

*Research Article***Body dysmorphic disorder in dermatology practice**

**Hasan El-Fakahany, MD*, Mohamed El-Khayyat, MD* ,
Nashaat Abdel-Fadeel, M.D** and Fatma A. Latif***

Department of Dermatology, Faculty of Medicine, Minia University

Department of Psychiatry, Faculty of Medicine, Minia University

Abstract

Introduction: Body dysmorphic disorder is one of common psychiatric disorder in patient seeking cosmetic procedures. Its prevalence is underestimated in those patients. It is important for the dermatologist to screen and diagnose this disorder among dermatology patients. **Patient and methods:** The present study conducted on patients and customers recruited from Dermatology clinics in Minia governorate using Body dysmorphic disorder screening questionnaire then The Yale-Brown Obsessive-Compulsive Scale Modified for Body Dysmorphic Disorder (BDD-YBOCS), Adult version and Adolescent version. **Results:** there was positive screening among large percentage of the recruited patients using BDD screening questionnaire and this percentage was higher on using the Yale-Brown Obsessive-Compulsive Scale Modified for Body Dysmorphic Disorder (BDD-YBOCS), Adult version. **Conclusion:** BDD diagnosis is often missed in dermatological setting so it is recommended to screen for it for every patient seeking cosmetic procedures.

Key words: body dysmorphic disorder, cosmetic procedures, Body dysmorphic disorder screening questionnaire then The Yale-Brown Obsessive-Compulsive Scale Modified for Body Dysmorphic Disorder (BDD-YBOCS), Adult version and Adolescent version.

Introduction

Body dysmorphic disorder (BDD), is a condition that consists of impairing preoccupation with imagined or slight defects in appearance, associated repetitive behaviors and where insight regarding the appearance beliefs is often poor. Despite the fact it is relatively common, the diagnosis is often missed^[1].

Patient and methods

The present study is a cross sectional study that investigates the motives behind seeking cosmetic procedures among females in Minia governorate in Upper Egypt. It involved the females who visited different public and private dermatology clinics, in the age above or equal 16 years old and in the duration from June 2017 to August 2018. This is achieved by different sets of questionnaires. Firstly, Body dysmorphic disorder screening questionnaire^[2] then The Yale-Brown Obsessive-Compulsive Scale Modified for Body Dysmorphic Disorder (BDD-YBOCS), Adult version and Adolescent version^[3]. Finally, a social questionnaire. This study conducted with the response of 150 patients, 144

patients were adult and the remaining six patients were adolescents.

Results

43% were thinking about their body defect more than 1 hour which make diagnosis of BDD is likely (positive screening). 93 patient out of 150 patient (62%) having diagnosis of BDD on BDD-YBOCS Score ranging from mild BDD to extremely severe BDD which indicate the importance of screening and diagnosing BDD in dermatological setting. There are different social implications that affect the patient psychiatric state and her pursuing activity for cosmetic procedures starting from family, friends and community ending with the media streaming about cosmetic procedures.

Discussion

Regarding the BDD screening questionnaire, question 1 indicates that preoccupation is present, also question 3 indicates the presence or absence of significant stress. As regards to question 4, diagnosing BDD is likely in spending more than hour thinking about their defect^[2].

Table 1: BDD screening questionnaire

	N	%
1. Are you very worried about how you look?		
yes	150	100
no	0	0
If yes: Do you think about your appearance problems a lot and wish you could think about them less?		
yes	150	100
no	0.0	0.0
2. Is your main concern with how you look, that you aren't thin enough or that you might get too fat?		
Yes	52.0	34.7
No	98.0	65.3
3. How has this problem with how you look affected your life?		
Has it often upset you a lot?		
Yes	119.0	79.3
No	31.0	20.7
Has it often gotten in the way of doing things with friends or dating?		
Yes	106.0	70.7
no	44.0	29.3
Has it caused you any problems with school		
Yes	19.0	12.7
No	131.0	87.3
Are there things you avoid because of how you look		
Yes	94.0	62.7
No	56.0	37.3
4. How much time a day do you usually spend thinking about how you look?		
a. Less than 1 hour a day	85.0	56.7
b. 1-3 hours a day	24.0	16.0
c. More than 3 hours a day	41.0	27.3

In the present study as in table 1, diagnosis of BDD is likely in question 1 as 150 patients said yes to both parts which means that they all were preoccupied. Large percentage, 79% responded with yes that they have a problem with how they look affected their life and it upset them a lot. Nearly 70% it gotten in the way of doing things with friends or dating and that indicates significant stress. 43% were thinking about their body defect more than 1 hour which make diagnosis of BDD is likely.

Regarding the BDD version of the Yale-Brown Obsessive-Compulsive Scale (BDD-YBOCS), it is 12-item semi-structured clinician-admini-

stered interview that rates the severity of BDD symptoms during the past week^[3]

In the present study, Cronbach's alpha coefficient was 0.905 indicating strong/excellent internal consistency. Correlations between each item and the total score were all positive and significant (all p's < .001), ranging from 0.370 to 0.805.

In the present study table 2 obtained, the total number of patients having BDD from mild to extremely severe were 93 patients out of 150 as in (figure 1), surprising this number exceed the positive screening number of the hours that the patients spent thinking about their defect.

Figure 1: Number of BDD patients according to BDD-YBOCS Score

Number of BDD patients according to BDD-YBOCS Score

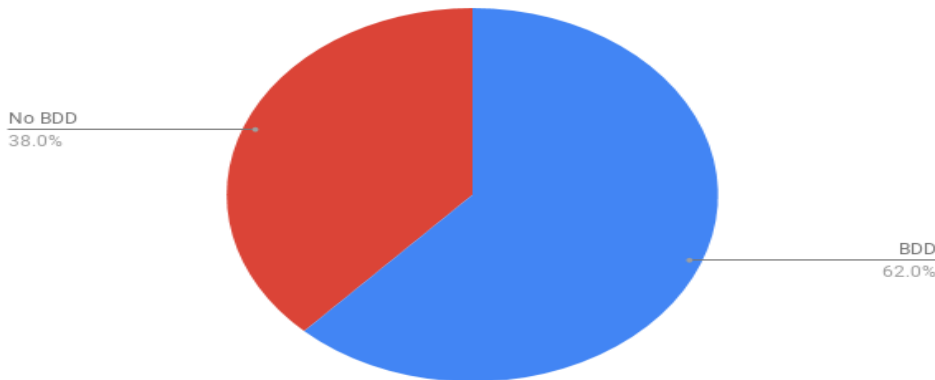


Table 2: Interpreting BDD-YBOCS Score:

Patients number	Total Score on the First 3 BDD-YBOCS Items	BDD Severity
38	4 or 5	Mild BDD
18	6	Mild to moderate BDD
7	7	Moderate BDD
8	8	Moderate to severe BDD
9	9	Severe BDD
8	10	Severe to extremely severe BD
5	11 or 12	Extremely severe BDD

Conclusion

BDD diagnosis is often missed in dermatological setting so it is recommended to screen for it for every patient seeking cosmetic procedures.

References

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