disorder:Unlike generalized anxiety disorder, anxiety and worry in BDD focus on perceived appearance flaws.Schizophrenia and schizoaffective disorder:BDD-related psychotic symptoms i.e., delusional beliefs about appearance defects or BDD-related delusions of reference reflect the presence of BDD rather than a psychotic disorder.Olfactory reference syndrome:Preoccupation with emitting a foul or unpleasant body odor is a symptom of olfactory reference syndrome (also called "olfactory reference disorder"), not BDD (although these two disorders have many similar characteristics).Eating disorder:If a normal-weight person is excessively concerned about being fat or overweight, meets other diagnostic criteria for BDD, and does not meet diagnostic criteria for an eating disorder, then BDD should be diagnosed.Dysmorphic concern:This is not a DSM diagnosis. It is very similar to BDD, but also includes concerns about body odor and non-appearance related somatic concerns, which are not BDD symptoms. Perhaps the most important thing to keep in mind is that many patients with BDD do not spontaneously reveal their BDD symptoms to their clinician because they are too embarrassed and ashamed, fear being negatively judged (e.g., considered vain), feel the clinician will not understand their appearance concerns, or do not know that body image concerns are treatable with psychiatric medication and/or therapy. Yet, research has shown that patients want their clinician to ask them about BDD symptoms. It is especially important to inquire about BDD symptoms in mental health settings, substance abuse settings, and settings where cosmetic treatment is provided (e.g., surgical, dermatologic, dental).For more information on the clinical assessment of BDD, click here.For more information about assessment tools to diagnose BDD and measure/track symptoms, click here. Katharine Phillips, MD, is internationally known for her pioneering research and clinical work in body dysmorphic disorder and related conditions. She has published more than 350 scientific papers, and she has authored or edited nine books on BDD and obsessive-compulsive and related disorders, including a 2017 edited volume on BDD (published by Oxford University Press). She provides evaluation and treatment for patients in her clinical practice in New York City, where she is Professor of Psychiatry at Weill Cornell Medical College. Dr. Phillips is also a member of the IOCDFs Scientific and Clinical Advisory Board. To learn more visitwww.KatharinePhillipsMD.com. Body dysmorphic disorder (BDD) is a condition where a person spends a lot of time worried and concerned about their appearance. This is persistent over a long period of time, rather than just happening occasionally. Symptoms of body dysmorphic disorder A person with this disorder may:Focus on an apparent physical defect that other people cannot see; orHave a mild physical defect, but the concern about it is out of proportion to its actual severity.For example, a person may think that he or she has a skin blemish or an odd-shaped nose, but either no-one else can see it, or it would be considered trivial by most people. The person becomes preoccupied with the imagined or slight imperfection. For example, he or she may spend a lot of time looking in the mirror or wear camouflaging make-up.The thought of the defect is very distressing for people with BDD. In some cases the condition can have a great impact on day-to-day life and functioning, and may lead to other mental health conditions such as depression. For example:Many people with BDD will avoid social situations, or even avoid going out from the home. This is because they fear that their imagined or trivial flaw will get undue attention from other people.Some people with BDD consult a cosmetic surgeon to have the imagined or trivial defect corrected.Some people even become suicidal because of the distress caused by this condition.What causes body dysmorphic disorder?The cause of BDD is not clear. In some cases it runs in families and it is more common in those with eating disorders. It is thought that BDD is a similar condition to obsessive-compulsive disorder (OCD). There are similarities between these two conditions. For example, like people with OCD, people with BDD often feel that they have to repeat certain things. For example, checking how they look, or repeatedly combing their hair, or putting on make-up to cover an imagined defect. These compulsive acts may temporarily ease anxiety or distress.This is similar to the way a compulsion may temporarily ease the anxiety or distress of an obsessional thought in someone with OCD. Also, the treatment of OCD and BDD is much the same (see below).Despite their similarities, BDD and OCD are thought to be two different conditions. People with BDD tend to have a greater tendency to suicide, substance misuse and depression. See the separate leaflet called Obsessive-compulsive disorder for more information.When to see a doctor about body dysmorphic disorderIf you feel that symptoms of BDD are affecting your life, it would be sensible to seek help. Diagnosing body dysmorphic disorder There are no tests to diagnose BDD - it is a clinical diagnosis. That means the doctor will make the diagnosis by talking to you about your symptoms, and carrying out a mental state examination which goes through different aspects of your mental health. Who gets body dysmorphic disorder?BDD can affect anyone. However, it most commonly first develops in the teenage years. The exact number of people affected is not known but studies suggest that BDD may affect about 1-2 in 100 people, in the general population. In other populations the number affected is higher - for example, up to 1 in 5 people seeking cosmetic surgery may have BDD, and it affects around 7 in 100 of those in mental health settings. What is the treatment for body dysmorphic disorder?The usual treatment for BDD is either a talking therapy (cognitive behavioural therapy, or CBT) or a specific type of antidepressant medicine. Sometimes a combination of CBT plus an antidepressant medicine is used. A treatment called exposure and response prevention (ERP) is often used alongside CBT. Each of these treatments is discussed below.One problem with all treatments is that some people with BDD do not accept that they have a mental health problem. Getting someone to agree to treatment is, in itself, sometimes difficult. If the person does not accept that they have an issue, this is called having a lack of insight.It is tempting to think that if you had cosmetic surgery, all your problems would be over. However, research suggests that people with BDD rarely do well after surgery and do not get the relief from their symptoms that they would expect to get.What is CBT?CBT is a type of specialist talking treatment (a specialised psychological therapy). It is probably the most effective treatment for BDD.A particular variation of CBT called exposure and response prevention (ERP) therapy is often used for BDD. This means that you are encouraged by your therapist to face situations which arouse your BDD anxiety. That is, you are exposed to your fearful situations. For example, this may simply be to go to a social event where you would normally be anxious that people would stare at you. However, you are shown ways to cope with (respond to) your anxiety. For example, by using deep-breathing techniques. ERP treatment would only be given to you after counselling and when you are fully aware of what will happen. People who have had this treatment often get great benefit from the feeling that they have faced their worst fears and nothing terrible has happened.How can I get CBT?Your doctor can refer you to a therapist who has been trained in CBT. This may be a psychologist, psychiatrist, psychiatric nurse, or other healthcare professional.Therapy is usually done in weekly sessions of about 50 minutes each, for several weeks. This is sometimes done in a group setting, and sometimes one-to-one, depending on various factors, such as the severity of the problem. Sometimes, CBT can be done via regular telephone conversations with a therapist. Medicines used to treat body dysmorphic disorderSelective serotonin reuptake inhibitor antidepressants (SSRIs)Although they are often used to treat depression, SSRI antidepressant medicines can also reduce the symptoms of BDD, even if you are not depressed. They work by interfering with brain chemicals (neurotransmitters), such as serotonin, which may be involved in causing symptoms of BDD. SSRI antidepressants include citalopram, fluoxetine, fluvoxamine, paroxetine and sertraline. The one most commonly used to treat BDD is fluoxetine, as this is the one with the most research evidence to say that it works well for BDD.Some other points about SSRIs and BDDAlthough symptoms may not go completely, they will often greatly improve. This can make a big difference to your quality of life.You should not stop SSRI antidepressants suddenly. You should gradually reduce the dose as advised by a doctor at the end of treatment. In some people the symptoms return when medication is stopped. An option then is to take an SSRI antidepressant on a long-term basis. However, symptoms are less likely to return once you stop an SSRI if you have had a course of CBT (described earlier).Reasons why medication may not work so well in some people include:The dose is not high enough and needs to be increased.Medication was not taken for long enough - it may take up to 6 weeks to work.Side-effects became a problem and so you may stop the medication. Tell a doctor if side-effects are troublesome.Other medicines that are used to treat BDDIf SSRIs do not help much, or cannot be taken (for example, because of side-effects) then another type of antidepressant called clomipramine is sometimes used. This is classed as a tricyclic antidepressant. Occasionally, other medicines that are used to treat mental health disorders are used.Prognosis (outcome) for BDDBDD is a chronic illness - it lasts for many years. About half of all people with BDD will find that their symptoms fully or partially go away with appropriate treatment, but if the symptoms are more severe or have lasted for many years before help has been sought, a cure is less likely. Of those whose symptoms do resolve, around half might then relapse (have more symptoms in the future). Information about outcome is limited by the fact that many people cannot access good-quality treatment for BDD. Body dysmorphic disorder (BDD), or body dysmorphia, is a mental health condition where a person spends a lot of time worrying about flaws in their appearance. These flaws are often unnoticeable to others.People of any age can have BDD, but it's most common in teenagers and young adults. It affects both men and women.Having BDD does not mean you're vain or self-obsessed. It can be very upsetting and have a big impact on your life. You might have body dysmorphic disorder (BDD) if you:worry a lot about a specific area of your body (particularly your face)spend a lot of time comparing your looks with other people'slook at yourself in mirrors a lot or avoid mirrors altogethergo to a lot of effort to conceal flaws for example, by spending a long time combing your hair, applying make-up or choosing clothespick at your skin to make it "smooth"BDD can seriously affect your daily life, including your work, social life and relationships.BDD can also lead to depression, self-harm and even thoughts of suicide. You should see a GP if you think you might have BDD.They'll probably ask a number of questions about your symptoms and how they affect your life.They may also ask if you've had any thoughts about harming yourself.You may be treated by the GP, or they may refer you to a mental health specialist for further assessment and treatment. If you are under 18 you may be referred to your local children and young people's mental health services.It can be very difficult to seek help for BDD, but it's important to remember that you have nothing to feel ashamed or embarrassed about.Getting help is important because your symptoms probably will not go away without treatment and may get worse.You can also refer yourself directly to an NHS talking therapies service without a referral from a GP. The symptoms of body dysmorphic disorder (BDD) can get better with treatment.If your symptoms are relatively mild, you should be referred for a type of talking therapy called cognitive behavioural therapy (CBT), which you have either on your own or in a group.If you have moderate symptoms, you should be offered either CBT or a type of antidepressant medicine called a selective serotonin reuptake inhibitor (SSRI).If your symptoms are more severe, or other treatments do not work, you should be offered CBT together with an SSRI. CBT can help you manage your BDD symptoms by changing the way you think and behave.It helps you learn what triggers your symptoms, and teaches you different ways of thinking about and dealing with your habits.You and your therapist will agree on goals for the therapy and work together to try to reach them.CBT for treating BDD will usually include a technique known as exposure and response prevention (ERP).This involves gradually facing situations that would normally make you think obsessively about your appearance and feel anxious.Your therapist will help you to find other ways of dealing with your feelings in these situations so that, over time, you become able to deal with them without feeling self-conscious or afraid.You may also be given some self-help information to read at home and your CBT might involve group work, depending on your symptoms.CBT for children and young people will usually also involve their family members or carers.Selective serotonin reuptake inhibitors (SSRIs)SSRIs are a type of antidepressant.There are a number of different SSRIs, but fluoxetine is most commonly used to treat BDD.It may take up to 12 weeks for SSRIs to have an effect on your BDD symptoms.If they work for you, you'll probably be asked to keep taking them for several months to improve your symptoms further and stop them coming back.There are some common side effects of taking SSRIs, but these will often pass within a few weeks.Your doctor will keep a close eye on you over the first few weeks. It's important to tell them if you're feeling particularly anxious or emotional, or are having thoughts of harming yourself.If you've not had symptoms for 6 to 12 months, you'll probably be taken off SSRIs.This will be done by slowly reducing your dose over time to help make sure your symptoms do not come back (relapse) and to avoid any side effects of coming off the drug (withdrawal symptoms), such as anxiety.Children, adults younger than 30, and all people with a history of suicidal behaviour will need to be carefully monitored when taking SSRIs. This is because they may have a higher chance of developing suicidal thoughts or trying to hurt themselves in the early stages of treatment.Children and young people may be offered an SSRI if they're having severe symptoms of BDD.Medicine should only be suggested after they have seen a psychiatrist and been offered talking therapies.Further treatmentIf treatment with both CBT and an SSRI has not improved your BDD symptoms after 12 weeks, you may be prescribed a different type of SSRI or another antidepressant called clomipramine.If you do not see any improvements in your symptoms, you may be referred to a mental health clinic or hospital that specialises in BDD, such as the National OCD/BDD Service in London.These services will probably do a more in-depth assessment of your BDD.They may offer you more CBT or a different kind of therapy, as well as a different kind of antidepressant. It's not known exactly what causes body dysmorphic disorder (BDD), but it might be associated with:genetics you may be more likely to develop BDD if you have a relative with BDD, obsessive compulsive disorder (OCD) or depressiona chemical imbalance in the braina traumatic experience in the past you may be more likely to develop BDD if you were teased, bullied or abused when you were a childSome people with BDD also have another mental health condition, such as obsessive compulsive behaviour (OCD), generalised anxiety disorder or an eating disorder. 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What is Body Dysmorphic Disorder (BDD)?Body Dysmorphic Disorder (or BDD for short) is a common psychological condition in which a person becomes very worried about one or more features in their physical appearance. They can be anxious about the look of any part of their body e.g. nose, skin, legs or genitals. They might also worry more generally about their overall appearance rather than a specific feature. Around 1-2 in every 100 people have BDD and it affects all genders equally.People with BDD worry much more about their appearance than the average person. They are usually preoccupied about their appearance for at least an hour a day, but can often find themselves worrying for most or all of the day. This can lead to high anxiety and low mood. Signs and symptoms:People with BDD will do different behaviours to fix or hide the part of their appearance that they are worried about. For example, applying lots of make-up or wearing an item of clothing to hide what they are worrying about. They may also spend hours reading about cosmetic procedures on the internet. Its very common for people with BDD to keep checking their appearance in mirrors (or avoid mirrors completely) and to compare themselves with their peers. They usually spend several hours every day completing BDD behaviours.Not only does BDD lead to lots of interference in peoples social lives and everyday activities, it also takes up a lot of time. Having BDD often leads to people avoiding school or work, going to the shops, meeting up with friends or going to parties. In fact, in some cases people with BDD may find it hard to leave their home at all. When people do attend school, work or other social situations they may have trouble concentrating or enjoying themselves because their appearance worries are on their mind. Written by Dr Sarah Lavender Body dysmorphic disorder (BDD), or body dysmorphia, is a mental health condition where a person spends a lot of time worrying about flaws in their appearance. These flaws are often unnoticeable to others.People of any age can have BDD, but it's most common in teenagers and young adults. It affects both men and women.Having BDD does not mean you're vain or self-obsessed. It can be very upsetting and have a big impact on your life. 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