

WHAT IS BDD?

Body Dysmorphic Disorder (BDD) is a common mental health condition in which a person becomes preoccupied, often for many hours a day, with one or more *perceived* flaws in physical appearance (but not exclusively about weight or ‘fatness’).

Someone with BDD worries far more than others about appearance. This causes anxiety, distress and low mood. Sufferers avoid situations & often engage in time consuming and repetitive behaviours to try and ‘fix’ or hide their perceived flaws.

BDD can significantly impact an individual’s daily life e.g. their ability to go to work/school, socialising, relationships and leisure activities. It is common for people with BDD to feel depressed or hopeless. As such, it is important that people with BDD access help and do not suffer in silence.

EXAMPLES OF BEHAVIOURS IN BDD

- Repeatedly checking (or avoiding) mirrors/reflective surfaces
- Frequently examining and comparing one’s appearance to others
- Skin picking
- Excessive grooming e.g. lengthy make-up, exercise or cleaning routines
- Repeatedly seeking reassurance
- Camouflaging the area of concern with heavy make-up, bulky clothing, hats or posture
- Avoiding social situations

SCREENING FOR BDD

Around 1 in 50 people are estimated to have BDD. Individuals with BDD often struggle to disclose their appearance anxiety unless directly asked about it.

You can screen for BDD by asking the following questions:

1. Do you spend an hour or more a day worrying about your appearance?
2. Do you find yourself carrying out lots of behaviours (e.g. mirror checking, grooming) in an effort to cope with your appearance worries?
3. Do your appearance worries cause you distress and/or get in the way of daily activities (e.g. work/school or socialising)?
4. Are your appearance concerns solely focused on being too fat or weighting too much?

EXAMPLES APPEARANCE WORRIES IN BDD

- Any body part may be the focus of concern e.g. hands, feet, legs, stomach, breasts, genitals, muscles
- The concern can be specific (e.g. ‘my nose is crooked’) or vague (e.g. ‘I feel ugly’)
- *Muscle Dysmorphia* or ‘Bigorexia’ is a type of BDD that consists of a pre-occupation with not being sufficiently muscular or defined.

NICE GUIDELINES FOR BDD

COGNITIVE BEHAVIOURAL THERAPY

Cognitive Behavioural Therapy (CBT), with Exposure Response Prevention (ERP), is the recommended treatment for BDD.

Patients with BDD symptoms should be referred to their local (children or adult) Community Mental Health Team (CAMHS/CMHT) service for assessment. Following this, they may be offered treatment locally or be referred on to National and Specialist BDD Services.

With the right treatment, 60-70% of patients with BDD improve.

MEDICATION

NICE guidelines also recommend SSRIs in the maximum tolerated dose for at least 3 months (e.g. Fluoxetine, Fluvoxamine, Paroxetine, Sertraline, Citalopram or Escitalopram) either in combination with CBT or alone as an effective treatment for BDD.

Sometimes people with BDD are so convinced that there is something wrong with their appearance that they pursue cosmetic procedures. This is not a recommended treatment for BDD



USEFUL RESOURCES:

- **Reflections on BDD: Stories of Courage, Determination and Hope** by N.Schnackenberg & S.Petro
- **Appearance Anxiety: A guide to Understanding BDD for Young People, Families and Professionals** by National and Specialist OCD, BDD & Related Disorders Service for Young People
- **Overcoming Body Image Problems including Body Dysmorphic Disorder** by D.Veale, R.Wilson & A.Clarke
- **The Broken Mirror: Understanding and Treating BDD** by K.Phillips

The BDD Foundation is a UK-based International Charity for people affected by BDD.
For more information and advice on BDD please visit our website:
www.bddfoundation.org