

Body dysmorphic disorder

Body dysmorphic disorder (BDD) is a mental illness. People who have this illness constantly worry about the way they look. They may think something that isn't there, or that others don't even notice, is a serious defect. The severity of BDD varies. For example, some people know their feelings aren't rational or justified, while others are almost delusional in their conviction.

BDD causes severe emotional distress. It is not just vanity and is not something a person can just 'forget about' or 'get over'. The preoccupation can be so extreme that the affected person has trouble functioning at work, school or in social situations. Any part of the body can be targeted.

It is thought that between one and two per cent of the population may have BDD, with men and women equally affected. BDD usually starts in the teenage years, when concern over physical appearance is common. Suicide rates among people with BDD are high. If you suspect you have BDD, see your doctor or a mental health professional.

Common areas of concern

Common areas of concern include:

- Facial skin
- Face, including the size or shape of the eyes, nose, ears and lips
- Size or shape of virtually any body part including buttocks, thighs, abdomen, legs, breasts and genitals
- Overall size and shape of the body
- Symmetry of the body or particular body parts.

Symptoms

Symptoms can vary according to which body part (or parts) are targeted, but general symptoms of BDD include:

- Thinking about the perceived defect for hours every day
- Worrying about their failure to match the 'physical perfection' of models and celebrities
- Distress about their preoccupation
- Constantly asking trusted loved ones for reassurance about their looks, but not believing the answer
- Constantly looking at their reflection or taking pains to avoid catching their reflection (for example, throwing away or covering up mirrors)
- Constant dieting and overexercising
- Grooming to excess – for example, shaving the same patch of skin over and over
- Avoiding any situation they feel will call attention to their defect. In extreme cases, this can mean never leaving home
- Taking great pains to hide or camouflage the 'defect'
- Squeezing or picking at skin blemishes for hours on end
- Wanting dermatological treatment or cosmetic surgery, even when professionals believe the treatment is unnecessary
- Repeat cosmetic surgery procedures, especially if the same body part is being 'improved' with each procedure
- Depression and anxiety, including suicidal thoughts.

The cause is unknown

The cause of BDD is unknown. Theories include:

- A person with BDD has a genetic tendency to develop this type of mental illness. The trigger may be the stress of adolescence.
- Particular drugs, such as ecstasy, may trigger onset in susceptible people.
- BDD could be caused by chemical imbalances in the brain.
- A person with low self-esteem who has impossible standards of perfection judges some part of their body as ugly. Over time, this behaviour becomes more and more compulsive.
- Western society's narrow standards of beauty may trigger BDD in vulnerable people.

Similarities to other conditions

BDD is similar to other conditions, including:

- **Agoraphobia** – a type of anxiety disorder characterised by the fear of situations or places from which escape seems difficult. In extreme cases, a person with agoraphobia is housebound. However, a person who stays home out of fear of publicly exposing their defect may have BDD instead of agoraphobia.
- **Anorexia nervosa** – BDD is often misdiagnosed as anorexia nervosa because of the preoccupation with appearance. However, anorexia nervosa is characterised by the drive to control one's weight. It's possible for a person to have anorexia nervosa and BDD at the same time.
- **Hypochondriasis** – the preoccupation with the development of disease. However, the person with BDD is preoccupied with their looks, not their health.
- **Obsessive compulsive disorder (OCD)** – characterised by recurring unwanted thoughts and images (obsessions) and repetitive rituals (compulsions). As people with BDD are obsessively preoccupied with an aspect of their appearance, it has been proposed that BDD may be a form of OCD. In addition, some people diagnosed with BDD have or have had OCD.
- **Social phobia** – a type of anxiety disorder, characterised by fear of interaction with people. A person with social phobia may worry about being judged, criticised, ridiculed or humiliated. If the avoidance is triggered by concerns about their appearance, the underlying problem may be BDD.
- **Trichotillomania** – the irresistible urge to pluck or pull out hairs. If the behaviour is triggered by concerns about appearance, the underlying problem may be BDD. Picking or squeezing at skin blemishes for hours at a time is a similar condition to trichotillomania.

Diagnosis is difficult

Diagnosis of BDD is difficult for many reasons, including:

- The person with BDD is more likely to seek help from dermatologists and cosmetic surgeons rather than psychologists and psychiatrists.
- The person with BDD is ashamed and doesn't want to seek help from mental health professionals.
- This type of mental illness doesn't get much publicity, so some health professionals may not even be aware that BDD exists.
- BDD is similar to many other conditions and misdiagnosis is possible.

Treatment

There has been little research into the effectiveness of treatment for BDD. However, treatment that seems to help the most includes a combination of:

- **Cognitive behaviour therapy (CBT)** – training in how to change underlying attitudes in order to think and feel in different ways. This includes learning to tolerate the distress of 'exposing' their perceived defect to others.
- **Coping and management skills** – training in how to cope with symptoms of anxiety. For example, the person may learn relaxation techniques and how to combat hyperventilation.
- **Drugs** – including antidepressant medications, particularly selective serotonin reuptake inhibitors (SSRIs). These drugs help reduce many BDD symptoms, including the compulsive thoughts, depression and anxiety. Generally, drugs are used in combination with psychotherapy.

Some people with body dysmorphic disorder seek cosmetic surgery to 'correct' an actual or perceived physical flaw. Medical experts are divided on the ethics of what is sometimes called 'non-therapeutic mutilation' or extreme body modification. Any medical or surgical procedure carries health risks. Unnecessary attempts to change one's appearance through surgery may lead to dissatisfaction with the results and could worsen a person's BDD.

Where to get help

- Your doctor
- Local community mental health centre
- Psychologist
- Psychiatrist
- Australian Psychological Society Tel. (03) 8662 3300 or 1800 333 497
- Mental Health Foundation of Australia (Victoria) Tel. (03) 9427 0406
- Life Line Tel. 13 11 14

Things to remember

- Body dysmorphic disorder (BDD) is a mental illness characterised by the constant worrying over a perceived or slight defect in appearance.
- BDD usually starts in the teenage years, when concern over physical appearance is common.
- Treatment includes cognitive behaviour therapy and antidepressant drugs.
- If you suspect you have BDD, see your doctor or mental health professional.

This page has been produced in consultation with, and approved by:

La Trobe University - School of Psychological Science

Content on this website is provided for education and information purposes only. Information about a therapy, service, product or treatment does not imply endorsement and is not intended to replace advice from your doctor or other registered health professional. Content has been prepared for Victorian residents and wider Australian audiences, and was accurate at the time of publication. Readers should note that, over time, currency and completeness of the information may change. All users are urged to always seek advice from a registered health care professional for diagnosis and answers to their medical questions.

For the latest updates and more information, visit www.betterhealth.vic.gov.au

Copyright © 1999/2012 State of Victoria. Reproduced from the Better Health Channel (www.betterhealth.vic.gov.au) at no cost with permission of the Victorian Minister for Health. Unauthorised reproduction and other uses comprised in the copyright are prohibited without permission.