UNDERSTANDING BODY DYSMORPHIC DISORDER

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BODY DYSMORPHIC DISORDER - DSM CRITERIA

PREOCCUPATION

- Preoccupation with one or more perceived defects or flaws in physical appearance, which appear slight or are unobservable to otherse.g. facial features, skin, hair, genitals, body parts, symmetry

COMPULSIVE BEHAVIOURS

- At some point during the course of the disorder, performance of compulsive or repetitive behaviours or mental acts in response to appearance concerns e.g. checking, camoflaging, comparing, reassurance seeking

IMPACT

- Preoccupation causes clinically significant distress or impairment in important areas of functioning

SPECIFIERS

- Not better explained by concerns with body fat or weight in an individual whose symptoms meet ED criteria
- Insight: good/fair; poor; absent/delusional
- Muscle dysmorphia: preoccupation with appearing insufficiently muscular or slight in build

MUSCLE DYSMORPHIA SPECIFIER

- Preoccupation with appearing insufficiently muscular or slight in build
- Perform compulsive or repetitive behaviours e.g. compulsive exercise focused on appearance
- Preoccupation causes significant distress or impairment
- Can include substance and supplement use e.g. performance & image enhancing drugs (PIEDS)

*Recommend multidisciplinary team including dietitian & endocrinologist to support changing PIEDS use

APPEARANCE CONCERNS

- "Appear slight or unobservable to others" (DSM-5)
- Trying to differentiate from distinct differences in appearance
- Involves assumptions of 'normal' appearance, culturally and historically informed
- Acknowledge body diversity e.g. size of nose
- Not up to us to judge 'reality' of appearance concern
- Asking about other peoples' perceptions

'NORMATIVE DISCONTENT' v's BDD

- Time taken
- Disruption to life
- Compulsive behaviours
- Distorted perception
- Focus on perceived flaw in appearance
- Level of distress

DEMOGRAPHICS - RATES

- Approximately 2.2% of population, increased from 1.7% 15 years ago (Martinez-Libano et al, 2025)
- Highest rates in cosmetic surgery settings 5-15% (Veale et al, 2016)
- Likely underreported- shame, secrecy, reduced insight

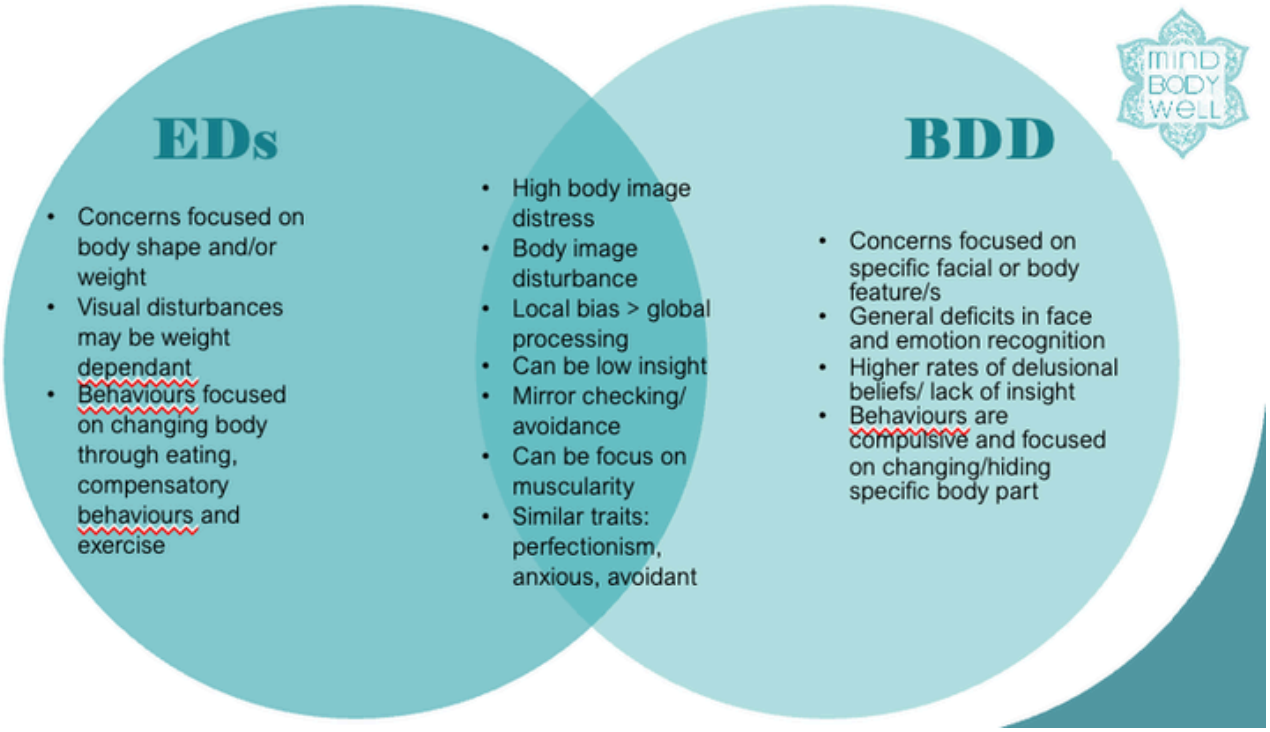
DEMOGRAPHICS - PEOPLE IMPACTED

- Relatively equal gender ratio
- Typical onset in adolescence
- Chronic and unremitting if untreated
- Areas of concern can differ by gender and culture, likely reflecting societal beauty standards

IMPACTS

- Significant impacts on quality of life (Ishak et al, 2012)
- High rates co-occurring MH conditions (depression, anxiety, OCD, substance use, eating disorders, social anxiety; Krebs et al, 2025)
- Suicide rate 45x higher than general population (Angelakis et al, 2016)
- Can involve risky behaviours to change appearance e.g. DIY surgery

BDD AND/OR ED?



SCREENING

- Body Dysmorphic Disorder Questionnaire (BDDQ) - https://bddfoundation.org/information/do-i-have-bdd-test/

DIFFERENTIAL ASSESSMENT PROMPTS

- Are you concerned or distressed about your overall appearance/ shape or specific features of your body or face? E.g. nose, skin, genitals
- How do you describe the area of concern? Do you think others see it in the same way that you do?
- How many hours do you spend thinking about or trying and change your appearance?
- Can you tell me what purpose or function is driving the restrictive eating and exercise?
- Do you have an 'ideal' way you would like your body to look?
- Are there any other behaviours you do to try and change, hide or check your appearance?
- Do concerns about your appearance mean you avoid any important activities or situations?
- Have you previously been very concerned about a particular part of your body or appearance?
- Have you had any cosmetic procedures to change your appearance?

CO-OCCURING BDD AND EED

- 32.5% ED lifetime comorbid prevalence in BDD (Ruffolo, 2006), in comorbid presentations, 63-94% of clients reported developing BDD prior to AN
- Significantly greater body image disturbance, higher levels of delusional beliefs, greater number of co-occurring diagnoses and significantly poorer functioning (Ruffolo, 2006)
- Higher rates of suicidality (comorbid AN & BDD had triple the suicide attempt rate of those with AN alone (63% vs. 20%; Grant 2004)
- Higher rates of hospitalisations, number of treatment sessions & psychotropic medications (Ruffolo, 2006)

TREATMENT RESPONSES

- 76% of those with BDD first seek cosmetic treatment
- CBT is the only evidence based psychological treatment for BDD, 'gold standard'
- Feasible, acceptance, efficacious although relapse rates can be high in long-term
- 84% responders in RCT (30% symptom reduction, BDD-YBOCS), maintained short term e.g. 6 months
- SSRIs, high doses

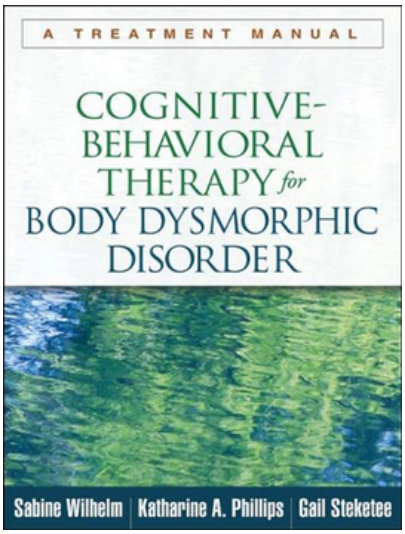
CBT FOR BDD

Core modules include:

- Formulation
- Psychoeducation
- Motivational interviewing
- Cognitive interventions
- Exposure and ritual prevention
- Mindfulness and perception training
- Relapse prevention

Optional modules include:

- Surgery seeking
- Skin picking/ hair pulling
- Muscularity/shape/weight concerns
- Mood management (Wilhelm et al., 2013)



TREATMENT ADAPTATIONS

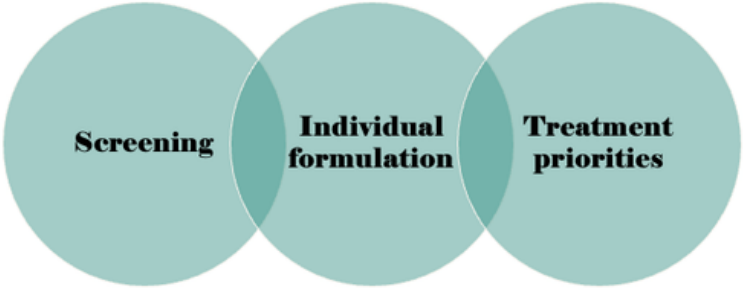
- Monitor suicidality (3x higher suicide rate in comorbid; Grant 2002)
- Screen all clients with AN for BDD (minimum)
- Individual formulation
- Planning treatment priorities

COSMETIC SURGERY

- Cosmetic surgery is generally contraindicated for people with BDD
- 81% of people with BDD are unsatisfied with cosmetic procedure vs 80-90% of people in the general population are satisfied with results
- Worsening of BDD symptoms around original area of concern, or area of concern can shift
- Often associated with seeking multiple surgeries or revisions
- Cosmetic surgery associated with increased suicide risk and self-harm behaviours

www.readymind.com.au/

KEY TAKEAWAYS



Resources

CCI workbook and information sheets - www.cci.health.wa.gov.au/Resources/For-Clinicians/Body-Dysmorphic-Disorder

International OCD Foundation - www.bdd.iocdf.org/

BDD foundation youtube channel - www.youtube.com/c/TheBDDFoundation/videos

ABC documentary - www.abc.net.au/catalyst/s20-e10-investigating-body-dysmorphia/11564912

Podcast - https://bddfoundation.org/podcast-beating-bdd/

Access Fran's pre-recorded webinar

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