Body Dysmorphic Disorder

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Pre-Lecture Exam
Question 1

1. **Available data indicate that the following class of medications is most effective for body dysmorpic disorder:**

A. MAOI's
B. Tricyclics (excluding clomipramine)
C. SRI's
D. Neuroleptics

Question 2

2. **Preliminary data suggest that the most effective form of psychotherapy for BDD is:**

A. Supportive therapy

B. Exposure, response prevention, and cognitive restructuring

C. Psychodynamic psychotherapy

D. Relaxation techniques

Question 3

3. **The following behaviors may occur in patients with body dysmorphic disorder:**

A. Excessive mirror checking
B. Questioning of others and reassurance seeking
C. Skin picking
D. All of the above
E. None of the above

Question 4

4. **Disorders that appear commonly comorbid with BDD are:**

A. Schizophrenia and schizoaffective disorder
B. Major depression, social phobia, and OCD
C. Somatization disorder and hypochondriasis

Question 5

5. The rate of BDD in nonclinical community samples appears to be in the range of:

A. One in 10,000
B. One in 1,000
C. 1-2%
D. 10%
E. 20%

Question 6

6. **Available data suggest that for the purpose of ascertaining efficacy, an adequate SRI trial for BDD may require as long as:**

A. 3-4 weeks
B. 5-7 weeks
C. 8-10 weeks
D. 12-16 weeks

Question 7

7. **The following SRI augmentation strategy is best supported by available data:**

A. Addition of buspirone

B. Addition of a stimulant

C. Addition of mirtazapine

D. Addition of yohimbine

Question 8

8. For a patient with BDD who shows no improvement with a 5-week, well-tolerated trial of citalopram 20 mg/day, clinical experience suggests that a reasonable next step is:

A. Increase the citalopram dose and continue the trial

B. Discontinue the citalopramam and switch to a neuroleptic

C. Discontinue citalopram and switch to another SRI

D. Continue citalopram at 20 mg/day

Question 9

9. **The pharmacologic treatment of choice for patients with delusional BDD is:**

A. A typical antipsychotic
B. An atypical antipsychotic
C. An SRI
D. A benzodiazepine

Question 10

10. Non-psychiatric treatment (e.g., cosmetic surgery, dermatologic treatment) for BDD appears to be:

A. Always effective

B. Usually effective

C. Rarely effective

Body Dysmorphic Disorder: DSM-IV Criteria

A. Preoccupation with an imagined or slight defect in appearance. If a slight physical anomaly is present, the person's concern is markedly excessive.

B. The preoccupation causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

C. The preoccupation is not better accounted for by another mental disorder (e.g., dissatisfaction with body shape and size in Anorexia Nervosa).

Prevalence of BDD

- **Community samples:** 0.7% - 1.1%
- **Nonclinical student samples:** 2.2% - 13%
- **Dermatology setting:** 12%
- **Cosmetic surgery setting:** 6% - 15%
- **Inpatient psychiatry setting:** 13%
- **Outpatient psychiatry settings:**
  - » OCD: 8% - 37%, Social phobia: 11% - 13%
  - » Eating disorders: 39%, Major depression: 0% - 42%

Demographic Features

- Age: 31.5 ± 11.3 (range 6 to 80)
- Sex:

Male	46%
Female	54%

- Marital status:

Single	70%
Married	17%
Divorced	13%

n=234

Course of BDD

- Age of onset: 16.0 ± 7.2 (range 4 to 43)
- Onset:

Acute	24%
Gradual	76%

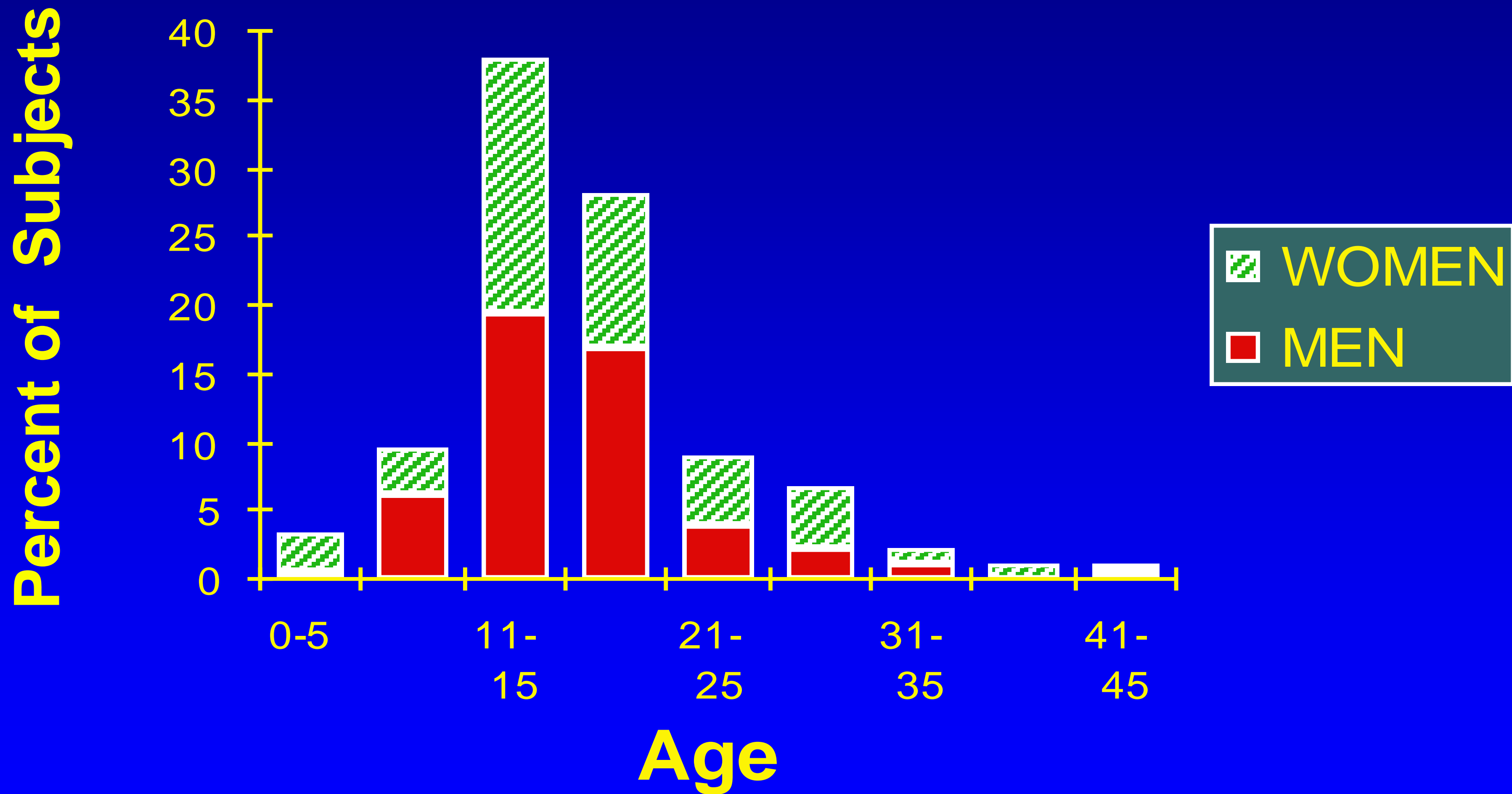
- Course of illness:

Continuous	85%
Episodic	15%

- Duration of illness (years): 15.3 ± 11.9

n=234

BDD Age of Onset

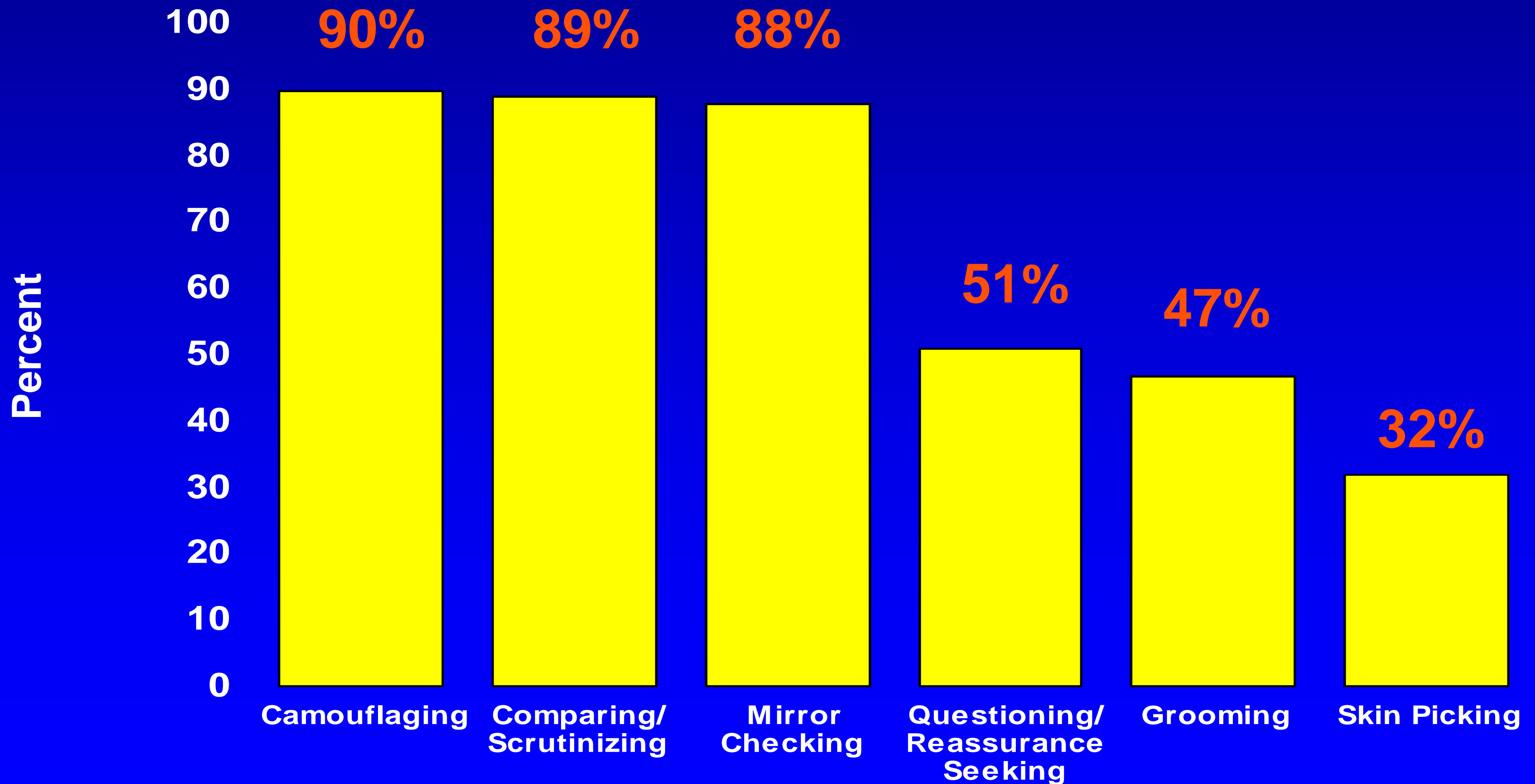


N=234

Cognitions

- Obsessional, painful, embarrassing preoccupations
- Difficult to resist or control
- Time consuming (average 3-8 hours a day)
- Insight usually absent or poor
- Ideas or delusions of reference common (68%)

Repetitive Behaviors

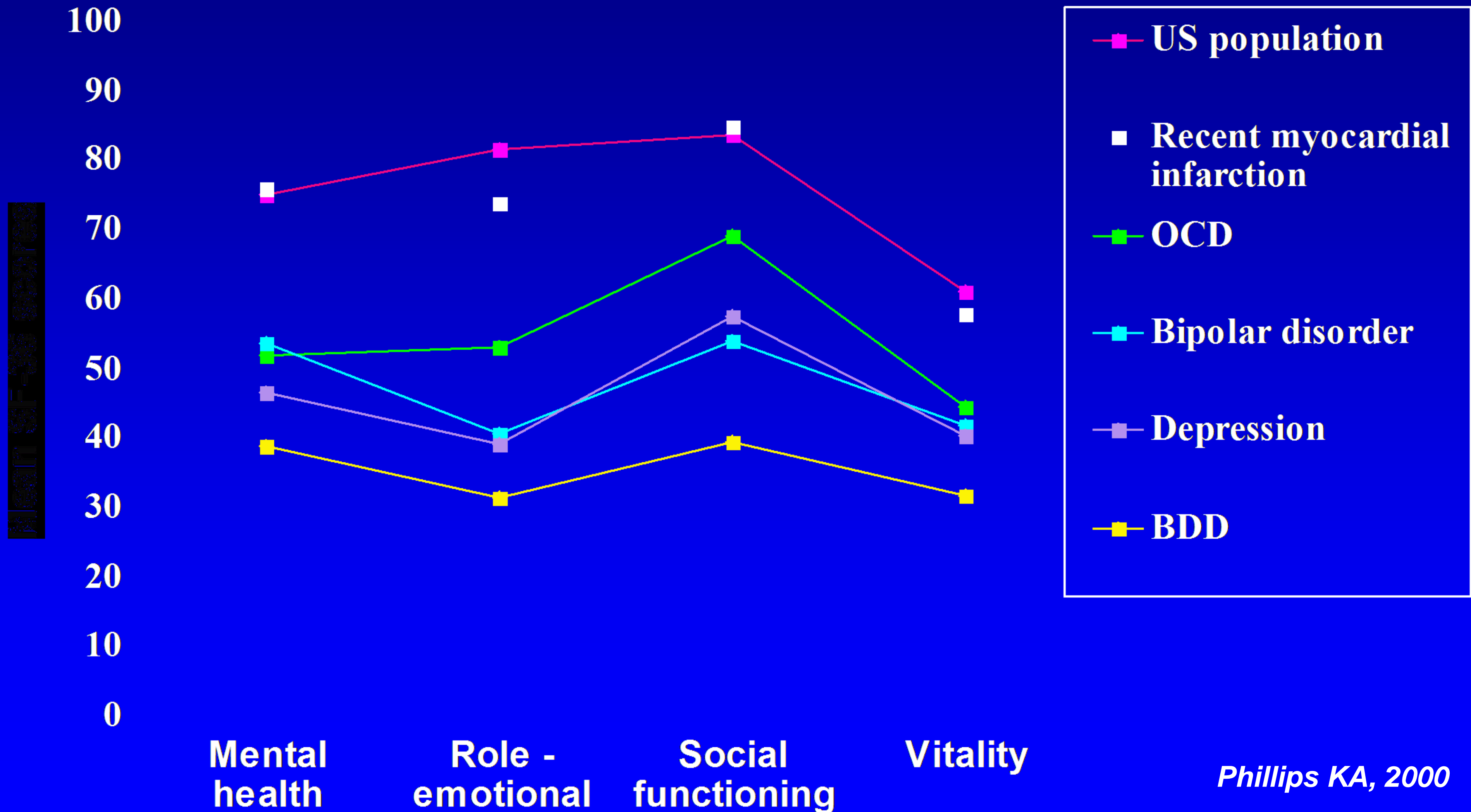


Complications

	%
• Social impairment	98
• Occupational/academic impairment	83
• Hospitalization	46
• Housebound	30
• Suicide attempts	23

n=234

SF-36: Mental Health-Related Quality of Life



Comorbidity

DSM-III-R Diagnosis	Current (%)	Lifetime (%)
• Mood disorders		
Major depression	58	76
Bipolar disorder	9	8
Dysthymia	_	6
Total:	63	87
• Psychotic disorders	.01	.01

Gunstad and Phillips, 2003

N=293

Comorbidity

DSM-III-R Diagnosis	Current (%)	Lifetime (%)
• Anxiety disorders		
Social phobia	32	37
OCD	25	32
Panic disorder	7	13
Simple phobia	8	10
Agoraphobia	3	3
Total:	55	64

Gunstad and Phillips, 2003

N=293

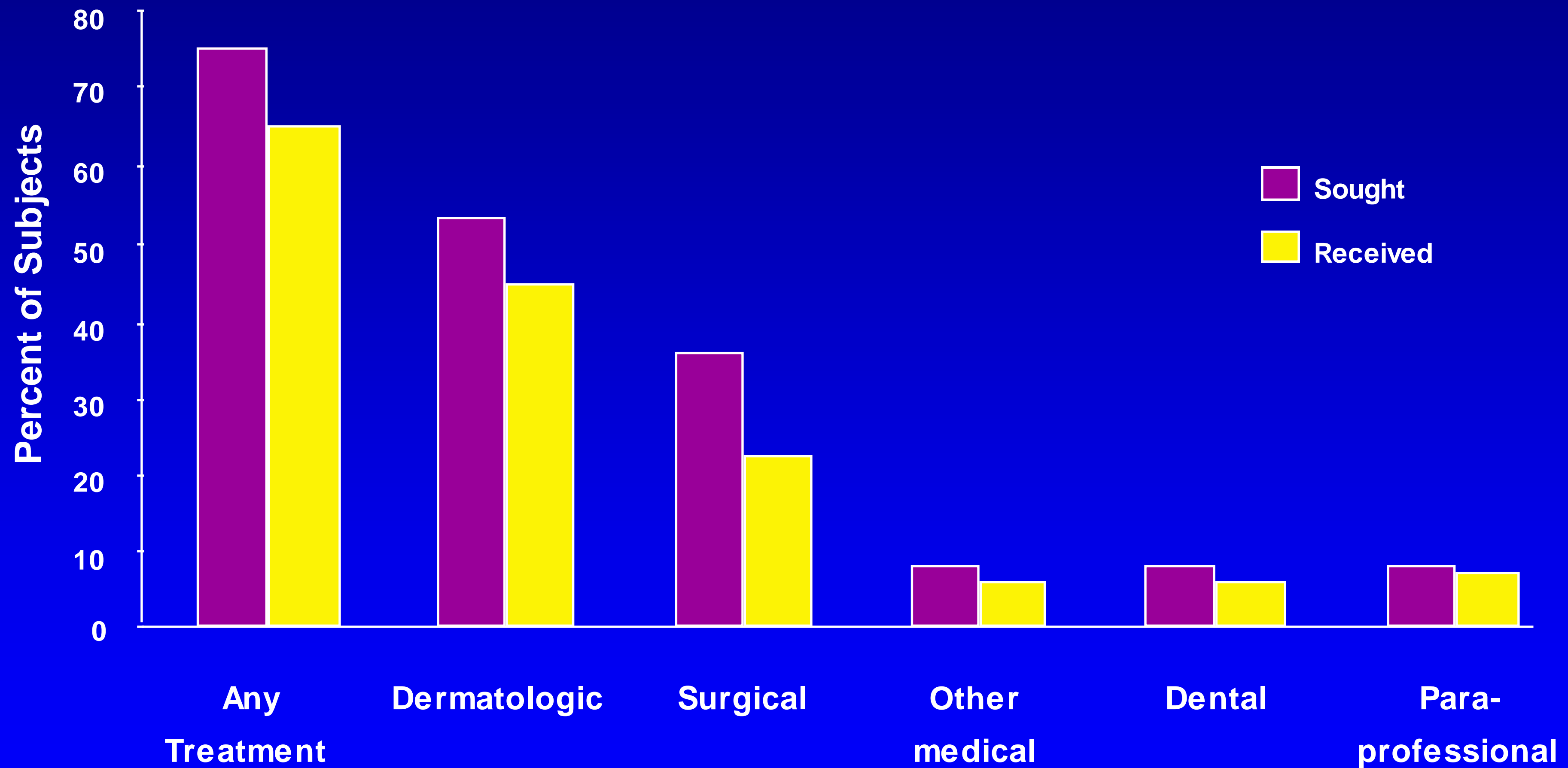
Comorbidity

DSM-III-R Diagnosis	Current (%)	Lifetime (%)
• Substance related	13	30
• Somatoform disorders	6	7
• Eating disorders		
Anorexia	1	3
Bulimia	3	8
Total :	4	10

Gunstad and Phillips, 2003

N=293

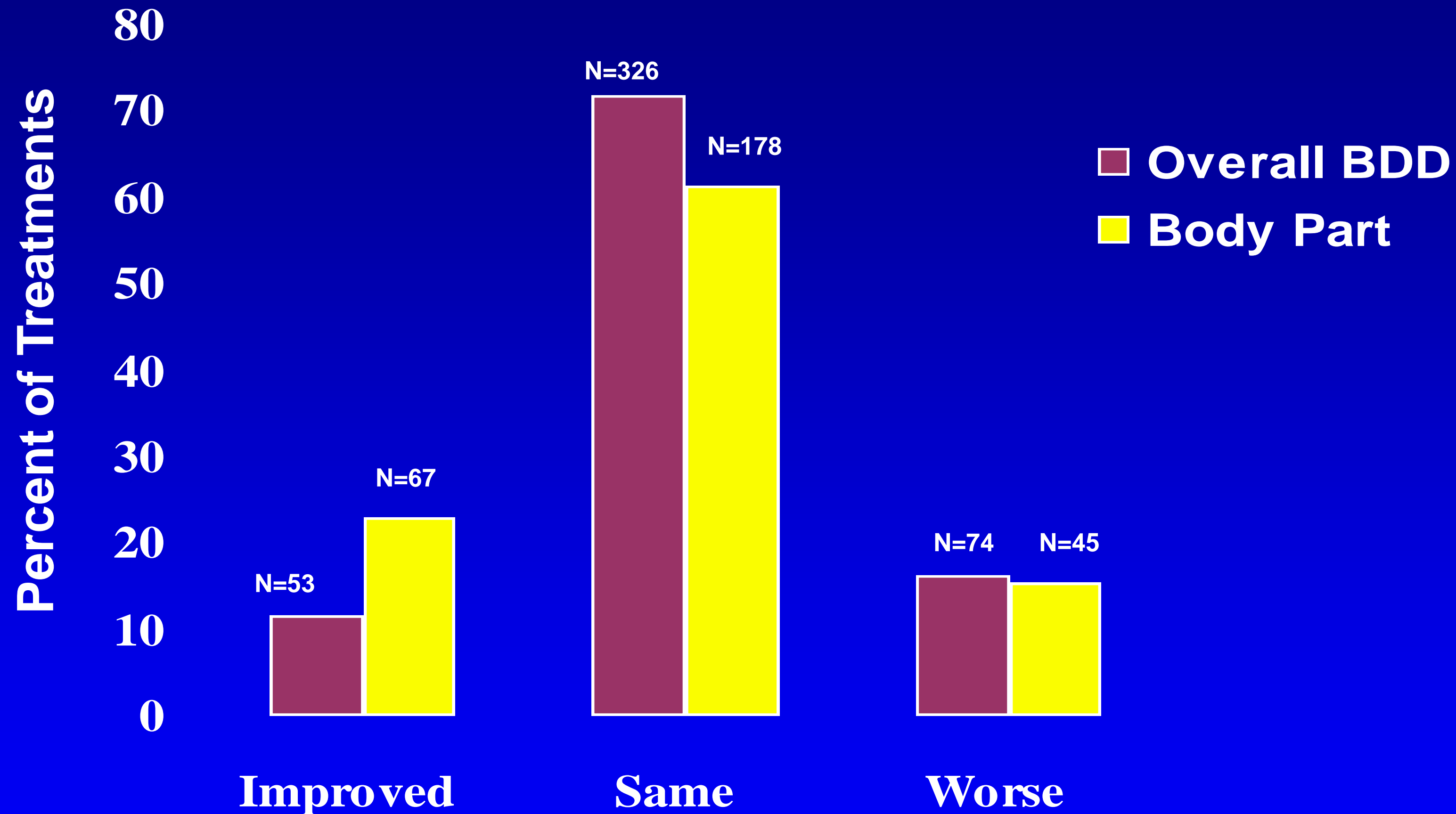
Surgery and Medical Treatment



Phillips KA et al, Psychosomatics, 2001

N=250

Outcome of Nonpsychiatric Treatment

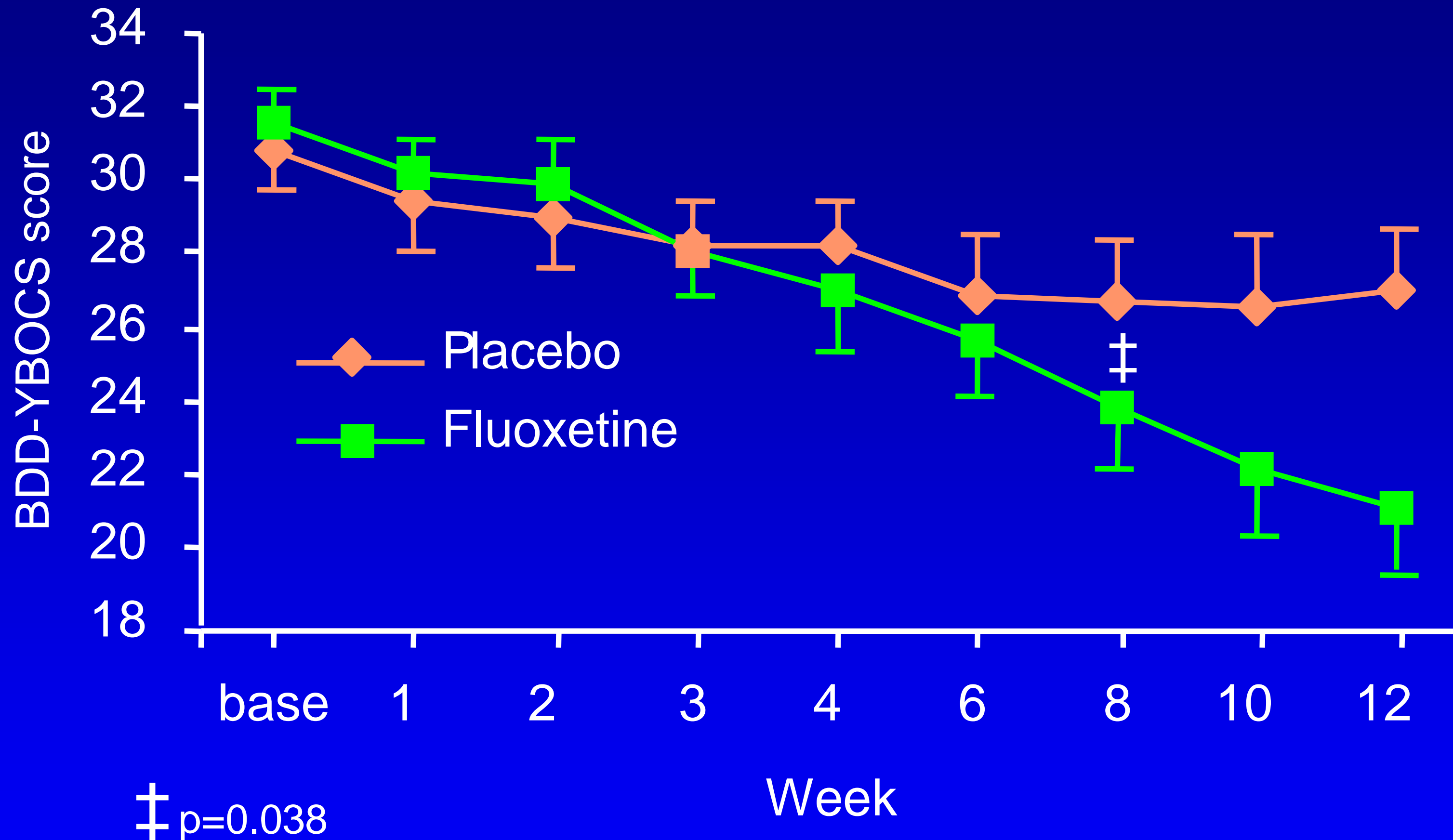


Phillips KA, et al, Psychosomatics, 2001

Efficacy of SRIs for BDD

- **Case series:** SRIs are more effective than other psychotropics (n=5, Hollander 1989; n=30, Phillips 1993; n=130, Phillips 1996)
- **Open label trials:** Fluvoxamine is effective (n=15, Perugi 1996; n=30, Phillips 1998); citalopram is effective (n=15, Phillips 2003)
- **Controlled cross-over trial:** CMI is more effective than DMI (n=29, Hollander 1999)
- **Placebo-controlled trial:** Fluoxetine is more effective than placebo (n=74, Phillips 2002)

Fluoxetine vs Placebo (n=74)

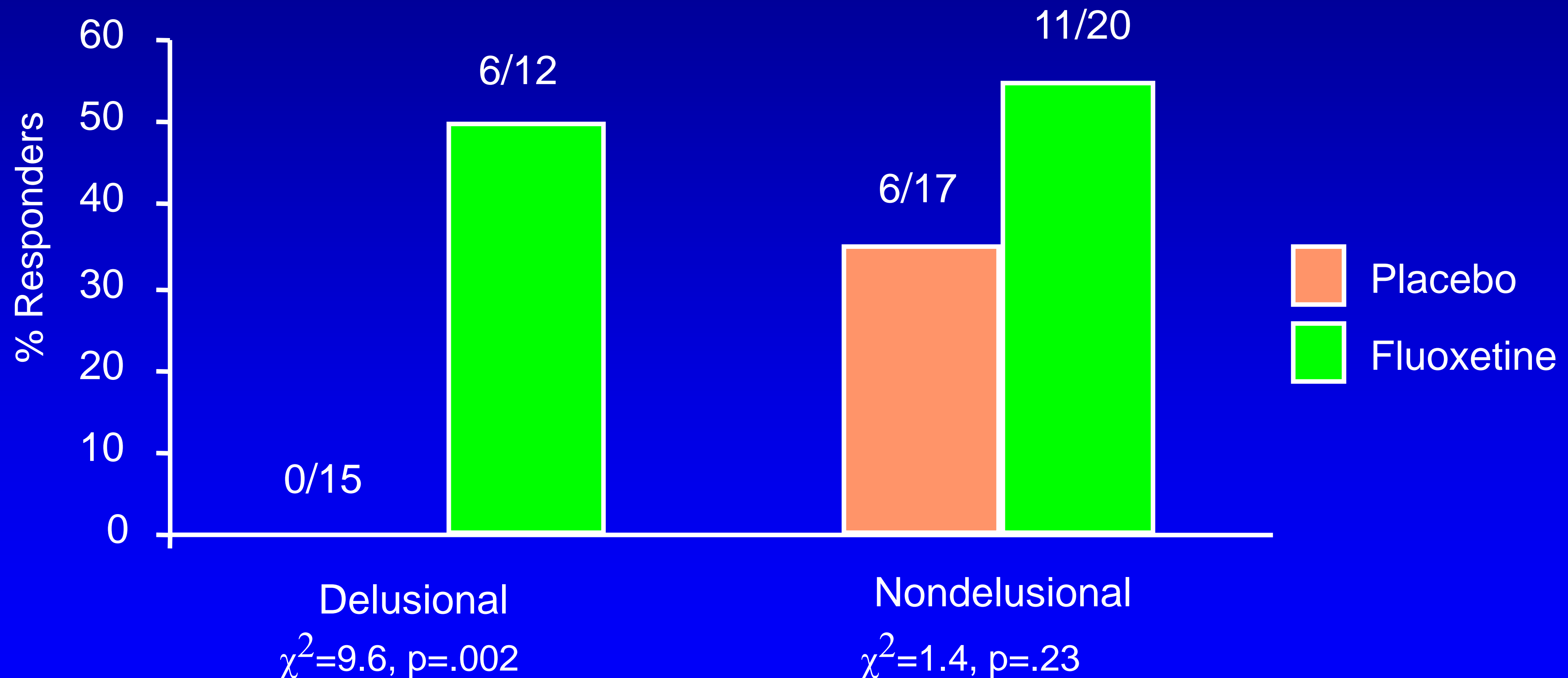


‡ p=0.038

Response to placebo=6/33 (18%) vs fluoxetine=18/34 (53%); χ^2= 8.8, p=.003
LOCF ANCOVA: F (1,64)=16.5, p<.001

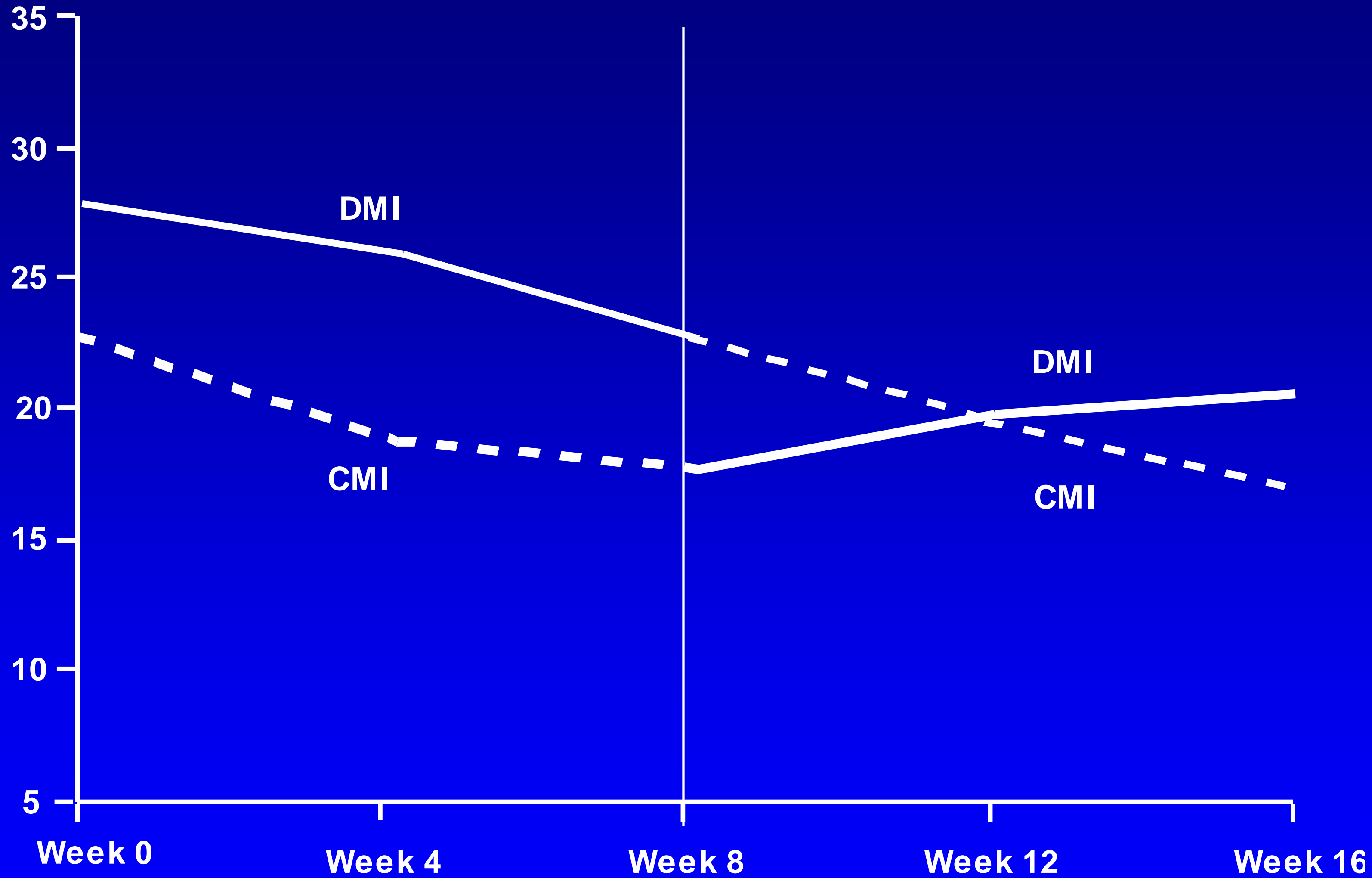
Phillips KA, et al. Arch Gen Psychiatry, 2002

Response of Delusional vs Nondelusional Subjects (n=74)



Phillips KA, et al. Arch Gen Psychiatry, 2002

Clomipramine vs Desipramine



N=23; F=11.02; df=1,21; p=.003

Hollander et al, 1999

SRIs: Suggested Approach

- Use an SRI, even for delusional patients
- Treat for 12-16 weeks before assessing response
- Reach the maximum recommended or tolerated dose
- If one SRI doesn't work, try another….and another
- Consider augmentation with buspirone, clomipramine, or an atypical antipsychotic
- Continue effective medication for at least 1 year
- Discontinue carefully, as relapse appears likely

Efficacy of CBT for BDD

- Case series (n=5): 4 patients improved with 12 to 48 individual 90-minute sessions (Neziroglu, 1993)
- Case series (n=10): BDD improved with 30 individual 90-minute sessions (McKay, 1997)
- Case series (n=13): BDD improved in 12 90-minute group sessions (Wilhelm, 1999)
- No-treatment waiting list control (n=27): 77% of 27 women improved in 8 2-hour group sessions (Rosen, 1995)
- No-treatment waiting list control (n=19): Improvement was greater in CBT group over 12 weeks (Veale, 1996)

CBT: Exposure and Response Prevention

- **Response Prevention:** Resist excessive mirror checking, grooming, and other repetitive behaviors
- **Graded Exposure:** Face feared and avoided situations (often social) without ritualizing and with the defect visible if possible; construct an exposure hierarchy

CBT: Cognitive Approaches

- **Behavioral Experiments:** Empirically test hypotheses (dysfunctional thoughts and beliefs)

- **Cognitive Restructuring**
  - » Identify: 1) Unrealistic negative automatic thoughts
    2) Unrealistic underlying core beliefs and attitudes
    3) Cognitive errors
  - » Challenge irrational thinking/beliefs and generate more accurate and helpful alternatives

SRI or CBT (or Both)?

- No comparison or combination studies
- Use either (or both) for mild-moderate BDD
- Always use an SRI for:
  - » More severe BDD
  - » Very depressed patients
  - » Suicidal patients

Psychodynamic and Supportive Psychotherapy

- Not recommended as the only treatment for BDD

- May be a useful adjunct to an SRI or CBT for some patients

Usually, to make the diagnosis, BDD symptoms have to be specifically asked about

Diagnosing BDD

- **Concern with appearance**: Are you very worried about your appearance in any way? (*OR:* Are you unhappy with how you look?) *If yes*, What is your concern?
- **Preoccupation**: Does this concern preoccupy you? That is, do you think about it a lot and wish you could think about it less? (*OR:* How much time would you estimate you think about your appearance each day?)
- **Distress or impairment**: How much distress does this concern cause you? Does it cause you any problems--socially, in relationships, or with school/work?

Clues to the Diagnosis of BDD

- Behaviors such as mirror checking, requests for reassurance or questioning, skin picking, grooming, camouflaging
- Ideas or delusions of reference
- Avoidance of activities; being housebound
- Social phobia, depression, obsessive compulsive disorder
- Excessive seeking of and/or nonresponse to nonpsychiatric treatment--e.g., dermatologic or surgical

Post Lecture Exam
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Answers to Pre & Post Competency Exams

1. C
2. B
3. D
4. B
5. C
6. D
7. A
8. A
9. C
10. C