

## Body Dysmorphic Disorder

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### Abstract

Body Dysmorphic Disorder EyadT. Marashli, Qais S. Dirar, NourEddinF. Alshaaer, Adel A.Helmi, Mohamed Diya Z. Sabbagh Background: Body Dysmorphic Disorder is "a preoccupation with an imagined defect in appearance". It was first recognized by the American Psychiatric Association in 1980, however, it was not classified as "Body Dysmorphic Disorder" until 1994 in the fourth edition of Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). Patients, with no gender basis, report significant impairment of daily functioning due to preoccupation with personally perceived "defect" in appearance that is usually "minimal" or "inexistent", which leads to the personal feeling of unattractiveness. It is estimated that 1-2% of the world populations are affected by BDD; however it is usually missed or misdiagnosed. Lack of knowledge concerning the disorder seems to be a contributing factor. In the Arab world, due to social stigmas concerning psychiatry clinics, most of the cases are subclinical. Purpose: The aim of this paper is to assess the prevalence of BDD in Saudi Arabia, clinically and sub-clinically. Furthermore, the paper aims to evaluate the awareness of this disorder among physicians. Methods: In order to assess the clinical prevalence, we will screen patients in dermatology, cosmetics, and psychiatry departments for BDD by implementing the diagnostic criteria of BDD. Furthermore, the sub-clinical prevalence will be assessed by implementing the diagnostic criteria of BDD in a survey distributed in universities, high schools, and workplaces (e.g., companies). On the other hand, we will assess physicians' awareness of BDD indirectly, by ethically approved, analyzing of anonymous medical records of BDD patients in tertiary health care psychiatry clinics. In those records, we will look for the duration between seeking medical help and the final diagnosis with BDD, the number of misdiagnoses, the number of repeated cosmetic interventions, and the referral to psychiatry clinics. • The American Psychiatric Association in their DSM-IV lists three diagnostic criteria for BDD: A) Preoccupation with an imagined defect in physical appearance; if a slight anomaly is present, the person's concern is markedly excessive. B) The preoccupation causes clinically significant distress or impairment in social, occupational, or other important areas of functioning; C) The preoccupation is not better accounted for by another mental disorder such as anorexia nervosa. Other Studies' Results: Prevalence studies have shown that BDD prevalence is 1.7% in Germany and 2.4% in the United States. In

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student populations, the prevalence is higher, ranges from 2.5 to 28%. In one study, 5.8% met the DSM-IV criteria for BDD, out of 156 Pakistani medical students. In psychiatry clinics, BDD prevalence in outpatients is 3.2%, and in inpatients is 13%. On the other hand, 6%–15% of patients seeking cosmetic surgery have BDD. An American study reported 7 to 8% prevalence of BDD in cosmetic plastic surgery patients. Furthermore, in a clinical dermatology population study, 14.4% of the patients showed BDD diagnostic criteria. In addition, studies showed that 4% of general internal medicine patients and 7.5% orthodontic patients have BDD. Discussion: Based on the above studies, we can say that BDD is also prevalent in Saudi Arabia with a rate of 1-2%. Also, we can say that the student population in Saudi Arabia is also affected by BDD in a higher rate than the general population, since American and German students have nearly similar rates of the disorder. However, due to the social stigma regarding psychiatry clinics, we can say that cosmetic and dermatology clinics have higher prevalence of BDD than northern American clinics, which implies more number of untreated patients with all its complications. Limitations: - Social stigma of psychiatry clinics in Arab population - Our data is based on self-report This will prevent some from participating in the survey or the screening; also, will prevent others from reporting in a complete truthful way. Future plans: Based on our results, we are thinking of initiating a campaign to increase awareness regarding BDD in the general population, especially student populations. Also, we will demand dermatology, cosmetics, and psychiatry clinics to screen for BDD as part of their regular patient history taking, by getting a formal recommendation from Saudi Medical Associations.

