

Body Dysmorphic Disorder (BDD)

Understanding Treatment Options

Ages 8-18 years



Anna Freud
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generation

What is body dysmorphic disorder?

Body dysmorphic disorder (BDD), or body dysmorphia, is a mental health condition which involves spending a lot of time worrying about something you think is wrong with your appearance. BDD can involve any part of your body or several parts at once and the things that you worry about can often be unnoticeable to others.

Although many people may dislike certain aspects of their appearance, BDD is different to this because it causes significant distress or interference with everyday life. It often starts in the teenage years and is most common among teenagers and young adults.

People with BDD typically spend a lot of time doing things to try to cope with their worries about how they look. If you have BDD, you might spend a lot of time checking your appearance or alternatively you might avoid looking in mirrors because it feels too upsetting. You might find that you spend a lot of time applying make-up and other cosmetic products in the hope that this will correct what you see as your flaws and make you look 'normal'.

You might also spend a lot of time comparing how you look to other people and feel that you want other people to reassure you about your appearance. Sometimes your efforts to improve your appearance may actually harm you, for example if you pick spots or pick your skin, which can cause scars that then make you feel even more worried.

One way of thinking about BDD is that it is a problem of 'not being able to see the wood for the trees', that your distress makes it more difficult to see your appearance clearly. Intensely monitoring your appearance or focusing on other people's reactions to you can also increase your feelings of self-consciousness and make social situations very uncomfortable. The things you might do to manage your anxiety (such as checking your appearance and spending lots of time 'getting ready' or changing your appearance) may bring very short-term relief from your anxiety, but can set off a vicious cycle where you keep having the worries about your appearance and then need to do the checking or other activities. Often, BDD symptoms will increase over time and can have a big impact on your life.

How can I get help?

If you have BDD, the idea that your worries about your appearance are part of a mental health problem might be difficult to accept and you might feel that your mental health would be much better if your appearance could be changed. This could make you reluctant to seek mental health support. Instead, you might feel that you want to see cosmetic surgeons, dermatologists etc. who could change your appearance. However, when people with BDD have treatment to try to alter their appearance (such as cosmetic surgery), it tends not to improve their mental

health, as the worries about their appearance are still there and sometimes just find a new focus.

If you think that you might have BDD then you should talk to your GP who can refer you to Child and Adolescent Mental Health Services (CAMHS). Depending on where you live, you might also be able to contact the CAMHS team directly.

If you have BDD, you might feel shame and anxiety about your appearance and could become depressed. You might also become socially withdrawn because you feel worried about being around other people. Sometimes this means that BDD is overlooked and seen as a symptom of depression or social anxiety. If you feel that this has happened to you, then you should talk to your mental health professional or another adult who you trust. You could also contact the Body Dysmorphic Disorder Foundation's e-helpline, which might be able to offer you more support.

If you are seeking help from a cosmetic surgeon, dermatologist or other doctor to help with an aspect of your appearance and they think that you might have BDD, then they should advise you to contact your GP or CAMHS team for mental health support.

Planning treatment

Assessment

The first step in starting treatment is to have an assessment. Your assessment will include talking to a professional about how your BDD affects you. They will also ask whether you have any other mental or physical health conditions, as these can affect which treatments are the most helpful.

If your BDD symptoms interfere with your education, your professional might also need to work with your school, college or university.

Involving family members

As family members often become involved in BDD, it is also important to look at how the BDD is affecting them and how your family might be able to help you. It can be useful for your family to be involved in your treatment so they can support you, as tackling BDD can involve practicing things that make you anxious.

Psychoeducation and cognitive behavioural therapy

The first step in treatment for BDD is psychoeducation for you and your family. Your professional should talk to you about how they think your BDD is affecting you and what can be done to help.

You should be offered Cognitive Behavioural Therapy as your first treatment option. Although CBT is an individual therapy, it is usually more effective if your parents or carers are involved. If CBT hasn't helped enough after 12 weeks, then you should have a multidisciplinary review to look at what might be getting in the way of your recovery.

Medication

Your professional might recommend that you take an SSRI medication called fluoxetine or sertraline as a second treatment option. This would be at the same time as continuing with the CBT. If treatment with both CBT and medication has not improved your BDD symptoms after 12 weeks, then your professional might suggest that you try a different type of medication.

Referral to hospital

If your symptoms don't improve with these treatments, then you might be referred to a specialist mental health clinic such as the National BDD Service for Children and Young People at the Maudsley Hospital in London.

If your BDD is very severe and is causing you serious problems (for example if you have stopped going out, you are not able to manage everyday activities or you are a risk to yourself or others) then your professional might suggest that you have treatment in hospital.

They would only suggest this if they thought that treatment in hospital was the best way to help you recover. The hospital providing your treatment should be able to offer you Cognitive Behavioural Therapy for BDD and they should also review your medication.

Other types of treatment

Other types of treatment are sometimes mentioned for BDD. These include other types of psychotherapies, specific types of neurosurgery and deep brain or vagus nerve stimulation.

There is no evidence that these treatments are helpful for children or young people with BDD.

What about my parents or carers?

Your professional should give your parents or carers information about your treatment options. If appropriate, your professional should work together with you

and your parents or carers to make decisions about your care. Treatment for BDD is often more effective if parents or carers are involved, so your professional will talk to you about how this might work.

BDD can also have an impact on your parents or carers and your assessment might look at the effect of your symptoms on your family, including how much they are involved with your BDD symptoms. Your parents or carers should be offered an assessment of their own needs, to look at any support that might help them.

Transitions between services

Transitioning from CAMHS to adult services can be a worrying time. To help it go smoothly, your professional should leave plenty of time to work with you to plan the change. You should get clear information about what to expect from adult services and it can be helpful to involve your parents or carers in the process.

You may also transition to another CAMHS service (e.g. if you move house). If this happens, your professional should work with you to make sure that your treatment can continue smoothly, and that your new service has all the information they need.

Cognitive behavioural therapy (CBT)



Strong evidence

Cognitive Behavioural Therapy (CBT) is a type of therapy where your therapist helps you to learn about how your feelings, thoughts and behaviours affect each other and keep you stuck in unnecessary, upsetting or harmful cycles. Your professional will also help you to find ways to change this.

CBT is used as a treatment for a range of problems and a specific form of CBT is developed for each type of problem. “Cognitive” refers to the events that take place in your mind (e.g. thoughts, images, memories or processes like worry). “Behaviour” is what you do (e.g. escaping, avoiding or checking), so CBT involves looking at both of these and how they are connected.

During CBT your therapist will help you to learn how to refocus your attention away from your appearance and re-engage with activities that will improve your mood and your everyday life. Your therapist might suggest that you try attention-training exercises to help reduce any self-consciousness that you might feel.

Your therapist will also support you to reduce and stop:

- comparing your appearance to others
- worrying excessively about your appearance

- camouflaging certain parts of your appearance
- rituals such as checking your appearance or spending lots of time on your appearance

Your therapist will usually practice these things with you during your sessions and suggest ways that you can practice in between sessions (often called homework). As you start to challenge your fears you will feel anxious, but the anxiety will reduce over time and your professional will help you learn how to cope with it.

Medication



Some evidence

Your professional might recommend that you try a medication called an SSRI if your symptoms have not improved after 12 weeks of CBT. SSRI medications were first used to treat depression, but they can also be helpful for BDD.

If you have very severe symptoms then your professional might suggest that you start medication during your first 12 weeks of CBT.

Fluoxetine is the type of SSRI medication usually recommended for BDD, but your professional might recommend a different type if they think it would work better for you (e.g. if they are concerned about you taking fluoxetine at the same time as other medications you're already taking). If the SSRI medication hasn't helped after 12 weeks then your professional might recommend an alternative type of SSRI or another medication called clomipramine.

What happens when I stop taking medication?

You and your professional should start discussing plans to stop your medication when your symptoms have been reduced for some time. Your professional should explain that your BDD symptoms could return and that you might experience withdrawal symptoms as your body responds to no longer taking the medication. You should contact your professional if you experience withdrawal symptoms or your BDD symptoms return.

To help avoid withdrawal symptoms, your professional should reduce your dose gradually over several weeks. You should still receive psychological treatment while you are reducing and stopping medication, as it could reduce the risk of your symptoms returning.