Skin deep

Body dysmorphic disorder

Frederica Passos¹, João Lopes², Rita Avelar¹, Miguel Constante¹, Carlos Malheiro², Maria João Heitor¹, José Gois²
¹ Hospital Beatriz Ângelo, ² Hospital do Espírito Santo

Objectives – Report a challenging case of a patient with Body dysmorphic disorder (BDD) and summarize the pathological process and present available treatments.

Material and methods – Clinical vignette and non systematic retrospective review of available literature on this topic

Background and aims – BDD is a relatively common syndrome characterized by obsessive preoccupation with some physical characteristic perceived excessively or imagined as defective by the individual¹. It is included in the spectrum of obsessive-compulsive disorders (OCD)¹, being common comorbidity with depression and social isolation, associated with high suicide-related behaviours^{2,3}. It affects *2,4%* of the general population, and generally starts in adolescence¹, but often goes unnoticed and is severely underdiagnosed.

Woman, 21 years-old.

Admission motive: psychotic symptoms and suicide-related behaviors

She had been brought to the Emergency Room after self injurious behaviour with cuts and voluntary drug ingestion with 1200mg of Paroxetine. Without prior significant medical history, until the past two years when she starts manifesting delusional-intensity beliefs about facial disfigurement that had gradually intensified, resorting to several clinitians for such complaints.

The symptomatology worsened in the past year, with kinaesthetic and auditory hallucinations and self-referential and body dismorphia delusions “people pass me by in the street and comment and stare, I dont move my face as much, my eye is swollen, my lip is droopy, I feel stings”sic, depressed humor, self-care disregard, anorexia and insomnia. She was given a combination of antidepressant and antipsychotic treatment, after which the symptoms resolved progressively.

Discussion – BDD was first included in the third edition of DSM, where it was called dysmorphophobia as an example of an atypical somatoform disorder. Throughout the years, it has suffered classification alterations and presently had its own diagnostic criteria and was included in the obsessive-compulsive disorders section subdivided in two variants – non delusional and delusional/with poor insight². BDD is often comorbid with other mental disorders, namely major depressive disorder (75%), social phobia (37%), OCD (33%), substance-use disorders (30%)³, and its symptoms can be misclassified into these disorders, partly due to lack of spontaneous symptom disclosure cause by shame or poor insight as well to limited awareness among clinicians⁴. Current treatment recommendations include cognitive behavioral therapy and pharmacotherapy, with serotonin reuptake inhibitors (SSRI) being the first-line medication^{3,4,5}. The delusional variant appears to respond better to treatment with SSRIs than neuroleptics².

Areas of concern²
 Skin (73%)
 Hair (56%)
 Nose (37%)

Conclusion – With this case report we intended to raise awareness on this complex disorder. A better understanding of the clinical features will likely ensure accurate diagnosis and treatment as well increase the understanding about the relationship between BDD and other psychiatric disorders. Current recommendations for treating BDD include selective serotonin reuptake inhibitors and various cognitive behavioural therapy modalities as effective first-line treatments in decreasing BDD severity, relieving depressive symptoms, restoring insight and increasing quality of life.

¹ American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Washington, DC: Author.

² Body dysmorphic disorder. Bjornsson AS, Didie ER, Phillips KA, Dialogues Clin Neurosci. 2010;12(2): 221–232.

³ Case report of body dysmorphic disorder in a suicidal patient, Yingfeng ZHANG, Hongxia MA, and Yanbin WANG, doi: 10.11919/j.issn.1002-0829.215112

⁴ Recent advances in understanding and managing body dysmorphic disorder, Krebs G, Cruz LF, Mataix-Cols D, doi: 10.1136/eb-2017-102702

⁵ New perspectives in the treatment of body dysmorphic disorder, doi: 10.12688/f1000research.13700