

understanding



body dysmorphic
disorder

Understanding body dysmorphic disorder

This booklet is for anyone who has body dysmorphic disorder (BDD), and their friends, family and carers. It explains what BDD is, what may cause it and what might help.

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What is body dysmorphic disorder (BDD)?

Body dysmorphic disorder (BDD) is an anxiety disorder related to body image. If you have BDD, you experience concerns about your appearance that cause you significant anxiety and have a disruptive effect on your life. You may also develop routines and habits, such as excessive use of mirrors or picking your skin, to deal with the worries you have about the way you look. These habits usually have a significant impact on your ability to carry on with your day-to-day life.

👉👉 *I see myself as completely disfigured and I am constantly trying to convince people of this.* 👉👉

It may also cause other problems such as:

- feelings of shame, guilt and loneliness
- isolating yourself to avoid situations that cause you anxiety or discomfort
- depression or anxiety
- misuse of alcohol or other drugs
- self-harm
- suicidal thoughts.

Many people with BDD do not seek help as they are worried that people will judge them, or think they are vain. This means that many people are likely to experience BDD for a long time before seeking help.

👉👉 *People assume you are 'vain' but this is a serious life-threatening illness.* 👉👉

What are the common signs of BDD?

If you have BDD, you have obsessions that cause you significant anxiety and may also develop compulsive behaviours, or routines, to deal with this. In this way, BDD is closely related to obsessive-compulsive disorder (OCD). (See Mind's booklet *Understanding OCD*.)

Although everyone has their own experience of BDD, there are some common signs.

Obsessive worries about the body

If you have BDD, you will often spend several hours a day thinking negatively about your appearance. You may be concerned about one specific area of the body or you may be worried about several different areas.

Common areas of anxiety include:

- facial features, such as the nose, eyes, hair, chin, skin or lips
- particular areas of the body, such as the breasts or genitals
- feeling that your body is unbalanced or lacking symmetry
- feeling that one of your features is out of proportion to the rest of the body
- feeling too fat or too skinny.

Some people with BDD also experience an eating problem, but not all people with eating problems will have BDD. (See Mind's booklet *Understanding eating problems*.)

Common compulsive behaviours

You may also develop compulsive behaviours and routines to deal with the anxiety you feel about your appearance.

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Common compulsive behaviours include:

- using heavy make-up when out in public
- brushing or styling hair obsessively
- obsessively checking your appearance in mirrors or avoiding them completely
- changing your posture or wearing heavy clothes to disguise your shape
- seeking constant reassurance about your appearance
- checking yourself regularly by feeling your skin with your fingers, particularly around areas you dislike the appearance of
- picking your skin to make it smooth
- constantly comparing yourself with models in magazines or people in the street
- seeking cosmetic surgery or having other types of medical treatment to change the area of concern.

What causes BDD?

It is difficult to say exactly what causes BDD. However, research has suggested that there are a number of different risk factors that could mean you are more likely to experience it.

Abuse or bullying

If you have experienced abuse or bullying, this may cause you to develop a negative self-image, which can lead to obsessions about your appearance. This is particularly true if you experience abuse or bullying when you are a teenager, when you may be more sensitive about their appearance.

Low self-esteem

If you have low self-esteem, you may become fixated on aspects of your appearance that you want to improve. This is more likely if you attach a lot of importance to your appearance or if you feel your appearance is the most valuable thing about you. (See Mind's booklet *How to increase your self-esteem*.)

Fear of being alone or isolated

If you worry about not fitting into a group of friends or being able to have romantic relationships, you may develop thought patterns that can lead to BDD. For example, if you believe that you need a certain kind of physical appearance to maintain friends or find a partner, you may develop unhelpful concerns about your appearance. If a relationship then breaks down or friendship groups change, this could cause your concerns to become worse. (See Mind's booklet *How to cope with loneliness*.)

Perfectionism or competing with others

If you try to appear physically perfect or regularly compare your appearance to other people, you may be at greater risk of BDD. If you have a hobby or job that is very focused on your body – for example, modelling, bodybuilding or gymnastics – you may be at greater risk.

What treatments are available?

If you are concerned that you have BDD, and you want to seek professional help, the first step would normally be to visit your GP. Your GP can provide an assessment and diagnosis, and help you access appropriate treatment.

If you have a diagnosis of BDD, your GP should offer you treatment options according to the National Institute of Health and Care Excellence (NICE) guidelines.

The NICE guidelines on the treatment of BDD recommend:

- **cognitive behaviour therapy (CBT)** – with self-help materials such as books or computer programs, via a telephone, or a series of sessions with a therapist
- **medication** – either on its own or combined with cognitive behaviour therapy
- **specialist support for BDD**, if other treatments do not work.

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However, the treatments recommended by NICE do not always work for everyone. You may also find other talking treatments or self-help techniques helpful, either on their own or as well as other treatments.

If you feel you are not getting access to the treatments you require, you may find it useful to get an advocate to support you. You can find an advocate by contacting the Patient Advice and Liaison Service (PALS). Some local Minds also run advocacy services. (See 'Useful contacts' on p.12.)

Cognitive behaviour therapy (CBT)

Cognitive behaviour therapy (CBT) is a form of therapy that aims to identify connections between thoughts, feelings and behaviour, and to help develop practical skills to manage them. It can be done one-to-one, or in a group. (See Mind's booklet *Making sense of cognitive behaviour therapy* for more information.)

For body dysmorphic disorder (BDD), CBT will normally focus on your general attitude to body image and physical appearance, as well as your concerns about your own appearance. It aims to reduce your need to carry out unhelpful behaviours and gradually make you feel less anxious about your body.

The behavioural element of CBT (also known as exposure and response prevention – ERP) is particularly recommended for BDD. This technique makes you confront your obsessions so you become used to dealing with them. This means:

- facing situations where you would normally think obsessively about the part of your appearance that concerns you, to help you cope better with these situations over time
- developing techniques to help you avoid carrying out compulsive behaviours, such as mirror checking, when you would normally want to.

This technique needs to be carefully managed to avoid causing additional anxiety and distress, so it is important that you understand the treatment fully and feel comfortable with your therapist.

CBT is available on the NHS, and your GP should be able to refer you to a local practitioner. However, waiting times for psychological treatments on the NHS can be long, so you may decide to see a private therapist. Accredited CBT therapists can be found through the British Association for Behavioural and Cognitive Psychotherapies (BABCP). (See 'Useful contacts' on p.12.)

Medication

If CBT is not successful in treating BDD, you may be prescribed antidepressants. These will usually be a serotonin-specific reuptake inhibitor (SSRI) antidepressant such as fluoxetine (Prozac), fluvoxamine (Faverin), paroxetine (Seroxat), escitalopram (Cipralex) and sertraline (Lustral).

SSRIs can cause unpleasant side effects, so it is important to read the patient information leaflet, and discuss possible benefits and side effects with your doctor before you take them.

If a first course of SSRIs and more intensive CBT is not effective, the next step is to try a different SSRI or another antidepressant called clomipramine. For more information about SSRIs and clomipramine, see Mind's booklet *Making sense of antidepressants*.

Community mental health and social care

If initial treatment is not helpful, you may be referred to a Community Mental Health Team (CMHT) where you will be given a more thorough assessment which will look at your health and social care needs, and a potential care plan for any future treatments. (See Mind's booklet *The Mind Guide to community-based mental health and social care* for more details.)

Specialist BDD services

If you require more intensive support, your GP or CMHT may refer you to a psychiatrist or service that specialises in BDD. Access to specialist services is limited across the country and you may need to travel outside your local area. Waiting times for specialist services can also be very long.

What can I do to help myself?

Treatment of BDD often includes a combination of strategies, including self-help. The suggestions below are some ideas you could try to help you manage your BDD. Organisations such as OCD Action and OCD-UK can also give advice, information and support. (See 'Useful contacts' on p.12.)

Self-help materials

Many people find using self-help materials, such as books or computer programmes, helpful in managing their BDD. Many self-help materials are based on CBT principles, which have been shown to be particularly effective in treating BDD. You may decide to use materials alongside professional help, or you may use them to develop your own coping strategies. OCD-UK and OCD Action have self-help books for BDD on their website, and there are several computerised CBT programmes available for free or via prescription from your GP. (See 'Useful contacts' on p.12.)

Self-help groups

A self-help, or support group, offers an opportunity to meet up with other people who have BDD. Going to a self-help group can help you feel less isolated and, at the same time, show how other people have coped with similar feelings and experiences. You can also access peer support groups online. This can be particularly useful if there are times you don't feel like seeing people face-to-face. You can find details of support groups in your area and online peer support for BDD on the OCD-UK and OCD Action websites. (See 'Useful contacts' on p.12.)

What can friends and family do to help?

This section is for friends and family who would like to support someone they know with BDD.

Accept their feelings

Friends or family can help a lot just by accepting the feelings of the person with BDD and knowing that they find it difficult to cope with them. While you may not understand your friend or family member's concerns about their appearance, it is important to recognise that these feelings are very real to them, and try to avoid judging them as vain or self-obsessed.

It can be particularly difficult if your friend or family member's BDD means that at times they don't want to see you or withdraw from social contact. Try to be aware that this is due to their negative feelings about their appearance rather than anything you are likely to have done.

Offer support with self-help

If the person you know with BDD is working to a self-help programme, either on their own or with a therapist, you might be able to support them with this; for example, going to treatment sessions with them. You may also be able to offer practical support, such as helping with childcare or household chores, to give them time to attend appointments or use self-help materials.

Get support for yourself

It can be distressing to be close to someone experiencing BDD, particularly if you are caring for them. You might find it useful to talk to other people in the same situation as you, and to find out more about these complex problems. You can find details of support groups and organisations that provide information on BDD, including information for carers, in the 'Useful contacts' on p.12. (See also Mind's booklet *How to cope as a carer*.)

Useful contacts

Mind

Mind Infoline: 0300 123 3393
(Monday to Friday 9am to 6pm)
email: info@mind.org.uk
web: mind.org.uk
Details of local Minds and other local services, and Mind's Legal Advice Line. Language Line is available for talking in a language other than English.

Anxiety UK

tel: 08444 775 774
web: anxietyuk.org.uk
Support, help and information for those with anxiety disorders.

British Association for Behavioural and Cognitive Psychotherapies (BABCP)

tel: 0161 704 4304
web: babcp.co.uk
Can provide details of accredited CBT therapists.

NHS Choices

web: nhs.uk
Information about PALS and a search function to find an office in your area.

OCD Action

tel: 0845 390 6232
web: ocdaction.org.uk
Information and support specifically for people with experience of OCD.

OCD-UK

tel: 0845 120 3778
web: ocduk.org
A charity run by people with OCD who campaign and can help with local support group information.

MoodGYM

web: moodgym.anu.edu.au
Provides free computerised CBT.

Samaritans

Freepost RSRB-KKBY-CYJK Chris,
PO Box 90 90, Stirling FK8 2SA
24-hour helpline: 08457 90 90 90
email: jo@samaritans.org
web: samaritans.org
24-hour support for anyone experiencing distress, despair or suicidal thoughts.

Further information

Mind offers a range of mental health information on:

- diagnoses
- treatments
- practical help for wellbeing
- mental health legislation
- where to get help

To read or print Mind's information booklets for free, visit mind.org.uk or contact Mind infoline on 0300 123 3393 or at info@mind.org.uk

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Mind

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