



DEVELOPMENT OF THE BODY DYSMORPHIC DISORDER EXAMINATION

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Summary—The Body Dysmorphic Disorder Examination (BDDE) is a semi-structured clinical interview designed to diagnose body dysmorphic disorder and to measure symptoms of severely negative body image. It taps into preoccupation with and negative evaluation of appearance, self-consciousness and embarrassment, excessive importance given to appearance in self-evaluation, avoidance of activities, body camouflaging, and body checking. The BDDE had adequate internal consistency and test–retest and interrater reliability. It correlated with measures of body image, negative self-esteem, and psychological symptoms, and was sensitive to change following treatment of body dysmorphic disorder. The BDDE distinguished body dysmorphic disorder patients from clinical and non-clinical control subjects and agreed with other clinicians' diagnosis of body dysmorphic disorder. The BDDE provided unique information in predicting clinical status when controlling for psychological adjustment and other measures of body image. Copyright © 1996 Elsevier Science Ltd

INTRODUCTION

Body dysmorphic disorder (BDD) is a distressing and disabling body image disorder that has been described in psychiatric literature for over a century (Morselli, 1886). According to the diagnostic criteria (American Psychiatric Association, 1987), the essence of BDD is a preoccupation or excessive concern with a non-existent or slight physical defect in a normal appearing person. Patients with BDD can complain of nearly any aspect of their appearance, from localized, specific defects to vague feelings of ugliness. The most common features are head and body hair, facial features, skin blemishes, thighs, stomach, breasts, and buttocks (Phillips, McElroy, Keck, Pope & Hudson, 1993; Rosen, 1995). According to the diagnostic criterion added to the DSM-IV (American Psychiatric Association, 1994), the preoccupation causes significant impairment in social functioning or marked distress. The prevalence of BDD is unknown, but it is probably more common than generally believed because most persons with BDD do not seek treatment (Phillips, 1991). Recently it has been receiving more attention, but a major problem in studying and treating body dysmorphic disorder is that there is no validated standard measure or diagnostic schedule for BDD. That is the gap the present project was designed to fill.

Although distinct psychological and biological factors may play a role in BDD, the body image complaints of BDD patients can overlap with other types of appearance concerns. Therefore, an adequate measure of body dysmorphic disorder must distinguish it from normal body dissatisfaction and from body image problems in other clinical populations (e.g. persons with real physical deformities). To accomplish this, we believe the measure must inquire about feelings of shame in social situations, excessive importance given to physical appearance in self-evaluation, and body checking and impairment of activities. Moreover, the measure should supplement the diagnostic criteria, which presently are vague and highly subjective, by including more of the typical BDD symptoms, standardized severity ratings, and an operational definition of BDD. The content of the measure should not be gender biased or limited to certain types of appearance complaints.

Presently, no published measure of body image meets these requirements. Most popular body image measures were designed for use with eating disorders and, consequently, the content refers mainly to women's weight and body shape dissatisfaction.* Other popular measures of body image that are appropriate for men and women with any type of appearance complaint do not tap into all the clinical features of BDD.†

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To date, the use of formal assessment techniques with BDD patients is very limited. The Yale–Brown Obsessive Compulsive Scale (Y-BOCS) was modified by Phillips (1993) to measure obsessions and compulsions in BDD. Among other changes, the phrase ‘thoughts about body defect’ was inserted into the standard questions. The scale taps into the distressing thoughts about the defect and efforts made to control them, but it is limited to obsessive compulsive type symptomatology in BDD patients. BDD patients score lower on the measure after therapy (Neziroglu & Yaryura-Tobias, 1993a), but no formal psychometric studies of the modified Y-BOCS have been conducted. Neziroglu and Yaryura-Tobias (1993b) described the Overvalued Ideation Scale with which the patient rates the strength of his or her belief in the defect. The authors state that this is a measure of insight. BDD patients report a high level of conviction on this scale. No psychometric studies are available for this scale. Only two reports used a traditional body image assessment technique. Both used figure drawings to measure body part size distortion: distortion of nose size in rhinoplasty patients (Jerome, 1992) and distortion of penis size in koro patients (Chowdhury, 1989). However, the *Ss* in these studies were not clearly diagnosed as BDD. The Body Dysmorphic Diagnostic Module (Phillips, 1994) is a checklist of six questions that correspond to the DSM-IV criteria. It assists the interviewer in making the diagnosis, but does not provide a quantitative measure of symptom severity. No psychometric studies are reported.

The measure we developed is the Body Dysmorphic Disorder Examination (BDDE). It is a 34-item semi-structured clinical interview that usually requires 15–30 min to administer. The BDDE may be too time-consuming to be used as a screening instrument. However, we designed it to not only diagnose BDD but also to give the clinician a detailed assessment of typical symptoms that could be targeted in treatment. We chose a clinician administration to help obtain accurate ratings, especially on items that require the *S* to make subtle distinctions between types of body image beliefs (e.g. believing that other people evaluate their defect negatively vs evaluate their character negatively because of the defect). The purpose of this paper is to present the development and content of the BDDE and studies on its reliability and validity.

STUDY 1: DEVELOPMENT OF THE BDDE

Item development

We compiled all the body image complaints and associated features of BDD patients that were reported in the published case studies (Phillips, 1991) and then constructed a non-redundant list of symptoms. Items were written in the form of questions that would probe for the presence and severity of each feature. In a pilot study, the resulting interview was administered to a convenience sample of 22 clinical and non-clinical *Ss*, it was revised for clarity, administered to another convenience sample of 23 *Ss*, and revised again based on their feedback. The third version of the interview was given to a panel of 10 expert clinicians (doctoral psychologists and psychiatrists with diagnostic and treatment experience with BDD) to rate the content. They were provided with the DSM criteria and text for BDD (American Psychiatric Association, 1994) and asked to rate each item on the BDDE as appropriate or inappropriate for the assessment of BDD. Items that were not endorsed positively by at least 8 out of 10 raters were dropped. The resulting fourth version (version 3.2) of the BDDE was used in the studies that follow (see Appendix for a brief description of the items).

Content

The interview begins by asking the *S* to describe any aspect of physical appearance that he or she has disliked during the past four weeks (Item 1, Appendix). The perceived physical defect is rated by the interviewer as either ‘not observable’, ‘observable but minimally defective—not abnormal’, or ‘definitely abnormal’ (Item 2). Twenty-eight other items concern the severity of BDD

*For example, the Eating Disorder Inventory (Garner, 1991), Body Shape Questionnaire (Cooper, Taylor, Cooper & Fairburn, 1987), Eating Disorder Examination (Cooper & Fairburn, 1987), and the discrepancy score between current and ideal body figure drawings (e.g. Williamson, Davis, Bennett, Gorenczny & Gleaves, 1989).

†For example, the Multidimensional Body–Self Relations Questionnaire (Brown, Cash & Mikulka, 1990) and measures of body part satisfaction (e.g. the Body Esteem Scale: Franzoi & Shields, 1984).

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