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Comparison of Clinical Characteristics in Obsessive-Compulsive Disorder and Body Dysmorphic Disorder

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Abstract — Recent research has suggested that body dysmorphic disorder (BDD) is part of the spectrum of obsessive-compulsive disorders. In order to determine the extent of similarity for psychopathology measures, patients diagnosed with BDD were compared to a group of patients diagnosed with obsessive-compulsive disorder (OCD) on obsessionality, compulsivity, overvalued ideas, depression, and anxiety. Results indicate that BDD patients are similar to OCD patients for measures of obsessionality and compulsivity when BDD symptoms are assessed as such. BDD and OCD patients were also similar for measures of depression, and state and trait anxiety. OCD patients had higher levels of anxiety when measuring common physical symptoms associated with this affective reaction. BDD patients had higher levels of overvalued ideas, but fewer obsessive and compulsive symptoms. Overall, the results suggest that BDD is a variant of OCD, with special considerations given to degree of belief conviction (overvalued ideas). © 1997 Elsevier Science Ltd

Recent literature has suggested that obsessive-compulsive disorder (OCD) and body dysmorphic disorder (BDD) share important clinical characteristics and lend justification to the formulation of a spectrum of obsessive-compulsive disorders. BDD is characterized by excessive concern with perceived bodily defect, and may only be considered BDD when it is not related to an eating disorder such as anorexia or bulimia (*Diagnostic and Statistical Manual of Mental Disorders DSM-IV*, American Psychiatric Association, 1994).

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Most of the literature linking BDD to OCD has been theoretical in nature, with limited empirical support. For example, Hollander, Cohen, and Simeon (1993) report that of 50 patients diagnosed with BDD, 39 had clinically significant symptoms of OCD as well. However, of this group, large percentages also had depression ($n = 34$) and other anxiety disorders ($n = 30$). Recent epidemiology research shows that BDD has a comorbidity of OCD (Simeon, Hollander, Stein, Cohen, & Aronowitz, 1995). Other studies support the inclusion of BDD as a member of the spectrum of OCD by virtue of the similarity of response to medications typically used for OCD (Hollander, Liebowitz, Winchel, Klumker, & Klein, 1989; Neziroglu & Yaryura-Tobias, 1993a). Other support for its inclusion in the spectrum of obsessive-compulsive disorders comes from the response to behavioral treatments, such as exposure with response prevention, which is popular for use with OCD (Neziroglu & Yaryura-Tobias, 1993b; Rosen, Reiter, & Orosan, 1995).

The recent revision of the *DSM-IV* has accommodated the theoretical conceptualizations regarding the obsessive-compulsive spectrum by including an optional identifier for disorders included in this category. Specifically, an additional notation of "with poor insight" may be added for diagnoses of OCD, BDD, and other disorders considered to fall in the spectrum of OCD (an additional diagnosis where this is relevant, for example, is hypochondriasis). This is an effort to include additional theoretical work suggesting that OCD may occasionally present with elevated levels of "overvalued ideas" (Kozak & Foa, 1994). Overvalued ideation occurs when patients with OCD (or other identified spectrum disorders) no longer view their symptoms as senseless, but lack adequate conviction to consider them as having a delusion. Overvalued ideas have been identified as predictive of improvement in OCD (Foa, 1979) and observed as a feature of BDD (Neziroglu & Yaryura-Tobias, 1993a). Other research has found that BDD is likely to present with a number of personality disorders (Neziroglu, Stevens, McKay, Todaro, & Yaryura-Tobias, 1996) and remain symptomatic for depression following trials of treatment and maintenance with behavior therapy (McKay et al., 1997; McKay, in press).

The present investigation is intended to shed additional light on the ways in which OCD and BDD are similar on a variety of dimensions of psychopathology. Based on the conceptualizations of BDD to date, it is hypothesized that this patient group would exhibit greater levels of depression (Hollander et al., 1993), stronger conviction of belief in the rationality of pathology (overvalued ideation; Neziroglu & Yaryura-Tobias, 1993a; McElroy, Phillips, Keck, Hudson, & Harrison, 1993), and similar levels of obsessive-compulsive symptoms unrelated to BDD (Hollander et al., 1993; Simeon, Hollander, Stein, Cohen, & Aronowitz, 1995).

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