

What is BDD?

Body dysmorphic disorder (BDD) is a severe condition that involves a preoccupation with a perceived defect in appearance. Individuals with BDD experience excessive shame, anxiety, and often depression about their appearance. BDD sufferers often seek dermatologic or cosmetic surgical procedures and frequently use or avoid mirrors. Much of their self-worth is related to how they feel about their appearance.

Common complaints involve imagined or minor flaws of the head and face, but any body part can be the focus of concern. Individuals with BDD often are concerned about acne, wrinkles, paleness, scars, thinning hair, or the shape or size of body parts such as the nose, lips, or face. Some people with BDD have concerns focusing on body symmetry. Muscle Dysmorphia is a variant of BDD in which individuals consider themselves to look too small, when in fact they are quite large and muscular. Frequently individuals with BDD are concerned with more than one body part.

Ritualistic behaviors in BDD: More than 90% of individuals with BDD perform repetitive behaviors to check, hide, or attempt to improve what they perceive as a physical defect. These behaviors include checking the supposed flaw in mirrors or other reflective surfaces. Many individuals with BDD attempt to camouflage the perceived flaw with make-up, hair, clothing, or by altering their body position. Others engage in excessive grooming behaviors such as, but not limited to, combing, cutting, or styling their hair, while others pick at their skin in order to try and remove what they consider to be imperfections. Many BDD sufferers ask for reassurance related to the imagined defect and very frequently they compare their appearance with that of other people. The repetitive behaviors may take many hours per day and usually only provide very temporary relief from obsessions about their appearance.

Avoidance of social situations is very common. Individuals with Body Dysmorphic Disorder usually have a difficult relationship with mirrors, often alternating between episodes of mirror avoidance and mirror checking.

Distress and impairment: Most people who suffer with BDD are severely distressed by their supposed flaws, frequently describing their preoccupations as "tormenting". They often suffer from major depression. The preoccupations with an imagined flaw, also known as obsessions, are difficult to control and very time consuming. Individuals may spend many hours a day obsessing about what they consider to be a defect in their appearance. BDD also causes high levels of occupational and social disability including; unemployment, absenteeism, lost productivity, and relational or marital problems. In the most severe cases, BDD may incapacitate the sufferer and keep them housebound. BDD research reports that suicidal ideation and suicide attempts are extremely high. Many BDD sufferers seek non-psychiatric treatment. Research estimates show that 7-15% of cosmetic surgery and 12% of dermatological patients suffer from BDD. Left untreated, the torment of BDD can lead to hospitalization and suicide.

Preliminary estimates suggest that Body Dysmorphic Disorder may be very common, with a rate of 1-2% in the general population. Embarrassment and shame often prevents sufferers from revealing their true degree of distress, not only to their spouses, friends, and family, but to healthcare professionals as well. This makes BDD extremely difficult to diagnose, thus it is often undiagnosed or misdiagnosed. Some misdiagnoses include, but are not limited to, obsessive compulsive disorder, agoraphobia, and social anxiety disorder. BDD frequently begins in adolescence and tends to be chronic. It occurs as frequently, if not more, in men than women.

There are likely other important contributing factors to the development of BDD, which might vary for each individual. The family environment during early development and relationships with key family members and peers may be important in shaping body image. Cultural factors may also be important in mediating the distress experienced by BDD sufferers, although BDD appears to exist in many different cultures and in different parts of the world.