

COSMETIC SURGERY AND BODY DYSMORPHIC DISORDER: A CHALLENGING DIAGNOSIS FOR SURGEONS

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Abstract: Body Dysmorphic Disorder (TCD) is a disease in the field of psychiatry in which the patient presents excessive and persistent concern with perceived flaws in their physical appearance. [1] These flaws are imperceptible or seem minimal to other people, but are, however, a source of great suffering for those suffering from BDD. The focus of concern can vary greatly in BDD, but the most commonly reported appearance concerns are related to facial features such as the nose, eyes, teeth, skin, and hair. [2] BDD is an absolute contraindication for surgeries and aesthetic procedures. Identification by plastic surgeons is extremely important as it is essential to prevent the exacerbation of this condition and, at the same time, ensure appropriate referrals. [3] As the perception of beauty is fluid in society and can change based on cultural practices and social interaction, such as on social networks, always being up to date with what is new will enable better identification of cases and better approach to these patients. This work aims to carry out a review of the topic to bring the latest to the discussion.

DISCUSSION

THE NEVER-ENDING SEARCH FOR CHANGE

Patients facing BDD believe that there is a flaw in their image and need to seek cosmetic treatments to correct them, rather than seeking mental health services to resolve their perception [4]. Perhaps because most of them do not yet have a diagnosis, due to the reality that people with BDD feel stigmatized and do not seek help. [5]

Although it is completely normal for most people to feel dissatisfaction with their appearance at some point in their lives, people with BDD experience persistent and intrusive thoughts about flaws or illusory defects in

their appearance, especially in relation to parts of the body such as the nose, ears, mouth and breasts. [6]

People with BDD frequently visit dermatologists, beauticians and plastic surgeons, and often feel deeply dissatisfied with the final results of such procedures and desire additional physical cosmetic intervention, or their obsession shifts to another aspect of their appearance [4].

THE ROLE OF SOCIAL NETWORKS

The sociocultural theory of body image shows that the messages transmitted by the media, peers and parents about the importance of appearance are internalized by individuals, who adopt others' beauty standards as their own. [7] Currently, new research is increasingly confirming the association between frequent use of social networks and the development of BDD. [8] There is sufficient evidence in the literature to conclude that social media plays an essential role in shaping perceptions about body image and self-esteem, based on the idea that exposure on social media can lead to body dissatisfaction through several potential mechanisms, including comparisons and self-objectification. [9]

DIAGNOSTIC CHALLENGE

There is currently a validated questionnaire to screen patients with BDD who seek aesthetic services, the Body Dysmorphic Disorder Questionnaire-Aesthetic Surgery (BDDQ-AS). The BDDQ-As is a short questionnaire composed of seven items whose sensitivity and specificity is 89.6% and 81.4% for patients undergoing rhinoplasty, respectively [10]. This screening tool was developed in a psychiatric setting, but has recently been validated and used in a facial plastic surgery setting [11].

CONCLUSION

The diagnosis of BDD is challenging for surgeons, but its identification is necessary to contraindicate procedures and carry out appropriate referral to a psychiatry and psychology team so that the patient can continue with appropriate therapy. Diagnostic aid measures such as the BDDQ-AS must be optimized and planned for better screening of

these patients and new studies must be carried out for validation in all types of surgeries and aesthetic procedures.

Studying the association between BDD and aesthetic procedures is extremely important as self-image is impacted by social media and with the increasing use of the internet, it is expected that we will face a significant increase in the number of cases in parallel.

REFERENCES

- [1] K.A. Phillips et al. Clinical features of body dysmorphic disorder in adolescents and adults. *Psychiatry Res* (2006)
- [2] I. Angelakis et al. Suicidality in body dysmorphic disorder (BDD): A systematic review with meta-analysis *Clin Psychol Rev* (2016)
- [3] Lee AD, Hale EW, Mundra L, Le E, Kaoutzanis C, Mathes DW. The heart of it all: Body dysmorphic disorder in cosmetic surgery. *J Plast Reconstr Aesthet Surg*. 2023;87:442-448. doi:10.1016/j.bjps.2023.10.068
- [4] Jassi A, Krebs G. Body dysmorphic disorder: reflections on the last 25 years. *Clin Child Psychol Psychiatry*. (2021) 26:3–7. 10.1177/1359104520984818
- [5] Minty AMaG. The prevalence of body dysmorphic disorder in the community: a systematic review. *Global Psychiatry*. (2021) 4:130–154. 10.52095/gp.2021.8113
- [6] Alomari A, Makhdoom YM. Magnitude and determinants of body dysmorphic disorder among female students in Saudi public secondary schools. *J Taibah Univ Med Sci*. (2019) 14:439–47. 10.1016/j.jtumed.2019.08.006
- [7] Joseph AW, Ishii L, Joseph SS, Smith JI, Su P, Bater K, et al. Prevalence of Body Dysmorphic Disorder and Surgeon Diagnostic Accuracy in Facial Plastic and Oculoplastic Surgery Clinics. *JAMA Facial Plast Surg*. 2017;19:269–7
- [8] Brito T, Mulkens S, van der Lei B. Prevalence of body dysmorphic disorder symptoms and body weight concerns in patients seeking abdominoplasty. *Aesthet Surg J*. (2016) 36:324–32. 10.1093/asj/sjv213
- [9] Kleemans M, Daalams S, Carbaat I, Anschutz D. Picture perfect: the direct effect of manipulated instagram photos on body image in adolescent girls. *Media Psychol*. (2018) 21:93–110. 10.1080/15213269.2016.1257392
- [10] Lekakis G, Picavet VA, Gabriëls L, Grietens J, Hellings PW. Body Dysmorphic Disorder in aesthetic rhinoplasty: Validating a new screening tool. *Laryngoscope*. 2016;126:1739–45.
- [11] Dey JK, Ishii M, Phillis M, Byrne PJ, Boahene KDO, Ishii LE. Body dysmorphic disorder in a facial plastic and reconstructive surgery clinic: measuring prevalence, assessing comorbidities, and validating a feasible screening instrument. *JAMA Facial Plast Surg*. 2015;17:137–43