Body Dysmorphic Disorder (BDD): Identifying an Often-Overlooked Concern

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WHAT IS BDD?

Preoccupation with an *imagined* defect or flaw in appearance

If physical “flaw” is present, the concern is excessive

Engagement in repetitive behaviors such as grooming, mirror checking, skin picking, or mental rituals

Causes clinical impairment and/or distress

Definition is simple! So BDD is simple too, right?

Risks of Living with BDD

Depressive symptoms can be high in BDD. Avoidance, rumination, and overall negative view of self increase depression, and high levels of depression are associated with lower quality of life for individuals with BDD. Of note- DEPRESSION symptoms are more indicative of lower quality of life vs. SEVERITY OF BDD

Suicidality is a significant concern BDD. Those with BDD are 4 times more likely to have elevated rates of suicidal idation, and more likely to have made suicide attempts as compared to both healthy controls and those with OCD, eating disorder, or any other anxiety disorder.

Substance use is highly comorbid (30-47% lifetime prevalence), and often after onset of BDD. Alcohol Use Disorder is most common, followed by disordered use of cannabis, cocaine, hallucinogens, sedatives, opiates, and stimulants.

Houchins, J. , Kelly, M. & Phillips, K. (2019)

Risks of Living with BDD

Surgical intervention Usually, individuals who pursue cosmetic surgery are left with no change in severity of symptoms. This may function as a compulsion and reinforce the symptoms such that people get multiple surgeries.

Low insight is the norm rather than the exception. This leads to significant shame and lower rates of treatment seeking relative to other similar concerns (e.g., OCD). Assessing for the level of insight early and assuming that there may be other unreported symptoms can be helpful.

Houchins, J. , Kelly, M. & Phillips, K. (2019)

Common Preoccupations

BDD often focuses above the neck (but not always). Here are some common manifestations of BDD that are not exhaustive.

- Skin - acne, scars, texture, color
- Hair - thinning, hairline, color
- Nose - size, shape, alignment
- Eyes/eyebrows - symmetry, color, shape, size
- Teeth - color, alignment, symmetry, size
- Face - shape, jawline, symmetry
- Muscle Dysmorphia - more common in men
- Hips, legs, thighs - size, shape, proportionality
- Genitals and breasts - size, shape, symmetry

Common Symptom Presentations

While BDD symptoms are heterogeneous, there are commonly seen behavioral patterns, including:

1. Body checking
2. Excessive grooming
3. Camouflaging
4. Reassurance seeking
5. Avoidance
6. Pursuit of “appearance improving” products, services, surgeries, etc.
7. Excessive exercising or restriction of food

Common Symptom Presentations

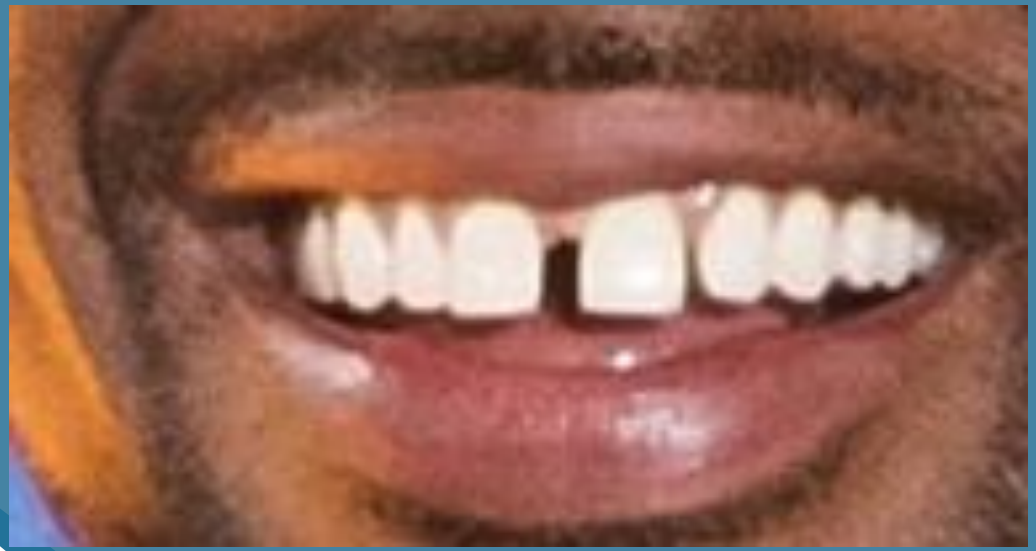
Compulsions can also include mental rituals or behaviors, including

1. Rumination
2. Meaning making
3. Negative self talk
4. Comparisons to others
5. Analysis of social interactions

… and more.

The Experience of BDD

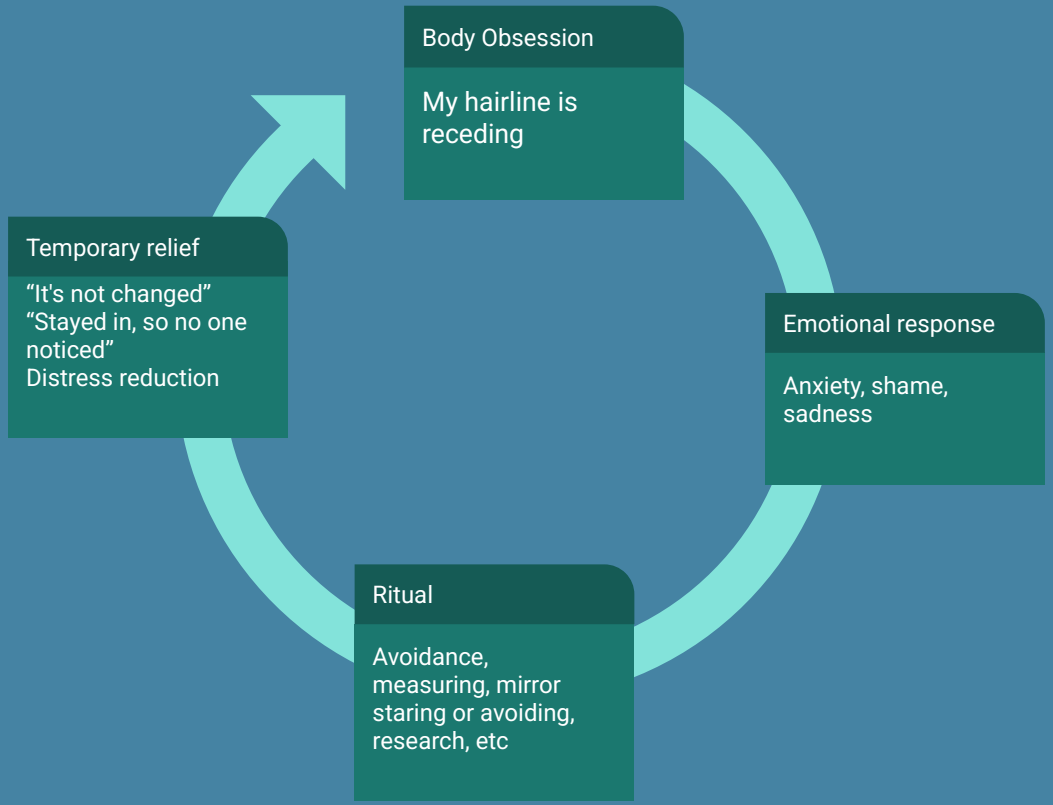
One activity that can be helpful shows how the BDD brain selectively attends to details. Let's try it!



The Experience of BDD

Attending more globally is helpful to challenge distortions

The BDD Cycle



HOW COMMON IS BDD?

Studies have revealed mixed data:

- General population: 0.5-3.2%
- Student cohorts: 1.3-5.8%
- Dermatology setting: 4.9- 21.1%
- Cosmetic surgery setting: 2.9- 57%
- 1.8% 12-month point prevalence
- 1% point prevalence for child/adolescent population (almost solely adolescent)

Rates are difficult to obtain due to:

- Shame associated with disorder
- Misdiagnosis
- Low insight/therapy seeking

Age of onset:

- 12-13 is common age of onset, may be later

Buhlmann et al, 2010; Krebs et al, 2025; McGrath et al, 2023; Minty & Minty, 2021; Saade et al, 2024

SIGNS THAT BDD MAY BE PRESENT

Appearance focus outside of traditional body image concerns

- Self and others
- Social media preoccupation - “looks maxxing”
- Lots of resources devoted to skin care, hair products, or other appearance related products

Isolation, Avoidance of social situations

Difficulty leaving the home

What are they wearing?

- Hat, sunglasses, etc

Cosmetic or dermatological history

IF YOU SUSPECT BDD

Normalize BDD as a common mental health concern.

- Clients may have excessive shame
- Let them know it's not "vain" or narcissistic

Areas to focus on in particular:

- Social History: family, friendships, romantic relationships, bullying, social anxiety history
- Surgical or Cosmetic Interventions
- Coping Strategies
    - Substance Use
    - Avoidance
    - Compulsions

Assess for "BDD by proxy" - repetitive behaviors or obsessions about others' appearance
Assess for depression and OCD symptoms as well
Go through a typical day

FORMAL ASSESSMENT MEASURES

Body Dysmorphic Disorder Questionnaire*

Initial screening questionnaire

BDD-YBOCS*

Symptom identification and severity rating specific for BDD

Brown Assessment of Beliefs Scale

Assess insight/delusionality: Conviction, assessment of others views, explanation of other views, etc.

Overvalued Ideas Scale

Importance of belief: fluctuation, accuracy, degree that others agree, etc.

* BDD specific measures

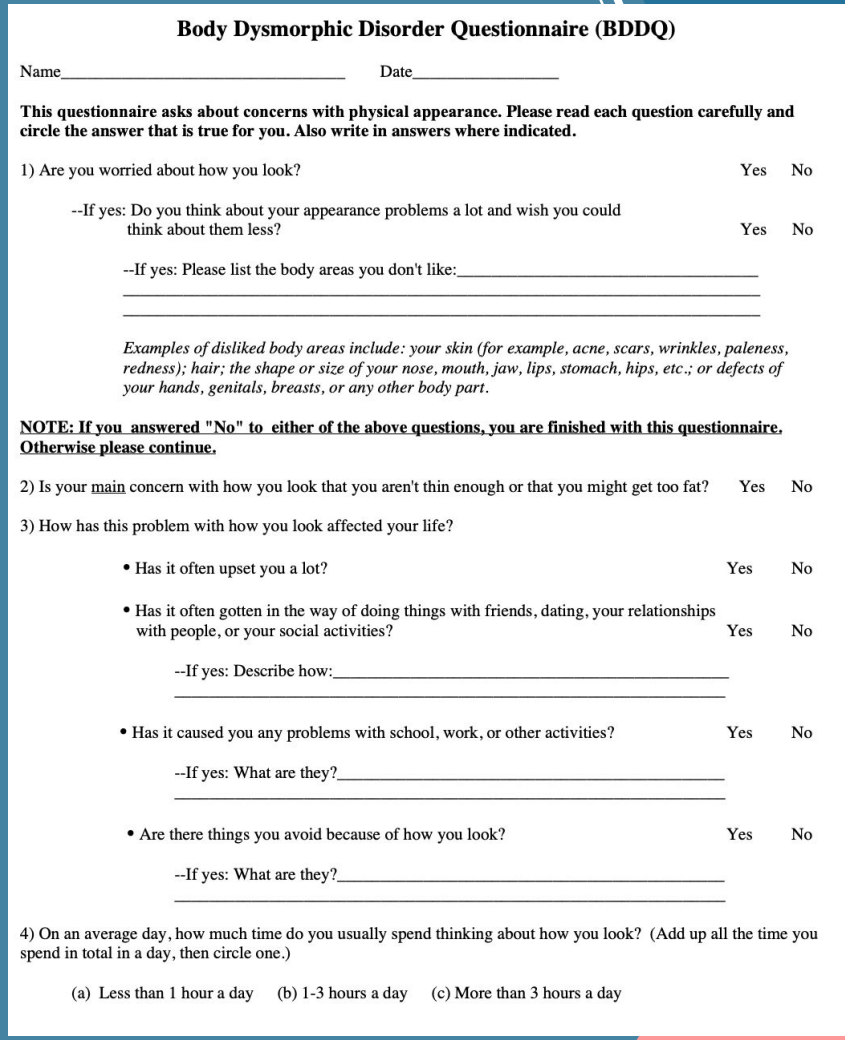
Body Dysmorphic Disorder Questionnaire (BDDQ)

Great screening questionnaire
Very brief
Measures:

- Time
- Distress
- Impairment
- Avoidance

Good sensitivity and specificity

(Brohede et al, 2013; Phillips et al, 1995)



Body Dysmorphic Disorder Questionnaire (BDDQ)

Name_____ Date_____

This questionnaire asks about concerns with physical appearance. Please read each question carefully and circle the answer that is true for you. Also write in answers where indicated.

1) Are you worried about how you look? Yes No

--If yes: Do you think about your appearance problems a lot and wish you could think about them less? Yes No

--If yes: Please list the body areas you don't like:_____
_____
_____

Examples of disliked body areas include: your skin (for example, acne, scars, wrinkles, paleness, redness); hair; the shape or size of your nose, mouth, jaw, lips, stomach, hips, etc.; or defects of your hands, genitals, breasts, or any other body part.

NOTE: If you answered "No" to either of the above questions, you are finished with this questionnaire. Otherwise please continue.

2) Is your main concern with how you look that you aren't thin enough or that you might get too fat? Yes No

3) How has this problem with how you look affected your life?

- Has it often upset you a lot? Yes No
- Has it often gotten in the way of doing things with friends, dating, your relationships with people, or your social activities? Yes No

--If yes: Describe how:_____
_____

- Has it caused you any problems with school, work, or other activities? Yes No

--If yes: What are they?_____
_____

- Are there things you avoid because of how you look? Yes No

--If yes: What are they?_____
_____

4) On an average day, how much time do you usually spend thinking about how you look? (Add up all the time you spend in total in a day, then circle one.)

(a) Less than 1 hour a day (b) 1-3 hours a day (c) More than 3 hours a day

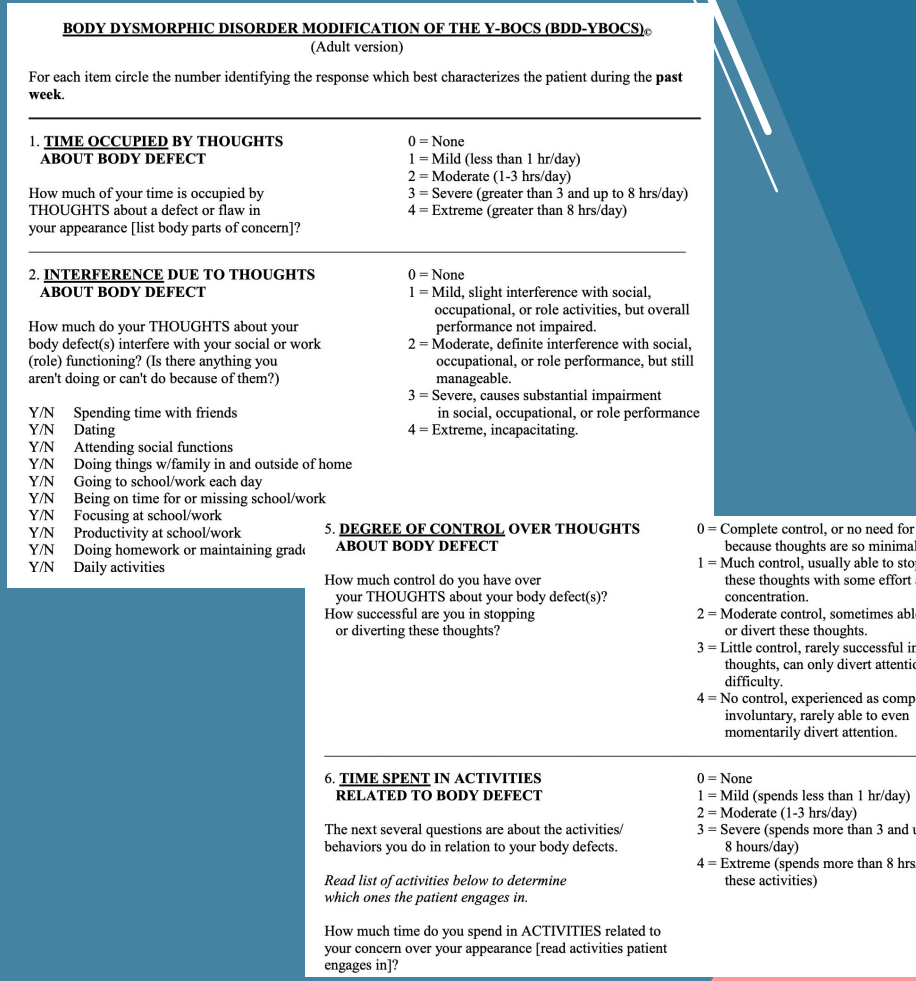
Yale Brown Obsessive Compulsive Scale BDD (BDD-YBOCS)

Semi-structured, clinician-rated measure of BDD

- Interrater and test-retest reliability
- Discriminant validity with depression and social phobia

Has been translated into multiple languages

Adolescent version available as well



BODY DYSMORPHIC DISORDER MODIFICATION OF THE Y-BOCS (BDD-YBOCS)©
(Adult version)

For each item circle the number identifying the response which best characterizes the patient during the **past week**.

1. **TIME OCCUPIED BY THOUGHTS ABOUT BODY DEFECT**

How much of your time is occupied by THOUGHTS about a defect or flaw in your appearance [list body parts of concern]?

0 = None
1 = Mild (less than 1 hr/day)
2 = Moderate (1-3 hrs/day)
3 = Severe (greater than 3 and up to 8 hrs/day)
4 = Extreme (greater than 8 hrs/day)

2. **INTERFERENCE DUE TO THOUGHTS ABOUT BODY DEFECT**

How much do your THOUGHTS about your body defect(s) interfere with your social or work (role) functioning? (Is there anything you aren't doing or can't do because of them?)

Y/N Spending time with friends
Y/N Dating
Y/N Attending social functions
Y/N Doing things w/family in and outside of home
Y/N Going to school/work each day
Y/N Being on time for or missing school/work
Y/N Focusing at school/work
Y/N Productivity at school/work
Y/N Doing homework or maintaining grad
Y/N Daily activities

0 = None
1 = Mild, slight interference with social, occupational, or role activities, but overall performance not impaired.
2 = Moderate, definite interference with social, occupational, or role performance, but still manageable.
3 = Severe, causes substantial impairment in social, occupational, or role performance
4 = Extreme, incapacitating.

5. **DEGREE OF CONTROL OVER THOUGHTS ABOUT BODY DEFECT**

How much control do you have over your THOUGHTS about your body defect(s)?
How successful are you in stopping or diverting these thoughts?

0 = Complete control, or no need for because thoughts are so minimal
1 = Much control, usually able to sto these thoughts with some effort concentration.
2 = Moderate control, sometimes abl or divert these thoughts.
3 = Little control, rarely successful ir thoughts, can only divert attentio difficulty.
4 = No control, experienced as comp involuntary, rarely able to even momentarily divert attention.

6. **TIME SPENT IN ACTIVITIES RELATED TO BODY DEFECT**

The next several questions are about the activities/ behaviors you do in relation to your body defects.

Read list of activities below to determine which ones the patient engages in.

How much time do you spend in ACTIVITIES related to your concern over your appearance [read activities patient engages in]?

0 = None
1 = Mild (spends less than 1 hr/day)
2 = Moderate (1-3 hrs/day)
3 = Severe (spends more than 3 and u 8 hours/day)
4 = Extreme (spends more than 8 hrs these activities)

(Phillips., Hart, & Menard, 2001)

Brown Assessment of Beliefs Scale (BABS)

1. Conviction

How convinced are you of these ideas/beliefs? Are you certain your ideas/beliefs are accurate? (What do you base your certainty on?)

0- Completely convinced beliefs are false (0% certainty).
1- Beliefs are probably not true, or substantial doubt exists.
2- Beliefs may or may not be true, or unable to decide whether beliefs are true or not.
3- Fairly convinced that beliefs are true but an element of doubt exists.
4- Completely convinced about the reality of held beliefs (100% certainty).

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2. Perception of others' views of beliefs

What do you think other people (would) think of your beliefs? How certain are you that most people think your beliefs make sense?

(Interviewer should clarify if necessary that the patient answers this question assuming that others are giving their honest opinion.)

0- Completely certain that most people think these beliefs are unrealistic.
1- Fairly certain that most people think these beliefs are unrealistic.
2- Others may or may not think beliefs are unrealistic, or uncertain about others' views concerning these beliefs.
3- Fairly certain that most people think these beliefs are realistic.
4- Completely certain that most people think these beliefs are realistic.

How much energy do you put into rejecting your belief?
How strongly do you try to change your belief?
Do you attempt to resist your belief?

1	2	3	4	5	6	7	8	9	10
Total Resistance		Much Resistance		More Resistance Than Less	Less Resistance Than More		Little Resistance		No Resistance

Rating Item 10._____

11) DURATION OF BELIEF

a) During the time that you have had this belief did it ever fluctuate?

If so, within what period of time?

Check one of the following:

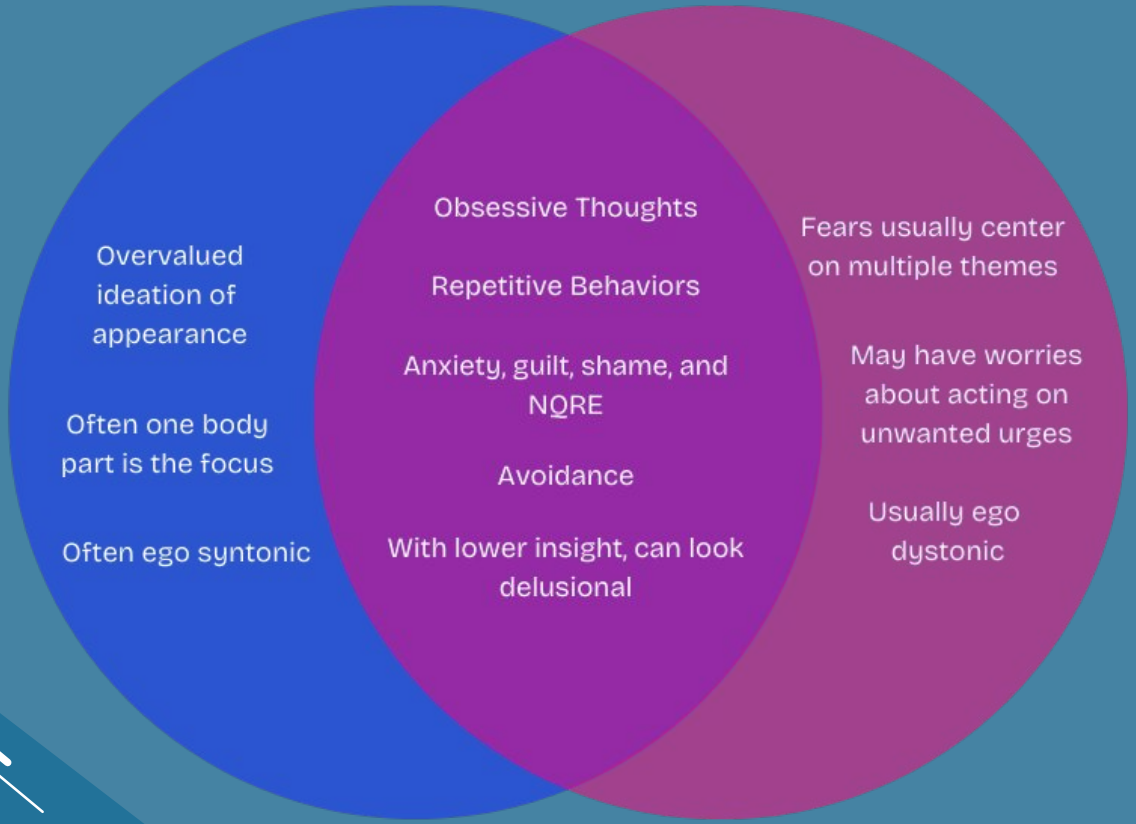
___ Day ___ Week ____ Month ____ Year

b) In retrospect, how long have you held this particular belief?

Overvalued Ideas Scale

You can get very specific!

Differential Diagnosis- OCD



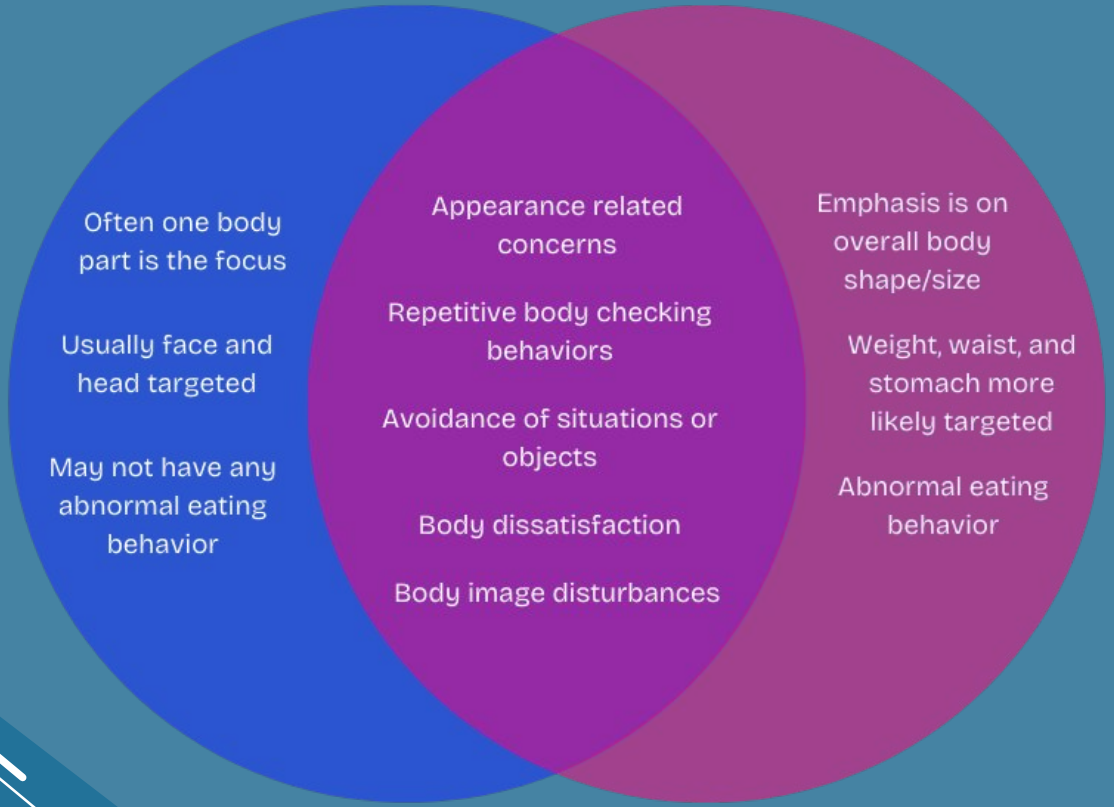
Some consider BDD to be OCD pertaining to body themes. But it is different not just in symptom type but also:

- Higher suicidality risk with BDD
- Lower treatment seeking
- May be ego syntonic

Lifetime comorbidity rates of BDD–OCD are higher in samples with a primary diagnosis of BDD than those with primary OCD (27.5% vs 10.4%).

(Phillips et al, 2007)

Differential Diagnosis- Eating Disorders



Body image issues exist in both groups.

- In one study of AN, BN, and BDD, people with BDD had the highest levels of overall body image dissatisfaction.
- BDD disturbances were more localized.

(Hrabovsky et al, 2009)

OTHER CONSIDERATIONS

BFRBS - can co-occur or be part of the BDD presentation

- Is there a body image related goal?
- Is there a disturbance in body image vs a “just right” or other issue?

Cultural factors

- Gender dysphoria
  - Body does not reflect one’s gender
  - Surgeries, hormone, and other interventions pursued to this effect
  - Is there a focus or time spent in behaviors above and beyond typical intervention?
- Minority Stress and BDD
  - Pressure for perfection to be taken seriously
  - Stereotype threat
- Body modification that is culturally prescribed
- Always looking for impairment

(Weingarten et al, 2011)

INTERVENTIONS FOR BDD

Cognitive-Behavioral methods have been most effective in the treatment of BDD (Liu at al, 2024)

Exposure & Response Prevention (ERP)

- Exposure is always collaborative, consensual, and respectful.
- Even more than with OCD, keep exposures relevant to goals/values
- No need to play out worst case scenarios
- No need to overcorrect
    - Focus more on preventing response to natural stimuli / exposures (reducing avoidance)

Acceptance & Commitment Therapy (ACT)

- Focus on moving towards living the life you want.
- Clarifying values & goals.
- OK, this issue exists, now what?
    - Can we accept that it is here and still move forward based on our values and goals?

Mirror Retraining

- Mindfulness tool - becoming aware of automatic judgements
- Working to resist engagement with those automatic judgements
- Used as an adjunct

(Weingarten et al, 2011)

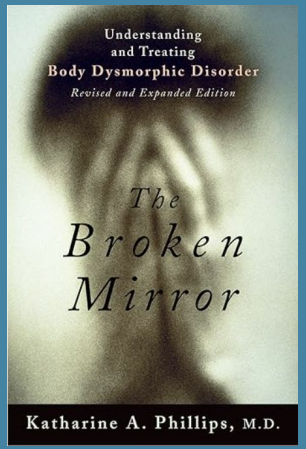
REFERRAL RESOURCES & TRAINING

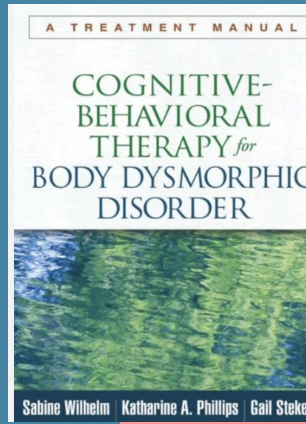
If you suspect a client has BDD, refer to a trained provider.

- There is no certification in BDD treatment.
- The International OCD Foundation's website (iocdf.org) has a Find Help tab that allows you to search for providers who specialize in BDD.
  - Includes outpatient, intensive outpatient, and residential options.
  - Can search geographically
- If listed as a specialty, may want to ask providers what treatment methods they use.

For training:

- Massachusetts General Hospital (https://mghcme.org/education/)
- IOCDF Webinars
- Crucial to have consultation or supervision if new to BDD
- The Broken Mirror, CBT for BDD workbook





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