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Prevalence of Body Dysmorphic Disorder in Patients with Anxiety Disorders

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Abstract — Body Dysmorphic Disorder (BDD) is a debilitating disorder that often goes undetected in clinical practice. To provide information on the diagnostic correlates of BDD, we examined rates among outpatients seeking treatment for anxiety disorders. Participants (N = 165) were evaluated with a structured clinical interview and received the following primary diagnoses: panic disorder (n = 80), obsessive-compulsive disorder (n = 40), social phobia (n = 25) and generalized anxiety disorder (n = 20). Overall, 6.7% of patients met criteria for BDD. Rates were highest for social phobia (12%). When comorbid social phobia was excluded, rates of BDD were 1.5% in panic disorder, 6.7% in generalized anxiety disorder, and 7.7% in obsessive-compulsive disorder. In all cases, onset of social phobia preceded onset of BDD. Our findings draw attention to the prevalence of BDD in patients with social phobia. The potential etiologic significance of our findings is discussed. © 1997 Elsevier Science Ltd

INTRODUCTION

Body dysmorphic disorder (BDD) is a debilitating preoccupation with an imagined defect in appearance that has only recently received empirical attention (Phillips, 1991; Phillips, McElroy, Keck, Pope, & Hudson, 1993). Due to the degree of preoccupation with the imagined defect and the occurrence of compulsive behavior, such as mirror checking, BDD is highly reminiscent of obsessive-compulsive disorder. BDD also shares features with social phobia; both disorders are characterized by fears of negative evaluation, and social isolation because of high anxiety in and avoidance of social situations (Hollander & Phillips, 1992; Phillips et al., 1993).

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Some reports suggest that BDD occurs at high rates in patients with obsessive-compulsive disorder and social phobia (Brawman-Mintzer, Lydiard, Phillips, Morton, Czepowicz, Emmanuel, Villareal, Johnson, & Ballanger, 1995; Hollander, Liebowitz, Winchel, Klumker, & Klein, 1989; Hollander & Phillips, 1992; Phillips et al., 1993), but identification of important concurrent condition is complicated by the substantial comorbidity among anxiety and mood disorders. For example, a recent study found elevated rates of BDD in depressed patients, but the highest rates were fairly specific to depressed patients who were also diagnosed with social phobia (Nierenberg, Phillips, Kaji, Alpert, Worthington, & Fava, 1995). Hence, investigations of BDD must consider not only the primary disorder, but comorbid conditions as well. To further investigate the relationship between BDD and anxiety disorders, we examined rates of BDD in a sample of patients with various anxiety disorders.

METHOD

A sample of 165 outpatients (81 men and 84 women) seeking treatment for anxiety disorders at Massachusetts General Hospital was selected for the study. Patients were evaluated prior to entering treatment protocols. Written informed consent was obtained after procedures had been fully explained to the patients. Diagnostic evaluation was completed with a structured clinical interview (SCID-OP) that included a BDD module (Spitzer, Williams, & Gibbon, 1988). They received the following primary diagnosis: Panic Disorder with or without agoraphobia (PD, $n = 80$), Obsessive Compulsive Disorder (OCD, $n = 40$), Social Phobia (SP, $n = 25$), and Generalized Anxiety Disorder (GAD, $n = 20$). Primary diagnoses were defined as the condition causing the primary distress and interference for patients at the present time; patients were entering treatment for these primary conditions. Secondary diagnoses were defined as other disorders for which patients met current criteria. Contingency table analyses (chi-square and Fisher's exact tests) were conducted to determine whether a relationship existed between nominal variables. Differences between groups in demographic variables were analyzed using Mann-Whitney *U*-tests appropriate for the unequal sample sizes.

RESULTS

BDD was diagnosed in 6.7% (11 of 165) of the sample, with a mean age of onset of 17.6 years ($SD = 8.9$). Patients diagnosed with BDD did not differ in age ($M = 34.6$, $SD = 8.0$) from patients without BDD ($M = 37.1$, $SD = 10.3$), according to Mann-Whitney *U*-tests ($U = 751.5$, $p < .54$). No significant sex differences were evident; 63% of patients with BDD ($n = 7$) were women. Location of the imagined defect in the BDD patients was hair ($n = 3$), skin ($n = 3$), nose ($n = 2$), breasts ($n = 1$), ears ($n = 1$), hands ($n = 1$), jaw ($n = 1$), and odors ($n = 1$). Two patients had imagined defects in more than one location.