

Long-Term Outcomes of Cognitive-Behavioral Therapy for Adolescent Body Dysmorphic Disorder

Georgina Krebs

South London and Maudsley NHS Foundation Trust
Institute of Psychiatry, Psychology and Neuroscience, King's College London

Lorena Fernández de la Cruz

Karolinska Institutet

Benedetta Monzani

Institute of Psychiatry, Psychology and Neuroscience, King's College London

Laura Bowyer

South London and Maudsley NHS Foundation Trust

Martin Anson

South London and Maudsley NHS Foundation Trust
Canterbury Christ Church University

Jacinda Cadman

Griffith University

Isobel Heyman

Institute of Psychiatry, Psychology and Neuroscience, King's College London
Great Ormond Street Hospital and Institute of Child Health, University College London

Cynthia Turner

University of Queensland

David Veale

South London and Maudsley NHS Foundation Trust
Institute of Psychiatry, Psychology and Neuroscience, King's College London

David Mataix-Cols

Institute of Psychiatry, Psychology and Neuroscience, King's College London
Karolinska Institutet and Stockholm Health Care Services

Emerging evidence suggests that cognitive-behavioral therapy (CBT) is an efficacious treatment for adolescent body

dysmorphic disorder (BDD) in the short term, but longer-term outcomes remain unknown. The current study aimed to follow up a group of adolescents who had

originally participated in a randomized controlled trial of CBT for BDD to determine whether treatment gains were maintained. Twenty-six adolescents (mean age = 16.2, $SD = 1.6$) with a primary diagnosis of BDD received a course of developmentally tailored CBT and were followed up over 12 months. Participants were assessed at baseline, midtreatment, posttreatment, 2-, 6-, and 12-month follow-up. The primary outcome measure was the clinician-rated Yale-Brown Obsessive-Compulsive Scale Modified for BDD. Secondary outcomes included measures of insight, depression, quality of life, and global functioning. BDD symptoms decreased significantly from pre- to posttreatment and remained stable over the 12-month follow-up. At this time point, 50% of participants were classified as responders and 23% as remitters. Participants remained significantly improved on all secondary outcomes at 12-month follow-up. Neither baseline insight nor baseline depression predicted long-term outcomes. The positive effects of CBT appear to be durable up to 12-month follow-up. However, the majority of patients remained symptomatic and vulnerable to a range of risks at 12-month follow-up, indicating that longer-term monitoring is advisable in this population. Future research should focus on enhancing the efficacy of CBT in order to improve long-term outcomes.

Keywords: body dysmorphic disorder; children; adolescents; cognitive-behavioral therapy

BODY DYSMORPHIC DISORDER (BDD) is characterized by an excessive preoccupation with perceived defects in appearance, causing significant distress and/or impairment in functioning (American Psychiatric Association, 2013). The disorder is relatively common, with an estimated prevalence of

Funding. This article presents independent research funded by the National Institute for Health Research (NIHR) under its Research for Patient Benefit (RfPB) Programme (Grant Reference Number PB-PG-0110-21231). The views expressed are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health. David Veale acknowledges salary support from the NIHR Biomedical Research Centre at South London and Maudsley NHS Foundation Trust and King's College London. Georgina Krebs is funded by an MRC Clinical Research Training Fellowship (MR/N001400/1).

Clinical Trial Registration Information. Cognitive-Behaviour Therapy for Adolescents With Body Dysmorphic Disorder: <http://www.isrctn.com/ISRCTN67699666>.

We wish to thank our colleagues Dr. Bruce Clark, Ms. Zoe Hughes, Ms. Siobhan Kelly, and Mr. Stuart Brownings for their assistance. Special thanks to Ellen, Claire, and Peter Rees for their invaluable support throughout this study.

Address correspondence to Georgina Krebs, D.Clin.Psy., Social, Genetic and Developmental Psychiatry Centre, Institute of Psychiatry, King's College London, Box PO80, De Crespigny Park, London SE5 8AF, UK; e-mail: georgina.1.krebs@kcl.ac.uk.

0005-7894/© 2017 Association for Behavioral and Cognitive Therapies. Published by Elsevier Ltd. All rights reserved.

1.7–2.4% in community samples of adults (Koran, Abujaoude, Large, & Serpe, 2008; Rief, Buhlmann, Wilhelm, Borkenhagen, & Brähler, 2006; Veale, Gledhill, Christodoulou, & Hodson, 2016). BDD typically has its onset during adolescence, where it can have a devastating impact on emotional, educational, and social functioning (Albertini & Phillips, 1999; Phillips et al., 2006). Moreover, adolescent-onset BDD is associated with the development of more severe symptoms, greater lifetime comorbidity, and higher rates of attempted suicide, compared with adult-onset BDD (Bjornsson et al., 2013). This highlights the urgent need for effective treatments for BDD in youth.

In adult populations, six randomized controlled trials (RCTs) have demonstrated cognitive-behavioral therapy (CBT) to be efficacious in reducing BDD severity compared with no treatment or wait-list control conditions (Rabiei, Mulken, Kalantari, Molavi, & Bahrami, 2012; Rosen, Reiter, & Orosan, 1995; Veale et al., 1996; Wilhelm et al., 2014), supportive therapy (Enander et al., 2016), and anxiety management (Veale, Anson, et al., 2014). To date, only one RCT has evaluated CBT for BDD in youth (Mataix-Cols et al., 2015). Encouragingly, this study found that developmentally tailored CBT was efficacious compared with a control condition. The between-group effect size was 1.13, 95% CI [0.31, 1.96] at posttreatment and 0.85, 95% CI [0.02, 1.69] at 2-month follow-up, favoring the CBT intervention, which is broadly in line with the results of adult trials. Furthermore, CBT was found to be associated with significant improvements in depressive symptoms, insight, quality of life, and global functioning.

Although it is well established that CBT for BDD is associated with significant symptom relief in the short term, longer-term outcomes are less clear. A recent meta-analysis of CBT for BDD concluded that gains are likely to be maintained for a least 2–4 months following treatment (Harrison, Fernández de la Cruz, Enander, Radua, & Mataix-Cols, 2016). Existing RCTs in adults have included follow-up periods ranging from 1 (Veale, Anson, et al., 2014) to 6 months (Rabiei et al., 2012; Wilhelm et al., 2014), and have shown preservation of gains over this period. To our knowledge, only two studies have examined longer-term outcomes (McKay, 1999; Veale, Miles, & Anson, 2015). McKay (1999) found that gains were maintained at 2-year follow-up among 10 patients who had received behavior therapy with or without an additional relapse prevention program. In a larger study, Veale et al. (2015) examined outcomes among 30 patients 1–4 years after completing CBT. Overall, symptoms remained stable and the relapse rate was relatively low ($n = 4$, 13.3%).

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات