The endless dissatisfaction: association between body dysmorphic disorder and compulsive cosmetic surgery

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Abstract

Introduction: Body dysmorphic disorder (BDD) is an under-recognized psychiatric condition which appears to be common in cosmetic settings. Its core symptom is an impairing worry about a nonexistent or slight defect in appearance.

Objectives: The aim of this study was to review the association between BDD and demand for cosmetic procedures among these patients.

Methods: Relevant literature from 2000 to March 2015 was identified by searching the PubMed, using the search terms body dysmorphic disorder, cosmetic surgery and compulsive cosmetic surgery.

Results and Discussion: BDD is a relatively common disorder with a prevalence of 0.7% to 2.4% in community samples. Its course tends to be chronic and is one of the most common psychiatric conditions found in patients seeking cosmetic surgery, with a reported prevalence of 6% to 15% in these settings. Patients seek out psychiatric treatment after an average estimated delay of 10 to 15 years following onset of the disorder. Concerns about appearance may focus on any body area and are typically intrusive, unwanted, and usually difficult to resist or control. These worries trigger feelings of depression, anxiety or shame, which, in turn, trigger repetitive compulsive behaviors. Psychiatrists are often not aware of this diagnosis as patients turn to other specialists like cosmetic surgeons, even though patient should benefit from psychiatric approach alone. A surgical intervention, even if perfectly performed, may be unable to fix the psychological discomfort stemming from the supposed physical defect. Thus, the outcome of the procedure is very often disappointing, with the patient requesting further interventions for the same or other parts of the body. Most of the available data suggest that cosmetic treatment is almost never effective for BDD, can worsen symptoms, and can trigger legal action or even violent behavior.

Conclusions: BDD is usually chronic and associated with substantial morbidity and mortality if no appropriate treatment is provided. A significant number of patients seeking cosmetic treatment suffer from BDD, which may contraindicate it. Cosmetic surgeons should be aware of the clinical characteristics of BDD to identify and refer these patients to Psychiatry for a better treatment outcome.

Supplementary material: Complete presentation available at http://ijcnmh.arc-publishing.org

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