Body Dysmorphic Disorder



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1

Description

1.1 Terminology

Body dysmorphic disorder (BDD), previously considered a somatoform disorder, was incorporated into the newly established obsessive-compulsive and related disorders (OCRDs) in the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5; American Psychiatric Association, 2013). This category consists of disorders characterized by intrusive thoughts (obsessions) or repetitive behaviors (compulsions) (see Section 1.3).

1.2 History

BDD (referred to then as "dysmorphophobia") first appeared in the DSM in the 3rd edition (DSM-III; American Psychiatric Association, 1980) as an "atypical somatoform disorder." Diagnostic criteria were not included, resulting in minimal attention in the psychiatric literature.

With the publication of the DSM-III-R (American Psychiatric Association, 1987), BDD was established with diagnostic criteria as a "somatoform disorder," and the term was changed to "body dysmorphic disorder." No changes occurred in the publication of DSM-IV and DSM-IV-TR. The current DSM-5 diagnostic criteria are more detailed, reflecting the increase in recognition and research. The criteria include specifiers including insight levels.

BDD first appeared in the psychiatric literature in 1891, with the publication of a paper by an Italian psychiatrist Enrico Morselli. He coined the term "dysmorphophobia," noting the desperation and intensity of the fear and thoughts (Morselli, 1891). Other European psychiatrists, including Pierre Janet, Emil Kraepelin, and most famously Sigmund Freud, have published case histories of BDD patients. Freud's Wolf Man was a Russian aristocrat who had a preoccupation with the shape of his nose, accompanied by frequent mirror checking. He carried a small mirror in his pocket, checked for pores, and powdered his nose multiple times a day. His nickname came from recurrent dreams of wolves staring at him. He was later treated by one of Freud's protégées, Ruth Brunswick, who published a paper in 1928 describing his symptoms in detail (Brunswick, 1928).

The disorder was largely unknown until the *OCD spectrum* of related disorders became a model for conceptualization and treatment, leading to the official classification of obsessive-compulsive and related disorders in 2013.

1.3 Obsessive-Compulsive and Related Disorders

The obsessive-compulsive and related disorders (OCRDs) category was established with the 2013 publication of the DSM-5. This category designates disorders characterized by obsessions and/or compulsions. Obsessions are defined as intrusive, repetitive, and persistent thoughts that cause distress. Compulsions are repetitive behaviors or mental acts that are excessive, ritualistic, and repetitive. In addition to obsessive-compulsive disorder (OCD), BDD, and trichotillomania, this category includes the newly established hoarding disorder and excoriation disorder (skin picking).

BDD is an obsessivecompulsive and related disorder The existing literature had established overlapping features, referring to this cluster as the "obsessive-compulsive spectrum disorders." Similarities in symptom profile, treatment response, and comorbidity supported the categorization (Hollander et al., 2007).

1.4 Definition

BDD is characterized by a preoccupation with one or more perceived defects or flaws in physical appearance that are not observable to others or may appear slight to others. At some point the individual with BDD has engaged in repetitive behaviors, such as mirror checking, excessive grooming, skin picking, or seeking reassurance from others, or mental acts such as comparing appearance to that of others.

1.4.1 Specifiers

DSM-5 describes *muscle dysmorphia* as a specifier for BDD. This form of BDD is a preoccupation with the idea that one's "body build is too small or insufficiently muscular" (American Psychiatric Association, 2013, p. 243). Higher percentages of men than women are found to suffer from muscle dysmorphia. Common compulsions include excessive use of natural supplements and protein shakes to enhance exercise for muscle building, excessive exercising, use of steroids, seeking medical procedures to enhance body build, and specialized diets or food regimes. Clothing to either hide or enhance muscles is commonly seen.

1.4.2 Insight

BDD individuals typically demonstrate poor insight Insight as a further BDD specifier includes three categories: good or fair, with poor insight, or absent insight/delusional beliefs. Much research supports the fact that individuals with BDD demonstrate poorer insight than those with OCD (de Leon et al., 1989; Eisen et al., 2004; McKenna, 1984; Phillips et al., 2012; Vitiello & de Leon, 1990). In fact, appearance-related beliefs appear delusional at times, with up to 75% of patients showing lifetime prevalence of delusions. Referential thinking is frequently observed – believing that others