



Importance of a Psychiatric Approach in Cosmetic Surgery



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Background: Some studies have suggested that certain types of psychiatric problems may be more prevalent in patients undergoing cosmetic surgery than in the general population.

Objective: In this study, 140 patients undergoing cosmetic surgery took a screening test before surgery. The results were statistically analyzed to evaluate the importance of a psychiatric approach in cosmetic surgery.

Methods: At the first visit to the clinic, an interview was carried out in the presence of a psychiatrist. If needed, a secondary evaluation was performed on those patients with suspected psychological disorders.

Results: Preoperative screening led to the diagnosis of psychiatric disorders in 45 of 140 patients (32%). Final psychiatric diagnoses included neuroses such as body dysmorphic disorder and depression/depressive states.

Conclusions: It is sometimes beneficial to prioritize psychiatric treatment instead of focusing solely on surgical treatment to achieve better outcomes in patients undergoing cosmetic surgery who have psychiatric disorders. Preoperative psychiatric screening should be routine in the practice of cosmetic surgery. (Aesthetic Surg J 2007;27:396–401.)

The demand for cosmetic surgery has increased in Japan as more people learn about different cosmetic procedures and become more interested in improving their appearance. Some studies have suggested that certain types of psychiatric problems may occur more commonly in patients undergoing cosmetic surgery than in the general population.

Goin and Goin^{1,2} pioneered the use of a psychiatric approach for patients undergoing plastic and cosmetic surgery. Previous studies revealed that 30% to 70% of patients who sought plastic and cosmetic surgery had some psychiatric problems.^{3–7} Sarwer et al^{8–10} reported that 7% of patients undergoing cosmetic surgery and 16% of those seeking plastic surgery scar revision had body dysmorphic disorder, and that compared with patients not undergoing cosmetic surgery, patients undergoing cosmetic surgery had higher rates of mental health disturbances and were prescribed psychiatric medication more frequently. A survey conducted from 1992 to 1994 in our institute showed that “35% of cosmetic surgery patients were suspected of having some psychiatric disorder.” Despite some variations in previous reports, these rates are considered high. Patients with a history of multiple operations are more likely to have such disorders. They often believe or fear that others dis-

like them because of their appearance; these concerns can significantly distort their social relationships

Plastic surgeons are not psychiatrists and often will not be able to properly diagnose a patient in terms of psychiatric problems. Edgerton et al¹¹ reported that 72% of patients who were concerned about minor deformities had psychiatric and psychological abnormalities, but most of them were not diagnosed as such by surgeons. These reports suggest that evaluating mental health is a difficult task for plastic surgeons.

In the past, patients undergoing cosmetic surgery, seeking consultation for surgery, were first referred to the psychiatric clinic according to the regular referral system in our institute where they were asked to undergo an interview and psychological tests, such as the Cornell Medical Index, YG character test, sentence completion test, and Rorschach test. Procedures such as obtaining informed consent, explaining the policies of the institute, and making sure all patients followed the same evaluation protocol helped to alleviate reluctance on the part of patients to participate in psychiatric testing. However, some patients refused to visit the psychiatric clinic. Therefore, in an effort to evaluate all patients undergoing cosmetic surgery, such patients were then interviewed with a psychia-

trist present at the first visit on a trial basis. A psychiatric screening test was administered at the same time. These results were statistically analyzed to assess the importance of a psychiatric evaluation and psychiatric treatment for patients seen by plastic surgeons for cosmetic surgery.

Patients and Methods

The study comprised 140 patients who visited the cosmetic surgery clinic at Kitasato University Hospital between April 1, 2000, and May 31, 2003. To evaluate psychiatric status, all patients were interviewed in the presence of a psychiatrist who listened to the interview by a cosmetic surgeon and asked additional questions when necessary for psychiatric evaluation. More specifically, two parameters in the Hamilton depression scale, depression and anxiety, were selected, and scoring one point or higher in either one of them raised a red flag for “suspicion of psychiatric disorder.” Furthermore, a more detailed interview was carried out in the abnormal cases, and psychiatric diagnosis was determined according to the Diagnostic and Statistical Manual on Mental Disorders, 4th edition.¹²

The patients were divided into two groups: Group P, with determined psychiatric diagnosis, and Group N, without diagnosis. Additionally, data were gathered on age, sex, histories, and the number of cosmetic surgery procedures undergone. Expected operation sites and type of operations were surveyed, and the results were statistically analyzed.

Results

Psychiatric diagnosis

Out of a total of 140 patients, 60 (43%) were diagnosed as “suspicion of psychiatric disorder” by psychiatric screening at the initial visit. Further interviews by the psychiatrist led to the diagnosis of psychiatric disorders in 45 (32%) of those patients (Figure 1). Neuroses such as body dysmorphic disorder and depression/depressive states were frequently found (Figure 2). However, in these diagnosed cases, only 9 patients (20%) chose to continue psychiatric treatment.

Age and gender

The study included 16 men and 124 women with an average age of 38.4 years (Figure 3). There was no statistical correlation between the age of the patients and the rate of psychiatric disorders. With respect to gender, only three of 95 patients (3.2%) were male in Group N. On the other hand, 11 of the 45 patients (24.4%) in Group P were male.

History of cosmetic surgery

Sixty-six patients (47%) had a history of cosmetic surgery; and the maximum number of operations for any one patient was 10.4. All patients with a history of 4 or more operations belonged to Group P. The average number of operations was 1.49 in Group P and 0.57 in Group N, and there was no statistically significant difference between the two groups ($P < .05$) (Figure 4).

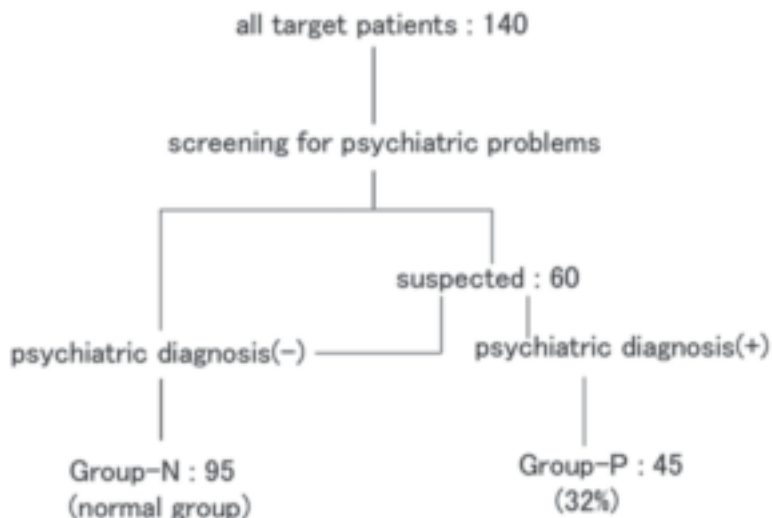


Figure 1. Patient screening algorithm.

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