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Body dysmorphic disorder and other psychiatric morbidity in aesthetic rhinoplasty candidates

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KEYWORDS

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Summary *Background:* Body dysmorphic disorder (BDD) is a psychiatric disorder characterised by the patient's preoccupation with an imagined defect in his or her physical appearance. Subjects with BDD often seek cosmetic surgery; however, the outcome of surgery is usually not satisfactory. The aim of current study was to investigate the prevalence of BDD among the patients seeking cosmetic surgery.

Method: In a cross-sectional study, 306 patients referred to cosmetic surgery clinics were recruited. Two psychiatrists detected BDD by interviewing the patients using Diagnostic and Statistical Manual of Mental Disorders fourth edition Text Revision (DSM IV-TR) criteria. Data analysis was done in Statistical Package for Social Sciences (SPSS) using the *t*-test and the Mann–Whitney test for numeral variables and the chi-square and Fisher's exact tests for nominal variables.

Results: Data analysis of demographics showed that 80% of patients were female. Analysis on disease-related variables showed that 126 (41%) of patients had an associated psychiatric disorder. Moreover, 75 patients (24.5%) fulfilled the DSM IV criteria for BDD.

Conclusion: Findings from this study support earlier studies, which found that BDD is a relatively common disorder among individuals seeking aesthetic surgery, in particular in rhinoplasty patients. Preoperative psychiatry assessment recommends avoiding subsequent risk for both patients and surgeons.

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Body dysmorphic disorder (BDD) is a somatoform disorder characterised by a patient's preoccupation with an imagined defect in his or her physical appearance. If a mild defect is present, the patient's concern is excessive. Such

preoccupation results in marked distress and impairment in various domains of functioning. In BDD, the patient focusses on a part of the body, which interferes with how he/she relates to others and social activities. Subjects with BDD

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spend most of the time in front of a mirror to check their appearance. They are often jobless and socially isolated. Patients with BDD may focus on any part of the body. However, the most common part, which BDD patients are preoccupied with, is the nose. Cosmetic rhinoplasty is the most common cosmetic procedure among this group of patients. The outcome of cosmetic surgery is usually not satisfying, but if cosmetic surgery of one part is satisfactory, the preoccupations are transferred to another area. The worst outcomes that have been reported are in patients, who have had multiple operations, suggesting that patients with BDD do not benefit from surgery.

BDD occurs in about 1–2% of the general population, which increases to 6–20% in clients seeking cosmetic surgery. In the Veale et al. study, 20.7% of patients seeking rhinoplasty had a diagnosis of BDD. This study also revealed that BDD patients were quite distinct from those clients obtaining rhinoplasty without symptoms of BDD. The patients in the former group were more depressed and anxious and had a greater degree of preoccupation with their noses.¹

The prevalence of BDD increases in a medical setting. In screening a group of patients with dermatology complaints, Philips et al. found that the prevalence of BDD was 11.9%. The rate of BDD among the cosmetic surgery population ranged from 2% to 7%.^{2,3} There is also a great deal of evidence that BDD is associated with other psychiatric symptoms, including depression (80%), social phobia (12%), substance abuse (48.9%) and eating disorders (32.5%).^{4–7} There is a greater risk of suicide among BDD patients, particularly when they become hopeless about changing their appearance.

Similarly, the rate of BDD is also high in psychiatric patients suffering from disorders other than BDD.^{8–11} In addition, some BDD patients seen in psychiatric services have undergone cosmetic procedures, in particular, rhinoplasty among young adults in Iran. The aim of this study was to determine the prevalence of BDD and possible associated factors among clients requesting plastic surgery.

Methods

In this cross-sectional study, a population was recruited from consecutive patients presenting to plastic surgery and Ear, Nose and Throat (ENT) clinics for cosmetic rhinoplasty affiliated with Shiraz University of Medical Sciences in Iran. The study was conducted over a period of 6 months from August 2007 to January 2008. Patients were included in this study if they sought cosmetic rhinoplasty surgery for the first time. Those subjects, who presented with correct defects from a medical instance such as trauma, were excluded. In addition, patients who were diagnosed primarily with other psychiatric disorders such as anorexia nervosa (AN), obsessive compulsive disorder (OCD), social phobia, somatic type of delusional disorder and gender identity disorders were also excluded.

In the first stage, a BDD questionnaire was conducted to detect psychopathology among participants. In the second stage, patients were interviewed by two psychiatrists separately to confirm the diagnosis of BDD, according to DSM IV criteria. A total of 306 subjects were recruited. The

purpose of the study was explained to these 306 patients, who agreed to participate in this study and filled a consent form. Data was analysed in Statistical Package for Social Sciences (SPSS) version 14. We used independent *t*-test and the Mann–Whitney to compare numeral variables. Chi-square and Fisher's exact tests were used to compare nominal variables.

Results

Table 1 provides information on the socio-demographic characteristics of BDD and non-BDD subjects. As shown in Table 1, 80% of patients were female. The mean age for BDD subjects and non-BDD subjects was the same (range 23 SD ± 4.9 years). There was no significant difference between BDD and non-BDD subjects as regards their sex and marital status. Initial analyses showed that at least 126 patients (41%) met the criteria for associated psychiatric disorders such as BDD, OCD, AN, social anxiety disorder (SAD), generalised anxiety disorder (GAD) and somatic delusion. Further, descriptive analyses showed that 75 subjects (24.5) were diagnosed with BDD, according to DSM IV criteria (see Table 2).

Discussion

The nose has a central position in the face and subjective perception of the nose can affect our image of both soma and psych. Cultural, psychological and sexual significance of the nose has been evaluated for more than a century.¹² Last et al. showed that both objective and subjective preciseness of nasal deformity was correlated to various aspects of mental health.¹³ There is some evidence that female patients with nasal deformity experienced more psychological distress than men.¹⁴ From this point of view, the outcome of cosmetic surgery, in particular rhinoplasty, could even be positive. In the present study, 80% of applicants for cosmetic rhinoplasty were female. This finding is in line with another study in Iran in which females comprised 83% of rhinoplasty patients.¹⁵ Moreover, 76% of our participants were single. These facts seem to have a sociological significance as the women mostly present in social situations in covered clothes.

Table 1 Demographic characteristics of study sample.

Demographics	N	%
Sex	M = 61	19.9
	F = 245	80.1
Marital status	Married = 234	76.4
	Single = 72	23.6
Age	22.8	
	SD = 4.7	
Education	<12; 181	59.1
	12–16; 125	40.9
Employment	Unemployed 206	67.3
	Employed 100	32.7

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