BODY DYSMORPHIC DISORDER: PROTECTING YOUR PATIENTS AND YOURSELF
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Outline
BDD in Dermatology
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BDD in Dermatology

Prevalence
- 1-2% of General Population
- More Common in Aesthetically-Oriented Fields

Recent Meta-Analysis of Plastic Surgery & Dermatology Data:
- 15.04% of Plastic Surgery Patients
- 12.65% of Dermatology Patients
* Not cosmetic patients in particular

May be underestimated

Ref: W et al; Ribeiro RVE

BDD: Why You Should Care

Angelakis et al

Diagnosis

A. Preoccupation with one or more perceived defects or flaws in physical appearance that are not observable or appear slight to others

B. At some point during the course of the disorder, the individual has performed repetitive behaviors or mental acts in response to the appearance concerns

C. Preoccupation causes clinically significant distress or impairment in social, occupational, or other important areas of functioning

D. Appearance preoccupation not better explained by concerns with body fat or weight in an individual whose symptoms meet diagnostic criteria for an eating disorder

APA 2013

Diagnosis

Two validated questionnaires to screen for BDD

Dysmorphic Concern Questionnaire (DCQ)

Body Dysmorphic Disorder Questionnaire – Dermatology Version (BDDQ)
Diagnosis

Dysmorphic Concern Questionnaire (DCQ)
- 7 patient self-administered questions
- Tested in psychiatric inpatients
- Validated in cosmetic populations
- Assesses overconcerns without actually diagnosing BDD

Oosthuizen et al, 1998

Body Dysmorphic Disorder Questionnaire – Dermatology Version (BDDQ)
- 9 patient self-administered questions
- 7 follow-up clinician-administered questions
- Tested in psychiatric inpatients
- Validated & modified for dermatology setting
- Self-reported questionnaire with 100% sensitivity, 93% specificity

Dufresne et al, 2001

Doctors v Screening

Doctors do a poor job at screening in comparison to questionnaires

From Oculoplastic and Facial Plastics Surgery
- 58/597 patients (9.7%) screened positive via BDDQ
- Only 4% were clinically suspected of BDD by surgeons

Sarwer et al 2015; Joseph AW et al

The Reality

Survey of ASDS dermatologic surgeons (n = 260):
- 84% Aware of diagnosis of BDD
- 62% Refused to treat patients believed to have BDD
- 63% Believed BDD to be a contraindication to treatment
- 61% Treated and realized after the diagnosis of BDD

Survey of ASAPS plastic surgeons (n = 265):
- 85% performed surgery on a pt without realizing the dx until post-op

Sarwer et al 2015, 2002

The Repercussions

Unsatisfied patients
- Majority of studies demonstrate that BDD pts have poor outcomes after procedures
- **Debate whether mild BDD can be helped cosmetically
Threats: legal, violence, death
- Survey of 265 aesthetic surgeons and BDD patients
- 29% of surgeons had been legally threatened
- 2% had been physically threatened
- 10% had received legal and violent threats
- 3 plastic surgeons murdered since 1991

Bowyer 2016; Sarwer et al 1998

Lynn G v Hugo
- Dismissed, but brings up several issues
  - Murky legal territory
Indicate if you need to assess capacity to consent
1. Communicate a choice
2. Understand relevant information
3. Appreciate the situation and its consequences
4. Reason about treatment options

Wasserman; Appelbaum
The Changing Landscape

Increasing social acceptance of plastic surgery
- More diverse patient populations – ages, ethnicities, gender identities
- Millennials
- Social media

American Society for Aesthetic Plastic Surgery
- 2016 $8.5 billion surgical / non-surgical cosmetic procedures
- 2017 11% increase in surgical procedures
  4.2% increase in non-surgical procedures

ASAPS 2017.

The Ronald O. Perelman Department of Dermatology

Documentation & Screening

Screening:
- Even the most well-intentioned doctors may run into trouble
- Add validated screening questionnaires to existing intake forms
- Common sense questions
  - Patient’s expectations, specific defect, time spent daily, impact on social life / work / ADLs, and suicidality

Documentation:
- Capacity to consent – have a high threshold
- Photographs – pre-op (and post-op, if applicable)

Stolmeier et al

New Goals

Avoid unnecessary procedures
Raise the possibility of BDD
Stop saying “I can’t help you”
Consider BDD an emergency with high risk of unsatisfied patients with potential SI

If enough of cosmetic providers suggest a referral or diagnosis, the patients may start listening

Bouman et al

Conclusions

BDD is prevalent in a variety of aesthetic practices
Providers do a poor job of screening
Missed diagnoses can have consequences for both provider and patient alike
A changing landscape of cosmetic providers may exacerbate these issues

Consider BDD as a potential emergency
Screening & education can help mitigate risk to yourself and your patients
References


