

▶ diseases and disorders

▶ Body dysmorphic disorder

Anorexia nervosa, bulimia nervosa, laxative abuse, and bingeing are common eating disorders. However, a lesser-known illness called body dysmorphic disorder (BDD), or bigorexia, is just as debilitating. When sufferers of BDD look in the mirror, they see what they perceive to be an unattractive person. To those afflicted with BDD, body “flaws” are magnified to such an extreme that they become severely preoccupied with imperfection, which is why BDD is thought to be a subtype of obsessive-compulsive disorder (OCD).

BDD affects approximately 2% of the U.S. population and has no discriminating factors. The disorder often goes unrecognized and undiagnosed because of patients’ reluctance to reveal their symptoms, usually due to embarrassment. Any part of the body can be the focus of concern, but most often it’s the skin, hair, body odor, or nose. Most patients engage in compulsive behavior, such as mirror checking, camouflaging areas of the body, excessive grooming, and skin picking. Nearly all patients suffer impairment in functioning as a result of their symptoms, some to a debilitating degree. Psychiatric hospitalization, suicidal thinking, and suicide attempts are relatively common for sufferers of BDD.

The disorder often begins in adolescence, becomes chronic over time, and leads to a great deal of internal suffering. The person may fear ridicule in social situations and may consult many dermatologists or plastic surgeons and undergo painful or risky procedures to try to alter the perceived defect. Rather than the medical procedures providing relief for the patient, they often lead to a worsening of symptoms.

Theories about the cause(s) of BDD are speculative at best. According to researchers, biological, psychological, sociocultural, and other factors contribute to its etiology. Neurochemical factors, such as abnormalities in the brain chemical serotonin, may trigger some people to show symptoms of BDD. However, psychological factors such as teasing about one’s appearance during childhood, family or peer emphasis on appearance, and trauma or sexual abuse might also be risk factors for the expression of symptoms. Finally, media messages about appearance might worsen the condition in some vulnerable individuals with BDD.

There is a great deal of research being conducted on the causes of BDD. Harvard Medical School is conducting research on the thinking processes in BDD, OCD, and social phobia, which are believed to be linked. Individuals participating in this study answer several question-

naires and complete several tests, which assess attention and perception. One recent study found that 24% of those diagnosed with BDD also had OCD. Perhaps the most significant similarity linking the two disorders is a cyclical process by which the symptoms of both increase.

In this process, individuals with these conditions initially perform compulsive or avoidant behaviors in an effort to reduce their anxiety. Unfortunately, while performing these behaviors may at first diminish the anxiety, it actually reinforces and worsens it in the long term. This in turn leads to an increase in compulsive or avoidant behaviors, which leads to even more anxiety. While the specific thoughts and behaviors may vary between OCD and BDD, this cyclical process is identical. For example, individuals with BDD may compulsively check themselves in mirrors to diminish their anxiety about their appearance. In the course of this, they become emotionally “sensitized” to specific thoughts, objects, or situations.

While treatment data are preliminary at this time, the most common and effective treatment for sufferers of BDD, according to researchers, is with selective serotonin reuptake inhibitors (SSRIs), including Prozac, Paxil, Luvox, and Zoloft. Other pharmacological agents, such as neuroleptics, trazodone, lithium, benzodiazepines, tricyclics (excluding clomipramine), and anticonvulsants have been much less beneficial or completely ineffective. Other courses of treatment for BDD, when properly diagnosed, are psychotherapy, especially cognitive-behavioral psychotherapy, or behavioral modification therapies that physicians highly recommend in addition to treatment with SSRIs.

While much remains to be learned about BDD, clinicians are working to accurately screen patients with symptoms bearing a resemblance to this disorder and positively diagnose the ailment. Suffering from this distressing and sometimes disabling disorder, patients hope that promising and newly available treatments will improve their quality of life.

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Behavior associated with BDD

- ▶ Frequent glancing at reflective surfaces.
- ▶ Skin picking.
- ▶ Avoiding mirrors.
- ▶ Repeatedly measuring or palpating the defect.
- ▶ Repeated requests for reassurance about the defect.
- ▶ Elaborate grooming rituals.
- ▶ Camouflaging some aspect of one’s appearance with a hand, a hat, or makeup.
- ▶ Avoiding social situations where others might see the defect.
- ▶ Anxiety when with other people.