

Body Dysmorphic Disorder

It may be hard to notice some of the signs and symptoms of BDD. However, noticing a significant change in grades, a decrease in social activities, or a desire to not want to leave the house may provide some clues about your child's underlying mental health issue.

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Body Dysmorphic Disorder (BDD) occurs when a child is extremely preoccupied with a perceived flaw in his or her appearance. Children with BDD are obsessed with the belief that something is wrong with the way they look. They may describe themselves as looking ugly, unattractive, “not right,” deformed—or even “hideous” or “monstrous.” Although this preoccupation frequently focuses on the face or head, children with BDD can dislike any part of their body. The preoccupations can be very difficult to control.

It is normal for children to be occasionally concerned with their appearance. However, it is also important to note that not all appearance concerns in adolescents are normal or a passing phase. If your child has an extreme preoccupation or obsession with his or her appearance, then he or she may have BDD.

Typical signs and symptoms of BDD include:

- Often scrutinizing the appearance of others and comparing his or her appearance with others
- Often checking his or her appearance
- Hiding the flaw with clothing, makeup, his or her hand, or posture
- Seeking surgery, dermatological treatment, or other medical treatment, when doctors or other people have said the flaw is minimal and treatment is not needed
- Often asking others about the flaw or trying to convince others of its ugliness
- Excessive grooming (for example, combing hair, shaving, removing or cutting hair, or applying makeup)
- Avoiding mirrors
- Often touching the disliked body part to check its shape, size, or other characteristics
- Picking his or her skin to try to improve its appearance
- Measuring the disliked body part
- Excessively reading about the flaw and how to make it look better
- Exercising or dieting excessively
- Using drugs (for example, anabolic steroids) to become more muscular or lose fat
- Changing his or her clothes often to try to find something that makes him or her look better
- Avoiding social situations in which the flaw might be exposed
- Feeling very anxious and self-conscious around other people because of the flaw



EVALUATION AND DIAGNOSIS

In addition to its effects on everyday functioning, BDD can cause serious emotional problems that may have long-term effects on a child's academic progress, job performance, or social life (for example, poor grades, dropping out of school, withdrawing from family and friends, becoming housebound, and even trying to kill himself or herself). BDD often begins as early as adolescence. If you think your child has BDD, your child may need a comprehensive psychiatric evaluation. For more information, turn to **MENTAL HEALTH EVALUATIONS (p39)**.

TYPICAL CO-EXISTING DIAGNOSES

Common mental health diagnoses that co-exist with BDD include:

- Anxiety Disorders (p48)
- Depression (p67)
- Obsessive Compulsive Disorder (OCD) (p80)
- Substance Abuse and Dependence (p94)

TREATMENT

Treatment options for BDD can help to lower the impact that the disorder has on a child's life. Treatment may reduce appearance preoccupations and compulsive behaviors, lessen emotional distress, and improve depression. It may also help children feel better about how they look, function better, and lead a happier and more productive life.

A psychotherapist or a child and adolescent psychiatrist can treat BDD. For more information on mental health specialists, turn to page 106 in **MENTAL HEALTH SUPPORT**.

Common treatment approaches include anti-anxiety or anti-depressant medications (in particular, Serotonin Reuptake Inhibitors or SRIs) and psychotherapy (in particular, cognitive behavioral therapy). For more information, turn to **MENTAL HEALTH TREATMENT (p147)**.

If BDD is affecting the child's ability to learn, adjustments may need to be made in his or her education program. For more information on the school system, turn to page 118 in **MENTAL HEALTH SUPPORT**.

RESOURCES

The Body Image Program
at Butler Hospital
401-455-6466
www.butler.org

*The Broken Mirror:
Understanding and Treating Body
Dysmorphic Disorder* (2005)
By Katharine A. Phillips, MD

*Learning to Live With Body
Dysmorphic Disorder*
By Katharine A. Phillips, MD,
Barbara Livingstone Van Noppen, MSW,
and Leslie Shapiro, MSW
Available from the Obsessive
Compulsive Foundation
www.ocfoundation.org