



Symptoms of BDD can be a compulsion to look in mirrors or avoid them altogether.

Reflecting on body dysmorphic disorder

Did you know?

Studies suggest body dysmorphic disorder affects about 1 in 50 of the general population, though prevalence may be much higher.

Body dysmorphic disorder (BDD) was first described in 1891 as “dysmorphophobia” by Enrico Morselli, an Italian psychiatrist.¹ It is an obsession with perceived flaws in one’s own appearance that will most likely appear insignificant or unobservable to others. This article will look at BDD in more detail and cover the potential implications for obtaining insurance.

What causes BDD and who is affected?

Study data suggests BDD affects about 1 in 50 of the general population.² However, as individuals can be reluctant to disclose their symptoms, BDD may be significantly underdiagnosed and the prevalence may be much higher.

The largest group affected by BDD are younger adults and teenagers. Epidemiological nationwide studies show a consistently slightly higher female prevalence.³ In clinical settings BDD is quite common, especially in the areas of dermatology, cosmetic surgery and mental health.⁴

There are a number of symptoms of BDD. The sufferer may worry excessively about an area of the body, particularly the face. They may devote too much time to comparing their appearance with others. There can be a compulsion to look in mirrors or avoid them altogether. In many cases, a lot of time is spent trying to conceal perceived flaws and there can be repetitive picking at the skin. A large number of BDD sufferers will have these obsessions for long periods of the day, which can be detrimental to daily functioning.

As with other mental health disorders, biopsychosocial elements are thought to play a part in the development of BDD. One study revealed a four to eight times higher likelihood of BDD when another family member suffered from this condition.⁵ Chemical imbalances in the brain, where levels of serotonin are low, may contribute to BDD.⁶ The trigger for symptoms can sometimes be traced back to significant life events.

¹ See Body Dysmorphic Disorder Foundation; History of Body Dysmorphic Disorder

² See Katharine Phillips; International OCD Foundation; Prevalence of BDD

³ See Katharine Phillips; Body Dysmorphic Disorder: Advances in Research and Clinical Practice; ©2017 by Oxford University Press

⁴ See Bjornsson AS, et al. (2010 June); Body Dysmorphic Disorder; Dialogues Clin Neurosci

⁵ See Feusner, JD, et al. (2008 March); The Pathophysiology of Body Dysmorphic Disorder; Body Image

⁶ See OCD Ireland; The Facts About BDD

Obsession with appearance has intensified with the rise of social media, as has the popularity of “selfies” and picture filters that are used to reduce or hide what some see as personal physical defects.⁷



Social media can have a major influence on vulnerable groups, especially younger people who can be more susceptible to insecurities and depression.

In BDD sufferers, the use of social media can lead to further obsessive behaviour, where approval through views, comments or “likes” is frequently sought. Some social media providers have started to take positive action. For example, Instagram recently banned augmented reality filters that allowed users to undergo “virtual” plastic surgery⁸ and as of November 2019 has hidden “likes” counters in an effort to improve the emotional and mental health of users.⁹

BDD can co-exist with, or be mistaken for, other conditions such as obsessive-compulsive disorder (OCD), major depression, anxiety, and eating disorders.¹⁰ There is an increased risk for suicidality in BDD sufferers, especially in those with severe symptoms, comorbid major depressive disorder, post-traumatic stress disorder or substance abuse. Nearly 80% reported suicidal thoughts, with 25% having attempted suicide.¹¹ People with BDD are often more comfortable disclosing suicidal ideation to their doctors without mentioning the underlying BDD symptoms.

⁷ See Khanna A, Sharma MK (2017 January-June); Selfie use: The implications for psychopathology expression of body dysmorphic disorder

⁸ See BBC News; Instagram bans 'cosmetic surgery' filters

⁹ See MacPaw; Instagram removing likes: Why, when, and what it will look like

¹⁰ See Katharine Phillips; International OCD Foundation; Diagnosing BDD

¹¹ See International OCD Foundation; Suicidality in BDD

Subtypes of BDD

There are two interesting subtypes of BDD: muscle dysmorphia and BDD by proxy.

Muscle dysmorphia is a subtype of BDD and occurs almost exclusively in males.¹² Individuals with muscle dysmorphia may have a large, toned physique, but falsely believe they are small and out of shape. An obsession with excessive exercise follows, particularly with lifting weights. The use of anabolic steroids and other performance enhancing drugs is also common.¹³ There is often a rigid eating schedule where caloric intake is closely monitored. There will either be regular checking in the mirror or complete avoidance. Additional layers of clothing may be worn so that they appear larger. Self-esteem is often based on physique and many people in this BDD-group deny they have a problem. Cutting (fat loss) and bulking (increasing muscle mass) programmes are commonly followed that involve the use of a number of different drugs including anabolic steroids, diuretics and thyroxine. These programmes, with instructions readily available in the internet, have become very sophisticated.

Other drugs may be sought to counteract the side effects of steroid use. Breast cancer drugs such as anastrozole and tamoxifen may be taken to reduce oestrogen production and to stop gynaecomastia.¹⁴

In another, rarer subtype, **BDD by proxy**, the individual becomes obsessed with the perceived imperfections of another person's appearance.¹⁵ There is often a personal history of BDD or obsessive-compulsive disorder (OCD). The obsession is usually with a significant other such as a spouse, parent, child or sibling. However, the obsession can also be with a complete stranger. Attempts are made to check, improve or hide the perceived defect of the other person. These obsessions can last for hours every day. Significant stress, guilt and shame relating to this preoccupation can impair daily functioning.

¹² See Olivardia R, Blashill A, Hoffman J; International OCD Foundation; Muscle Dysmorphia

¹³ See Pope CG, et al. (2005 December); Clinical features of muscle dysmorphia among males with body dysmorphic disorder; Body Image

¹⁴ See Camil-Eugen V, et al. (2016 November); Aromatase inhibitors in men – off-label use, misuse, abuse and doping; Farmacia

¹⁵ See Body Dysmorphic Disorder Foundation; About BDD

How is BDD diagnosed and what treatment options are available?

The doctor will take a complete history and carry out a physical examination. If BDD or other significant mental illness is suspected, a referral to a psychiatrist or psychologist will be made.

BDD is currently classified in DSM-5 under “Obsessive-Compulsive and Related Disorders”.¹⁶ A diagnosis of BDD based on the DSM-5 diagnostic criteria requires:

1. A notable preoccupation with at least one perceived flaw in appearance that is causing clinically significant distress or impairment of functioning.
2. At some point, there must also have been excessive and repetitive behaviours.
3. The symptoms do not meet the diagnostic criteria for an eating disorder.

There are a few treatment options available. Selective serotonin reuptake inhibitors (SSRIs) are anti-depressants that increase the levels of serotonin in the brain and have been found to be helpful for sufferers of BDD.¹⁷ In one study comparing SSRI treatment against a placebo, BDD symptom severity decreased in those taking the SSRI and the relapse rate was noted to be almost half of those who only took the placebo.¹⁸ Non-drug options include cognitive behavioural therapy (CBT), online or community support groups. Social interaction is encouraged to avoid the problems associated with isolation. A combination of both CBT and anti-depressants can be used in those with more severe or refractory symptoms. Recovery can be long, with many people experiencing a number of relapses. However, treatment can lead to significant improvements over time.

Some BDD sufferers will seek help from dermatologists or cosmetic surgeons, rather than psychologists and psychiatrists. A 2017 study of nearly 600 people seeking plastic surgery used a validated Body Dysmorphic Disorder Questionnaire (BDDQ) for screening purposes and found around 1 in 10 were positive for BDD.¹⁹ In this same study,

surgeons only correctly identified 5% of those screening positive for BDD. BDD questionnaires are now being used more regularly by surgeons to identify the presence of classic BDD symptoms that can aid in the decision on whether to provide plastic surgery or consider other treatment options. Of those who proceed with plastic surgery, fewer than 10% will be satisfied with the results.²⁰ Their anxiety will most likely move to another aspect of their appearance, sometimes leading to multiple cosmetic procedures.

Insurance implications

The type and severity of symptoms of BDD are highly varied and decisions may range from standard rates, increased premiums or exclusions, right up to a decline. Factors to take into consideration when assessing an application include the degree of personal insight, the frequency and number of episodes, types of treatment, any hospitalisation or psychiatric input, absence from work, suicidal ideation and any comorbidities.

Underwriters should be vigilant when there is a history of social anxiety, multiple cosmetic surgeries, anabolic steroid or other drug use and concurrent mental health disorders. Medical examinations or reports may confirm excessive muscle mass, acne or acne-related scars, gynaecomastia (males), facial hair growth (female) or stretch marks in the shoulder area.

Conclusions

In this article, we have looked at body dysmorphic disorder, first described over a century ago but still underdiagnosed. With people often reluctant to admit to having symptoms of the condition, identification of those who have BDD can be difficult. Cosmetic fixes are often sought rather than medical advice. However, medical treatment for BDD can lead to significant improvements in symptoms and reduce the chances of relapse. With the advent of social media and its exponential growth, there is a breeding ground for BDD that did not exist 20 years ago. Life insurance and living benefits are available, but depend on a number of factors including type and severity of BDD symptoms.

¹⁶ See American Psychiatric Association. (2013). Diagnostic and Statistical Manual of Mental Disorders (5th Edition)

¹⁷ See Body Dysmorphic Disorder Foundation; Getting help

¹⁸ See Phillips KA, et al. (2016 September); Pharmacotherapy Relapse Prevention in Body Dysmorphic Disorder: A Double-Blind Placebo-Controlled Trial

¹⁹ See Joseph AW et al (2017 July); Prevalence of Body Dysmorphic Disorder and Surgeon Diagnostic Accuracy in Facial Plastic and Oculoplastic Surgery Clinics; JAMA Facial Plastic Surgery

²⁰ See BBC News; The 'ugly truth' about Body Dysmorphic Disorder

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