

### ***Misdiagnosis***

People with BDD may also have depression, social anxiety, or other symptoms that are often less embarrassing to discuss. Thus, they may receive the diagnosis of depression or social phobia, but not BDD. In addition, patients who reveal their BDD symptoms are sometimes told the symptoms aren't their "real problem"—that their real problem is low self-esteem, a relationship problem, or another issue. Although these problems may coexist with BDD, the BDD itself should also be diagnosed and treated if present. Sometimes, these problems—such as depression, social anxiety, or low self-esteem—are actually due to BDD. In these cases, it's even more critically important to diagnose BDD.

### ***Pursuit of Nonpsychiatric Medical and Surgical Treatment***

Many people with BDD see dermatologists, plastic surgeons, and other physicians rather than mental health professionals. They search, usually unsuccessfully, for a cosmetic solution to a body-image problem. Many people are unaware that BDD is a known psychiatric disorder for which psychiatric treatment is often effective. Although surgeons and dermatologists are increasingly aware of BDD, many are not. A 2001 survey of 265 members of the American Society for Aesthetic Plastic Surgery found that the surgeons thought that only 2% of patients seen for an initial cosmetic surgery consultation have BDD, whereas research studies indicate the rate is actually 7%–20%.

### ***Screening Questions for BDD***

How do you know whether you or someone you know has BDD? For the time being, psychiatric diagnoses—including BDD—are made primarily by asking questions that ascertain that DSM-IV criteria for the disorder are fulfilled. There are as yet no blood tests, brain-scanning techniques, or other tools sufficient to diagnose psychiatric disorders, although such tools are being developed.

I've developed several "diagnostic instruments" for BDD, which consist of questions useful in making the diagnosis. The questions (the BDDQ) on the next page are in a self-report format; that is, the BDDQ is a questionnaire that the patient fills out. The other set of questions, which is included in Appendix C (the BDD Diagnostic Module), is asked by a clinician. Both mirror the DSM-IV diagnostic criteria for BDD discussed in the last chapter and shown in Table 1, and they ascertain whether these criteria are fulfilled.

You're likely to have BDD if you give the following answers on the BDDQ (shown on the next page):

## Body Dysmorphic Disorder Questionnaire (BDDQ)

Name \_\_\_\_\_

**This questionnaire assesses concerns about physical appearance. Please read each question carefully and circle the answer that best describes your experience. Also write in answers where indicated.**

1. Are you very concerned about the appearance of some part(s) of your body that you consider especially unattractive? Yes No

*If yes:* Do these concerns preoccupy you? That is, you think about them a lot and wish you could think about them less? Yes No

*If yes:* What are they? \_\_\_\_\_

Examples of areas of concern include: your skin (e.g., acne, scars, wrinkles, paleness, redness); hair (e.g., hair loss or thinning); the shape or size of your nose, mouth, jaw, lips, stomach, hips, etc.; or defects of your hands, genitals, breasts, or any other body part.

*If yes:* What specifically bothers you about the appearance of these body part(s)? (Explain in detail):  
\_\_\_\_\_  
\_\_\_\_\_

**(NOTE: If you answered "No" to either of the above questions, you are finished with this questionnaire. Otherwise please continue.)**

2. Is your main concern with your appearance that you aren't thin enough or that you might become too fat? Yes No

3. What effect has your preoccupation with your appearance had on your life?

• Has your defect(s) caused you a lot of distress or emotional pain? Yes No

• Has it significantly interfered with your social life? Yes No

*If yes:* How? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(continued)

- Has your defect(s) significantly interfered with your school work, your job, or your ability to function in your role (e.g., as a homemaker)? Yes    No

If yes: How? \_\_\_\_\_  
 \_\_\_\_\_

- Are there things you avoid because of your defect(s)? Yes    No

If yes: What are they? \_\_\_\_\_  
 \_\_\_\_\_

- Have the lives or normal routines of your family or friends been affected by your appearance concerns? Yes    No

If yes: How? \_\_\_\_\_  
 \_\_\_\_\_

4. How much time do you spend thinking about your defect(s) per day on average? (add up all the time you spend) (circle one)

- (a) Less than 1 hour a day
- (b) 1–3 hours a day
- (c) More than 3 hours a day

- Question 1: Yes to both parts
- Question 3: Yes to any of the questions
- Question 4: Answer b or c

Question 1 establishes whether preoccupation is present, and question 3 establishes whether the preoccupation causes significant distress or impairment. Regarding question 4, while the BDD criteria don't require that the defect be thought about for a specified amount of time a day, it's useful to ask this question. If you spend at least one hour a day thinking about it, I'm more likely to diagnose BDD. In fact, I have significant reservations about diagnosing BDD in anyone who spends less than an hour a day in total thinking about their perceived defect, because I'd generally consider them insufficiently preoccupied to fulfill criterion 1 for the diagnosis. Everyone I've given the diagnosis to has at some point spent at least this much time focused on their concern.

A note of caution about the BDDQ: it's intended as a screening instrument, not a diagnostic one. What this means is that the BDDQ can suggest that BDD is present but can't necessarily give a definitive diagnosis. The diagnosis is ideally determined by a trained clinician in a face-to-face interview. There are several reasons for this. First, in general, clinical judgment should be used to confirm that answers on a self-report questionnaire indicate the presence of a disorder;



for example, is any distress or impairment that's reported on the questionnaire problematic enough to warrant a psychiatric diagnosis? In addition, for BDD to be diagnosed, it must be determined that the physical defect is nonexistent or slight. Finally, as required by DSM-IV criterion 3, a clinician should ascertain that appearance concerns aren't better accounted for by an eating disorder. A "yes" answer to question 2 raises the question of whether an eating disorder is a more accurate diagnosis. This issue is complicated, however, because weight concerns could indicate the presence of either an eating disorder or BDD (see chapter 16).

Additional information about the BDDQ, including its psychometric (measurement) properties, is included in Appendix C. That appendix also includes the clinician-administered counterpart of the BDDQ (the BDD Diagnostic Module), a brief set of questions that determines the presence of BDD. In addition, Appendix C includes a clinician-administered instrument that assesses the severity of BDD symptoms (the Yale-Brown Obsessive Compulsive Scale modified for BDD).

### ***Clues: Mirror Checking, Grooming, Skin Picking, and Others***

The BDDQ questions ask about the core definitional features of BDD—what's required for the diagnosis. But BDD has some features that, while not necessary for the diagnosis, can provide clues to its presence. These include frequent mirror checking, excessive grooming, face picking, reassurance seeking and other behaviors.

I've sometimes observed strangers doing things that have made me wonder if they have BDD. I once saw a young man in a parking lot who stood outside his car repeatedly checking his hair in a side-view mirror, frantically combing and recombining it. He wasn't simply taking a quick glance, as some people might—instead, he seemed "stuck" there, and appeared extremely agitated and distressed over the state of his hair. I once drove behind a woman on a busy highway for about 20 miles who spent most of the time looking in her rearview mirror fixing her hair, rather than looking at the road. And what about the young woman I saw at a baseball game who seemed to have normal body hair everywhere except her arms, which had none? Had she removed it through excessive "grooming," trying to improve "excessively" hairy arms? Did any of these people have BDD? Without talking with them, I couldn't make the diagnosis. But their behaviors were clues to the diagnosis that made me wonder.

Some of the more common clues to BDD are in Table 2. Many of the questions in Table 2 ask about behaviors, such as mirror checking and reassurance seeking, that many people with BDD perform (these are described in Chapter 7). Other questions ask about consequences of BDD—for example, being housebound (these are described in Chapter 8). If you answered "yes" to any of the questions in Table 2, this doesn't necessarily mean that you have BDD. But "yes" answers—especially many "yes" answers—suggest that BDD may very

impairment are severe enough to qualify for a psychiatric diagnosis requires clinical judgment. Indeed, criterion B specifies that distress or impairment must be “clinically significant.” Such judgment may also be needed to ascertain whether particular body-image concerns are a feature of an eating disorder or BDD. The more severe and classic the BDD symptoms are, the more obvious it is that BDD is the correct diagnosis. But clinical judgment is particularly important when assessing less classic cases, cases with features of both BDD and an eating disorder, and milder BDD, which must be differentiated from normal concern. Thus, in general, the ratings should depend on the patient’s report, but the final rating is based on the interviewer’s clinical judgment.

### *The BDDQ: A Self-Report Screening Instrument for BDD*

The BDDQ, or Body Dysmorphic Disorder Questionnaire, is a self-report screening instrument for BDD that the patient fills out. This questionnaire was shown in Chapter 4. A version for adolescents is shown on the next page. A person who appears to have BDD according to this instrument should ideally be seen by a clinician to confirm the diagnosis—to determine that the defect is actually nonexistent or minimal, whether distress or impairment are clinically significant, and to differentiate BDD from an eating disorder if this is unclear.

Available data suggest that there is excellent agreement between the BDDQ and a clinician’s judgment of whether BDD is present (as assessed with the BDD Diagnostic Module). I and my colleagues, Drs. Katherine Atala and Harrison Pope of Harvard Medical School, found that the BDDQ had a sensitivity of 100% and a specificity of 89% among 66 outpatients in a psychiatric setting. This means that in a group of individuals who are judged by a clinician to really have BDD, the BDDQ will accurately ascertain that BDD is present in 100% of the cases. And in a group of individuals whom a clinician judges really don’t have BDD, the BDDQ will accurately determine that BDD is *not* present in 89% of the cases.

Dr. Jon Grant similarly found, in a study of 122 patients hospitalized on a psychiatric inpatient unit, that the BDDQ had a sensitivity of 100% and a specificity of 93%. And Dr. Ray Dufresne of Brown Medical School and I obtained very similar results in a dermatology setting. We used a slightly modified version of the BDDQ. The main difference between this version and the one in Chapter 4 is that some yes/no questions were replaced by a 5-point scale, on which an answer of 3, 4, or 5 is equivalent to a “yes” answer on the BDDQ’s earlier version. Using the newer version in 46 patients who were seen in a dermatology setting, we found that the BDDQ had a sensitivity of 100% and a specificity of 93%.

So in summary, the BDDQ can be successfully used in a dermatology setting and in psychiatric inpatient and outpatient settings to screen for the presence

### BDDQ for Adolescents

**This questionnaire asks about concerns with physical appearance. Please read each question carefully and circle the answer that is true for you. Also please write out your answers where asked.**

- 1) Are you very worried about how you look? Yes No  
 • If yes: Do you think about your appearance problems a lot and wish you could think about them less? Yes No  
 • If yes: Please list the body areas you don't like: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Examples of disliked body areas include: your skin (for example, acne, scars, wrinkles, paleness, redness); hair; the shape or size of your nose, mouth, jaw, lips, stomach, hips, etc.; or defects of your hands, genitals, breasts, or any other body part.*

**(NOTE: If you answered "No" to either of the above questions, you are finished with this questionnaire.)**

- 2) Is your **main** concern with how you look that you aren't thin enough or that you might get too fat? Yes No
- 3) How has this problem with how you look affected your life? Yes No
- Has it often upset you a lot? Yes No
  - Has it often gotten in the way of doing things with friends or dating? Yes No
    - If yes: Describe how: \_\_\_\_\_  
 \_\_\_\_\_
  - Has it caused you any problems with school or work? Yes No
    - If yes: What are they? \_\_\_\_\_  
 \_\_\_\_\_
  - Are there things you avoid because of how you look? Yes No
    - If yes: What are they? \_\_\_\_\_  
 \_\_\_\_\_
- 4) How much time a day do you usually spend thinking about how you look? (Add up all the time you spend, then circle one)
- a) Less than 1 hour a day   b) 1–3 hours a day   c) More than 3 hours a day



of BDD. The data above suggest that the BDDQ may slightly overdiagnose BDD, which screening measures usually do. Ideally, someone who appears to have BDD on the basis of the BDDQ would then be interviewed by a clinician to confirm the diagnosis.

An advantage of the BDDQ over the clinician-administered BDD Diagnostic Module is that the possible presence of BDD can be assessed when a clinician isn't available to use the Diagnostic Module. Because the BDDQ is a brief self-report instrument, larger numbers of people can be easily assessed. In addition, some people might feel less self-conscious when filling out a self-report form and more willing to reveal their concerns.

### ***The BDD-YBOCS: A Measure of BDD Severity***

There are several methods for assessing BDD severity: the Yale-Brown Obsessive Compulsive Scale Modified for BDD (BDD-YBOCS), the Clinical Global Impression Scale, and the Body Dysmorphic Disorder Examination.

The BDD-YBOCS is particularly useful for assessing the severity of BDD. It has been used as the primary outcome measure in most BDD treatment studies. The BDD-YBOCS is based on the Y-BOCS, which was developed in the 1980s to assess the severity of obsessive compulsive disorder (OCD). Because of the many similarities between BDD and OCD, Dr. Eric Hollander and I slightly modified it to assess current severity of BDD.

The BDD-YBOCS rates the severity of BDD symptoms during the past week. The first five items rate BDD-related *thoughts*, and the second five items rate BDD-related *behaviors*. The BDD-YBOCS also includes an insight item and an avoidance item.

This rating scale, like the BDD Diagnostic Module, is a semi-structured interview, meaning that the interviewer should assess the items in the listed order and ask the questions provided. However, the rater can ask additional questions to clarify responses. In general, the ratings should depend on the patient's report, but the final rating is based on the interviewer's clinical judgment.

If the person being assessed volunteers information at any time during the interview, that information should be considered. Ratings should be based primarily on reports and observations gained during the interview. Each item is rated for the time period *during the past week* up until and including the time of the interview. Scores should reflect the average occurrence of each item for the entire week. For questions 1 through 5 (which rate BDD-related thoughts), the *total* (composite) effect of *all* body parts of concern are rated. For items 6 through 10 (which rate BDD-related behaviors), the *total* (composite) effect of *all* behaviors is rated.

Before proceeding with questions 1 to 5, the rater must first determine that the person has BDD and must identify the body parts the person is excessively concerned with. The previously described BDD Diagnostic Module can be used for this purpose. BDD behaviors, which are assessed with questions 6 through