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Frequency of Body Dysmorphic Disorder patients presenting for Aesthetic/Cosmetic Surgery Procedure

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Abstract

Background: Body dysmorphic disorder (BDD*)* is a psychological condition based on patient’s perception about his/her external physical flaws or defects mainly related to appearance. Such flaws are so minor or negligible that others do not notice with concern. BDD patient usually present for cosmetic surgery for improvement in any part of the face or body. Most frequently, these procedures are performed in a private sector and may be financial burden compounding the severity of symptoms of BDD.

Purpose / Objective of the Study: To determine the outcome of cosmetic surgical procedures and post-surgical feedback of the patients.

Setting

1. Dundrum Medical Cosmetic Clinic, Dublin 16, Ireland.
2. Faisal Hospital, Peoples Colony, Faisalabad, Pakistan.

Study Period:

1. Two years from Feb 2009 to Jan 2011
2. Five years from Jan 2014 to Dec 2018

Type of Study: Cross sectional descriptive retrospective observational study

Material and Methods: All the patients of either gender presented for Cosmetic Surgery procedure were included in this study. Detailed history including mental illness and related medications, local and general physical examination and relevant investigation performed. At the time, we did not have exact guide lines or recommendation for the management of BDD patient presenting for cosmetic surgery procedure.

Results: Total number were 3427 including 1116 in Dundrum Medical Cosmetic Clinic, Dublin, Ireland and 2311 in Faisal Hospital, Faisalabad, Pakistan. There were 1218 (35.54%) male and 2209 (64.45%) female patients.

No complication was noted after the surgery in any of the patient, however eight patients (0. 233 %) out of 3427 patients made written complaint about unsatisfactory results and symptoms related to BDD. The satisfaction level achieved in the range of 80 - 90 % at 3 months and 6 months interval after the procedure.

All the plaintiffs were female.

Conclusion: Careful thorough psychological evaluation of the patient is necessary prior to surgery. Although realistic expectation explained, patients with BDD conditions may remain unsatisfied and are potential candidate of medico-legal issues.

Keywords: Cosmetic surgery, psychology, psychiatry, face, body, disorder

Introduction

Body dysmorphic disorder (BDD) is a psychological condition based on patient's perception about his/her external physical flaws or defects mainly related to appearance. Such flaws are so minor or negligible that others do not notice with concern. BDD patient usually present for cosmetic surgery for improvement in their physical appearance of features. Such procedures are taken care of in private hospital since the government medical coverage does not include these types of treatments.

BDD usually starts in the early years of an individual's life. This may remain unnoticed or undiagnosed till the person reaches his/her adult life. Isolation and withdrawal for the professional, social or personal life is common. According to one study up to 30% patients' feeling had an impaired image of themselves making them housebound (1). Sometime it is also perceived as distorted body image due to erratic eating behavior which affects the BMI (Body Mass Index) while BDD is related to a fault in one specific part of the body.

In the USA according to American Psychiatric Association (2013) dysmorphic disorder in males is 2.5 percent while in female it is 2.2 percent. In the UK population wise the incidence is one percent while in Germany it is 1.7 to 1.8 percent (Rief et al 2006; Buhlmann et al 2010). The people who seek cosmetic surgery is 15.6 percent of those who are affected (Buhlmann et al., 2010).

For surgery and cosmetic procedures BDD is a contraindication. In recent years there are evidences that support a more sophisticated thought that is based on the severity and overall feelings of the patients. The consideration to opt for such procedures should be done on the basis of severity of condition and patients perception of the discomfort feelings. The decision should also include the predicted satisfaction level and his/her return to the mainstream of the workforce or social and familial life (2). The planned procedure is targeted for the improvement of the affected body part. Under such situation it has been observed that patients have high expectations and they weigh the benefit in terms of its financial cost.

In this connection a screening step for BDD should be observed and practiced. Studies have found that the treating surgeons do not follow the screening procedure as a routine and make themselves vulnerable to legal complications (3). There are a number of methods to screen the patients recommended by some authors. These are Yale-Brown Obsessive Compulsive Scale Modified for BDD (BDD-YBOCS), the Clinical Global Impression Scale, and the Body Dysmorphic Disorder Examination. The Performa has a scale of zero to 72, where 72 is the most severe. Since it is primarily a psychological problem affecting the cognitive thoughts there are no pathological or radiological tests involved in the diagnosis.

Majority of the plastic surgeons are aware that BDD is an under estimated complaint. According to one study 84% plastic surgeons are of the opinion that they perform the surgical procedure and later realize that the patient also had some BDD problem as well. In another study conducted in 20021 involving 265 plastic surgeons it was found that 2 percent of the patients undergoing initial cosmetic surgery have BDD. According to some other research the incidence was found to be 7 – 20 percent. These findings necessitate to make it appropriate for plastic surgeons that a proper screening method should

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be conducted to find out the valid cases of BDD (4). However, some procedures though repeated a number of times provide only temporary relief to the patients and do not serve the purpose of the patients for a better and improved appearance (5). The negative perception of BDD make the patients to avoid situations where their body image may exacerbate the body defect. The avoidance of gatherings may also be due to humiliation that may cause in the social get together. Sometime the patient may observe obsessive compulsive behavior of mirror checking, hair grooming resulting in medical consultation for cosmetic procedure. Out of total 40 percent plastic /cosmetic procedures almost 15 percent had multiple ones (6).

Results

More than 99% patients were highly satisfied with their procedure. The results were compiled over a period of six month with periodic follow up of the patients to the surgeon.

Only 0.3% was moderately satisfied. These patients also took legal procedure against the surgeon but ultimately, they could not prove their point of view and the outcome was in our favor of surgeon (Table 1).

Table 1: Satisfaction Level

Frequency of level of satisfaction after procedure (n=3427)			
	Level of satisfaction	Frequency (no)	Frequency (%)
1	Highly satisfied (80 - 100%)	3419	99.7%
2	Moderately satisfied (50 – 79%)	8	0.3%
3	Less satisfied (20 – 49%)	Nil	0.0%

Discussion

BDD can disturb the quality of life of a patient quite seriously including personal, social and professional life. This may cause depressive illnesses to the extent of self-harm and even suicide. Anxiety, tension, shame and guilt have been frequently reported as concomitant disorders. More than half of all BDD patients may opt for cosmetic surgery. Sometime the procedure needs to be repeated a number of times but even then does not provide the desired relief or benefit to the patients (5). One author has found that out of total patients who opt for cosmetic surgery, in only two percent cases the severity is reduced to the satisfaction of the patients. The author has also recommended that all BDD patients opting for cosmetic surgical procedure should also be treated for psychiatric illnesses. In this regard cognitive behavioral therapy with serotonin reuptake inhibitors found to be effective for required motivation (6). It is also important that before surgery patients expectations and the realistic outcome should be discussed at length. Patients should be aware that plastic or cosmetic surgery does not give a miraculous effect and there is no dramatic effect of the surgery. Patients expectations should be ameliorated and the procedure should only be considered with realistic understanding. Additionally for taking care of the depressive factor antipsychotic medications should be considered simultaneously (6, 12).

In a good number of cases BDD is also accompanied by obsessive compulsive disorder (OCD). A number of factors that may be responsible for OCD are family history, symptoms profile, co-morbidity pattern. Serotonin reuptake inhibitors may help under such situation. Rhinoplasty and breast augmentation were found to be the most common surgical procedure sought followed by LASER, facial wrinkles treatment, chemical

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peel treatment and platelet rich plasma (PRP) treatment. Facial procedure was found to be sought for by almost one quarter of all patients. Multiple procedures were required by more than one third of patients (6).

It has been found with evidence in these studies that in terms of long term follow up after cosmetic surgery, improvement was recognized by only 25 percent of the patients (2,5).

OCD as Co-morbidity in BDD patients was found to be 38 percent. In DSM-IV who qualified for surgery through the screening process, 48.7 percent were certain of having their concerned defect (7).

Surgeon's comfort and patient safety were found to be related to patient's history, severity of symptoms, the defect which was to be corrected and the predicted satisfaction. Cosmetic surgical procedure should only be considered on the basis of BDD patient's behavior and the procedure's clinical impact discussed before the procedure. Those patients who delayed the procedure for different reasons (including financial one), do revisit the surgeon when they feel prepared for the procedure 98). Plastic surgery is indeed an opportunity for the patients for functional restoration or aesthetic physical rejuvenation. The emotional comfort and cognitive benefits of surgery are recognized by most of the patients. This is even discussed as one of the potential treatment options for BDD in conjunction of psychotherapy (9).

Figure 1 (A):Pre-Op (1/04/2010)

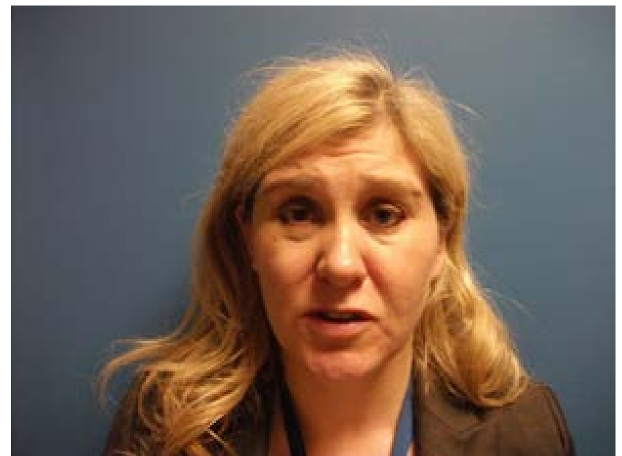

Figure 1 (B): Post Op (18/05/2010)

Figure 1 (C): Pre-Op (1/04/2010)

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Figure 1 (D): Post Op (18/05/2010)

Figure 1 (E): Pre-Op (1/04/2010)

Figure 1 (F): Post Op (18/05/2010)

The allegations against the surgeon by patient 1 sent by email to Irish Medical Council (IMC) includes botch eye surgery, lumps/balls around eye, she couldn't recognize face in the mirror after 4-6 weeks of Surgery, unsatisfactory results although the documented and signed satisfaction level achieved were in the range of 70 – 80% and social withdrawal symptoms. All of these symptoms related to BDD and then the IMC was censored and found guilty of professional misconduct.

The second (2) patient made written complaint to the higher authorities about facial feature got worse after the surgery, she remained unhappy with the appearance of face after the surgery. Also she was under the impression that the surgeon broke the bones of face while doing face lift procedure. Again, no proof of such allegations was found and the case was dismissed in favor of the treating surgeon (author).

Figure 2 (A): Pre-Op

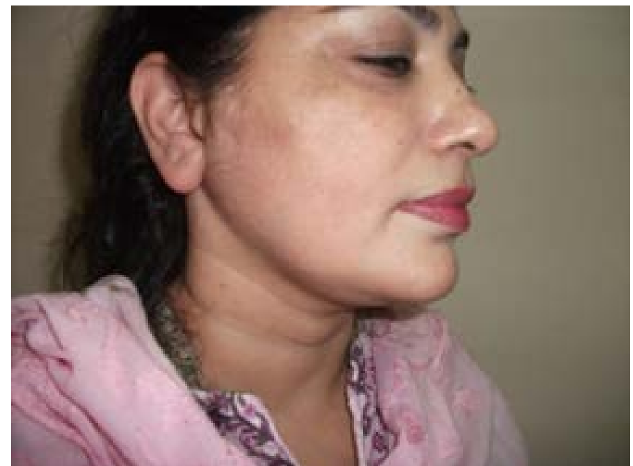

Figure 2 (B): 6 Weeks Post Op

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Figure 2 (C): Pre-Op

Figure 2 (D): 6 Weeks Post Op

In a study by Megan M Kelly et al (10), the authors observed that non-surgical treatment options rarely able to address the patients' concerns. On the other hand sometime, it even worsen or aggravate the situation. Under such situation cosmetic surgical procedure is not recommended, mainly because of foreseen dissatisfactory result. Most of the BDD patients who undergone cosmetic surgery gave the feedback of high degree of dissatisfaction and reported an increase in the symptoms which they considered as handicap not present earlier before the surgery (7,10). However, some effective treatments for BDD do exist. including serotonin reuptake inhibitors (SRIs), and cognitive-behavioral therapy offering improvement in symptoms and daily routine functions. Dey et al (11) measured prevalence of body dysmorphic disorders and found equal gender distribution. Dey and colleagues also recommend a simple way to screen for BDD patients presenting for cosmetic surgical procedures to complete a brief screening questionnaire known as Body Dysmorphic disorder Questionnaire (BDDQ). They found that body dysmorphic disorders is an under detected disorder in cosmetic surgery. The BDDQ is available publicly. It is able to detect BDD patients with strong sensitivity (100%) and specificity (90.3%). However, it is quite frequent in my cross-sectional retrospective study of 3427, all the eight (0,223%) plaintiffs were female.

The possible limitation of this study is a retrospective study, to make valid and strong recommendations there is need of similar large scale prospective study.

Conclusion

Cosmetic treatment is an option BDD patients seek to ameliorate his/her BDD symptoms. When the inclusion criteria is stringently applied, the satisfaction level of patients was found to be high. There was no dissatisfied patient at all in this study. A systematic screening process should be adopted to identify and include such patients for considering cosmetic surgery. A carefully planned assessment should be performed before any surgical or non-surgical intervention is considered. This is important to avoid litigation.

For evaluating the patients following parameters may be considered

Interference due to thoughts about body defect

- Mild cognitive dissonance in professional, social or personal activities without affecting quality of performance.

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- Moderate cognitive dissonance in professional, social or personal activities with little affect on quality of performance.
- Severe cognitive dissonance in professional, social or personal activities with notable impairment in quality of performance.
- High degree of cognitive dissonance causing almost total impairment in quality of performance.

All patients presenting for a Cosmetic/Aesthetic procedure should be screened with the help of a predesigned questionnaire. Once they are identified and/or confirmed for having BDD, they should be referred to a psychiatrist or psychologist preferably specialized in BDD or body image disorder (12).

The surgeon should make final decision for Cosmetic/Aesthetic surgical intervention after having thorough assessment from psychiatrist/psychologist.

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