The impact of body image in female aesthetics

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Objectives

- Define body image and body dissatisfaction
- Identify features of normal and abnormal body dissatisfaction in aesthetic patients
- Explore sources of body dissatisfaction & aesthetic trends in women
- Review psychosocial outcomes of aesthetic procedures
- Identify clinical features of body dysmorphic disorder (BDD) and the importance of mental health screening in aesthetic patients
Defining body image

● “An internal mental representation of the bodily self”

● A complex interplay of subjective memories and experiences in a broader societal context

● Dynamic process of self-appraisal incorporating an individual’s summative perception of her physical form
  ○ A component of the broader “self-image”
  ○ Influenced by a variety of external sources, including media, cultural norms, social network
  ○ This flexibility in body image allows for improvement in body dissatisfaction after aesthetic procedures

Defining body image dissatisfaction

- Dissonance between one’s ideal image and self body image may lead to emotional distress, feelings of inadequacy.
- The degree of emotional distress this causes is broadly termed “body image dissatisfaction”.
- The magnitude of difference between internally held ideal and one’s body image does not necessarily predict dissatisfaction.
- **Body image dissatisfaction is a universal internal motivator of female patients seeking aesthetic procedures.**
“Normal” vs “Abnormal” body dissatisfaction

- Point prevalence varies by country
  - US: range from 11-72% in women across all ages; weight is primary concern

- Women seeking aesthetic treatments endorse body image dissatisfaction
  - Specifically focused on areas for which treatment is sought
  - Highest among women seeking plastic surgery: breasts and facial structures

- Dissatisfaction is generally supported by objective physical examination findings that support the aesthetic patient’s concern
  - e.g. patient seeking HA fillers has clinically apparent age-related volume loss

- Body dissatisfaction improves in well-selected patients who receive aesthetic procedures aimed at particular area of concern


"Normal" vs "Abnormal" body dissatisfaction

- Red flags for comorbid psychiatric disorder:
  - Extreme dissatisfaction
  - Bizarre requests
  - Concerns that do not match with physical exam findings
  - Severe psychological impact of concern

- Beware external motivators for treatment
  - Desire to change appearance to achieve secondary gain
    - e.g., to salvage a relationship, advance professionally
  - Others advised the patient they “need” the aesthetic procedure

- Best practice: do not treat
  - Patient satisfaction after treatment is unlikely to be achieved
  - Treatment may be deferred until after coordinating with mental health provider

Body dissatisfaction and the aging face

- Women find aging features stigmatizing
  - Highest concern: rhytides and volume loss (sagging)
- Facial wrinkles receive highest attention
  - "...the face is where the identity is recognized"
- Investment in appearance, anti-aging practices transcends socioeconomic circumstances
- Women dissatisfied with aging features, but also feel aging levels the aesthetic "playing field"
- Double-edged moral sword: "letting myself go" vs. vanity of aesthetic enhancement

Current trends in aesthetic procedures

Plastics Survey 2016

- Women comprised 91.1% of nonsurgical aesthetic procedures
  - Over 10 million treatments
  - >80% on women 35+
  - 65+ age group doubled number of nonsurgical procedures over past 5 years
  - Nearly $7 billion spent
- Nonsurgical procedures up 7%
- Injectables up 10%
  - HA fillers +16%
  - Toxins +7%

The top five nonsurgical procedures in 2016 were:
- Botulinum Toxin (4,597,886 procedures)
- Hyaluronic Acid (2,494,814 procedures)
- Laser Hair Removal (1,035,783 procedures)
- Photorejuvenation (657,172 procedures)
- Chemical Peel (616,225 procedures)

Source: American Society for Aesthetic Plastic Surgery

Current trends in aesthetic procedures

Top areas of concern for women seeking minimally invasive aesthetic procedures

- Correlate with internally stigmatized signs of aging, as well as predicted foci of age-related volume loss:

1. Eyes
2. Cheeks
3. Neck
4. Lips

Women and aesthetic procedures

Women experiencing some degree of (usually) normative body dissatisfaction, motivated by an investment in their physical appearance, seek aesthetic treatments to address features of concern.

- Have higher degree of body dissatisfaction with the feature(s) they seek to correct as compared to population not seeking procedure.

Demographics of urban population seeking botulinum toxin/filler treatments:

- Average age 35-50, 97% female*
- 50% married, 63% have children, 80% employed, 90% higher education
- 1/3 encountered a major life event in preceding year
- Approx 75% had “reasonable” expectation for treatment outcomes

Short- and long-term impact of aesthetics

- Studies in aesthetic clinical trials frequently cite high patient satisfaction; few measure the constructs of body satisfaction, body image, or self-esteem

- Systematic review of minimally invasive facial procedures:
  - Improvement in number of psychosocial domains, including QOL, body image, self-esteem
  - Botulinum toxin has strongest level of data to support improved self-esteem scores post-tx

- Prospective trial of 5-year changes after cosmetic (mainly breast) surgeries:
  - 90% satisfaction (no regrets, would do again) with treated body area
  - Lower body part dissatisfaction, higher self-esteem, higher appearance evaluation at f/u
  - Relative to controls, still more body part dissatisfaction (otherwise no difference)

- Aesthetic procedures are appropriate and effective at improving body satisfaction of treatment area, may improve overall self-esteem

Body dissatisfaction and psychiatric illness

- History of mental illness, treatment not uncommon in aesthetic patients
  - Multiple sources place at ~25%, commensurate with American population
- Important to include on intake forms, inquire about during consultation
- Not necessarily a contraindication (unless body dysmorphia)
  - Ensure symptoms, medications stable
  - If in psychotherapy, inquire if treating mental health provider aware of plans for aesthetic tx
- Concerns about appropriateness of treatment: refer to mental health provider for eval prior to proceeding
- Patients who refuse referral or open communication with mental health provider: not great candidates for treatment

Body dysmorphic disorder (BDD)

DSM-V criteria for diagnosis of BDD:

A. Preoccupation with 1 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 (eg, mirror-checking, excessive grooming, skin picking, reassurance seeking) or mental acts (eg comparing his or her appearance with that of others) in response to appearance concerns

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

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

Specifiers:
- Degree of insight (good insight, poor insight, or absent insight with delusional beliefs)
- Muscle dysmorphia (*occurring almost exclusively in men)

BDD & Aesthetic Procedures

- Prevalence in dermatology and aesthetic practices
  - Around 1-3% prevalence in the general population
  - Consistently around **10-15% of patients presenting for facial aesthetic treatments**

- ASDS Survey
  - ~60% of providers inquire about psych hx; 75% inquire about motivations/expectations
  - 92% have refused to treat out of concern for mental health status
  - ~60% have unintentionally treated a patient with BDD (discovered post-tx)

- Outcomes
  - **Overwhelming majority of tx produce no improvement in, or worsening of, BDD sx**
  - Limited data suggests improvement in patients with mild-moderate symptoms, a trend that is limited to surgical procedures (effect not found in minimally invasive treatments)


BDD & Aesthetic Procedures

- Screening tool: Body Dysmorphic Disorder Questionnaire (BDDQ)
  - Derm version has been validated for use in cosmetic/general derm
    - Likert scale substituted for free text, more efficient bedside use
    - Positive: “yes” to preoccupation and score of 3+ of 5 on distress scale
    - PPV 70%; Sn 100%, Sp 92%

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Appendix 1. Body Dysmorphic Disorder Questionnaire-Dermatology Version

<table>
<thead>
<tr>
<th>Question</th>
<th>Option 1</th>
<th>Option 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you very concerned about the appearance of some part of your body, which you consider especially unattractive?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>If no, thank you for your time and attention. You are finished with this questionnaire.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, do these concerns preoccupy you? That is, you think about them a lot and they’re hard to stop thinking about?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>What are these concerns? What specifically bothers you about the appearance of these body parts?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What effect has your preoccupation with your appearance had on your life?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has your defect often caused you a lot of distress, torment or pain? How much? (circle best answer)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No distress</td>
<td>Mild, and not too disturbing</td>
<td>Moderate and disturbing but still manageable</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Has your defect caused you impairment in social, occupational or other important areas of functioning? How much? (circle best answer)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No limitation</td>
<td>Mild interference but overall performance not impaired</td>
<td>Moderate interference, but still manageable</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Has your defect significantly interfered with your social life? (circle yes, no, how?)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has your defect often significantly interfered with your school work, your job, or your ability to function in your role?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there things you avoid because of your defect?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Pre-Treatment Patient Assessment

Why are you interested in treating ____ at this time?
<confirm reasonable visibility and appropriate severity of desired treatment area>
<confirm primary internal motivations>

How dissatisfied are you with ____ , and how does this affect your daily life?
<confirm reasonable correlation between severity and reported distress>

What treatments have you had for this or other concerns in the past?
<confirm reasonable history; assess for poor outcomes, prior doctor-shopping>

What are your expectations for treatment outcome?
<confirm reasonable understanding of treatment endpoints and limitations>

What, if any, mental health issues have you sought treatment for?
<confirm stability of symptoms and medications/other therapy>

Takeaways

- Female body image is in a lifelong flux, influenced by many external sources
- Age-related skin changes contribute to body dissatisfaction in women
- Aesthetic procedures for aging skin of head/neck increasing in popularity, including in 65+ age group
- The majority of women have internal motivations, realistic expectations
- Body dissatisfaction related to area of treatment usually improves in well-selected patients
Takeaways

- Prior psych history/meds not uncommon in aesthetic patients
- BDD has a prevalence of 10-15% in aesthetics-seeking patients and is a contraindication to treatment
- Patients with suspected BDD or unstable psychiatric disorder should be referred to a mental health provider
- Recommend documenting psychiatric hx + BDD screen during initial cosmetic consultation for all patients
Conclusion

Dermatologists as role model: as popularity and availability of aesthetic procedures increases, we find another pathway to elevate and distinguish our specialty as the medical aesthetic experts by incorporating evidence-based pre-treatment assessments that:

1) Encourage dialogue and strengthen patient-physician rapport by openly addressing body image dissatisfaction and treatment expectations

2) Identify vulnerable patients in need of mental health services at risk for ill-advised or opportunistic treatments by undereducated aesthetic providers
Thank you!

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