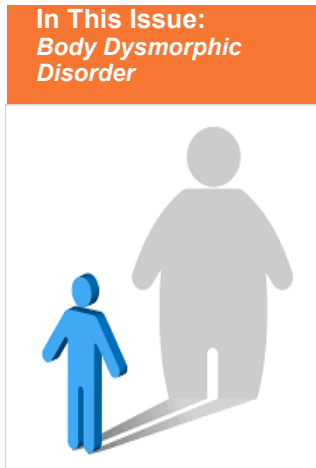




MONTHLY MENTAL HEALTH NEWSLETTER

Presented by the Gwinnett County Sheriff's Office Mental Health Task Force



What is Body Dysmorphic Disorder (BDD)?

BDD is a mental health condition in which the sufferer can not stop thinking about one or more self-perceived defects or flaws in their appearance. These perceived flaws are almost always unseen to others. Nonetheless, the sufferer feels extreme embarrassment, and shame. They will become very anxious and even start avoiding social situations.

BDD sufferers are intensely focused on their appearance, and body image. These thoughts and associated behaviors will dominate their day to day functioning and rob them of a full life.

Life with Body Dysmorphic Disorder

Their preoccupation with appearance and excessive thoughts and repetitive behaviors can be unwanted, difficult to control and time consuming to the extent they cause major distress in their social life, work, school or other areas of functioning.

The sufferer may excessively focus on one or more body parts. The bodily feature that they focus on may change over time. The most common areas sufferers tend to fixate about include:

- Face, such as nose, complexion, wrinkles, acne and other blemishes common to everyone
- Hair, such as appearance, thinning and baldness
- Skin and vein appearance
- Breast size
- Muscle size and tone
- Genitalia

Patients with BDD have the highest suicide rate of any other psychiatric condition.

At least 80% will experience suicidal ideations.

20% will drop out of school

There are severe medical comorbidities including multiple inappropriate and ill-advised surgeries.

Surgeries are ill-advised because after surgery the BDD patient will turn their focus on to other areas of the body and seek multiple surgeries often resulting in disfigurement. These patients may doctor "hop" until they find one that will do the surgery despite the risk or contraindications. This sometimes requires they go to different countries or use disreputable doctors for various surgeries.

What to look for in a friend or loved one suffering with BDD

Symptoms may include some or all of the following:

- Being extremely preoccupied with a perceived flaw in appearance that others can't see or would consider very minor and insignificant
- Strong belief that they have a defect in their appearance that renders them ugly or deformed
- Belief that others take special notice of their appearance in a negative way or mock them
- Engaging in behaviors aimed at fixing or hiding the perceived flaw that are difficult to resist or control, such as frequently checking the mirror, grooming or skin picking
- Attempting to hide perceived flaws with styling, makeup or clothes at a compulsive level
- Constantly comparing their appearance with others
- Frequently seeking reassurance about their appearance from others
- Having perfectionist tendencies
- Seeking cosmetic procedures that never result in satisfaction which causes a desire for more surgeries
- Avoiding social situations

Causes

The causes of BDD are not yet known. It's likely the result of a combination of issues, such as a family history of the disorder, negative evaluations, experiences or trauma to one's body or self-image, abnormal brain function or abnormal levels of the neurochemical serotonin.

Risk factors

BDD typically starts in the early teenage years and it affects both males and females. Certain factors seem to increase the risk of developing or triggering body dysmorphic disorder, including:

- Blood Relatives with BDD or Obsessive Compulsive Disorder
- Certain personality types such as being a rigid perfectionist
- Peer abuse/bullying including bullying through social media as well as constant emotional expectations of perfection brought on by unrealistic social media projections of beauty and happiness
- Sexual Trauma
- Other mental disorders like Major Depressive Disorder or Generalized Anxiety Disorder

Complications

BDD is related to Obsessive Compulsive Disorder. Persons suffering from BDD may have other Obsessive Compulsive features. Other related disorders that could manifest in the BDD patient include Hoarding Disorder, Trichotillomania (hair pulling) and Excoriation Disorder (skin picking).

Treatment for BDD may include intensive Cognitive Behavioral Therapy and in some cases psychotropic medications such as SSRI antidepressants and/or lower doses of an atypical anti-psychotic.

REFERENCES

The G.C.S.O. Mental Health Task Force encourages you to utilize the sources listed below and the Substance Abuse and Mental Health Services Administration (SAMHSA) at www.samhsa.gov to learn more about this and other important mental health topics.

Diagnostic Statistical Manual –V, American Psychiatric Association, Washington, DC. June 2013

<https://www.mayoclinic.org/diseases-conditions/adjustment-disorders/symptoms-causes/syc-20355224>

<https://my.clevelandclinic.org/health/diseases/21760-adjustment-disorder>

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