



## What is Body Dysmorphic Disorder?

Body Dysmorphic Disorder (BDD) is a distressing psychological condition where a person becomes very preoccupied with one or more features in physical appearance, e.g. nose, skin, hair, etc. Any body part could be the focus of concern in BDD.

People with BDD engage in time-consuming, repetitive behaviours to 'fix' or hide the perceived flaw/s which are difficult to resist or control (e.g. extensive grooming regimes, mirror checking, reassurance seeking, camouflaging, seeking cosmetic surgery etc).

BDD can seriously affect a person's daily life, including work, education, social life and relationships. As a result, social anxiety, isolation and depression are very common in BDD.

## Common Signs & Symptoms

- Repeatedly checking mirrors or reflective surfaces, or avoiding them altogether
- Going to a lot of effort to conceal perceived flaws with makeup, clothes, posture or other means
- Excessive grooming routines e.g. lengthy make-up, hair styling, skin picking or cleaning routines
- Repeatedly seeking reassurance about appearance
- Avoiding social situations
- A lot of time spent researching cosmetic/dermatological treatments online
- Frequent examining and comparing one's appearance to others.
- Intrusive and ruminating thoughts about appearance.

These symptoms can have a huge impact on quality of life and cause significant distress.

- About 1 in 50 people suffer from BDD
- The cause of BDD is unknown but it is associated with bullying, teasing and childhood abuse/trauma
- Each year, 1 in 330 people diagnosed with BDD commit suicide
- NICE guidelines for BDD recommend Cognitive Behavioural Therapy (CBT) and SSRI medication
- BDD is a treatable condition

Any gender can be affected by BDD, and any body part can be the focus. 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 preoccupation with not being sufficiently muscular or defined.

**Visit our website:** [www.bddfoundation.org](http://www.bddfoundation.org)

**Contact our e-helpline:** [support@bddfoundation.org](mailto:support@bddfoundation.org)

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## NICE Guidelines for BDD

### Cognitive Behaviour Therapy (CBT)

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, Sertraline, Citalopram, Paroxetine, or Escitalopram) either in combination with CBT or alone.

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, and can fuel the disorder

## 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, comparing) 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 such as school, work or socialising?
- 4.) Are your appearance concerns solely focused on being too fat or weighing too much?

**The BDD Foundation is a UK-based  
International charity for anyone  
affected by BDD.**



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