

A retrospective follow-up study of body dysmorphic disorder[☆]

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Abstract

Background: Although research on body dysmorphic disorder (BDD) is increasing, no follow-up studies of this disorder's course of illness have been published.

Methods: The status of 95 outpatients with BDD treated in a clinical practice was assessed by chart review. Standard scales were used to rate subjects at baseline and the most recent clinic visit (mean duration of follow-up, 1.7 ± 1.1 ; range, 0.5–6.4 years). Ratings were also done at 6-month intervals over the first 4 years of follow-up.

Results: Although research on body dysmorphic disorder (BDD) is increasing, no follow-up studies of this disorder's course of illness have been published. **Methods:** The status of 95 outpatients with BDD treated in a clinical practice was assessed by chart review. Standard scales were used to rate subjects at baseline and the most recent clinic visit (mean duration of follow-up, 1.7 ± 1.1 ; range, 0.5–6.4 years). Ratings were also done at 6-month intervals over the first 4 years of follow-up. **Results:** Allowing for censoring, life table analysis estimated that the proportion of subjects who achieved full remission from BDD at the 6-month and/or 12-month assessment was 24.7%; the proportion who attained partial or full remission at 6 months and/or 12 months was 57.8%. After 4 years of follow-up, 58.2% had experienced full remission, and 83.8% had experienced partial or full remission, at one or more 6-month assessment points. Of those subjects who attained partial or full remission at one or more assessment points, 28.6% subsequently relapsed. Between baseline and the most recent assessment, BDD severity and functioning significantly improved: at the most recent assessment, 16.7% of subjects were in full remission, 37.8% were in partial remission, and 45.6% met full criteria for BDD. Greater severity of BDD symptoms and the presence of major depression or social phobia at baseline were associated with more severe BDD symptoms at study end point. All subjects received at least one medication trial, and 34.3% received some type of therapy during the follow-up period.

Conclusions: A majority of treated patients with BDD improved, although improvement was usually partial. Prospective longitudinal studies are needed to further elucidate the course of BDD.

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1. Introduction

Body dysmorphic disorder (BDD), a distressing or impairing preoccupation with an imagined or slight defect in appearance, is a relatively common disorder [1,2]. It is associated with high rates of functional impairment and suicide attempts [3,4], high levels of perceived stress [5], and markedly poor quality of life [6,7]. Although research on BDD is rapidly increasing, this disorder's course of illness has received virtually no investigation. Available data are from case reports [8], which generally report a chronic course, and 2 studies ($n = 188$ and $n = 200$) that asked subjects to retrospectively describe the past course of their BDD symptoms [9,10]. These 2 studies reported a similar mean duration of BDD: 15.7 ± 11.9 years (range, 1–69

years) in one study [9] and 15.8 ± 12.3 years (range, 1–51 years) [10] in the other. Both studies also retrospectively reported a chronic course of BDD symptoms (ie, less than 1 month of remission since onset) in a majority of cases (82% [9] and 81% [10]) as well as a generally worsening course over time (in 61% [9] and 53% [10] of patients). In these studies, information on illness course was limited to these few questions, standard measures were not used to assess course, and all information on course of illness was obtained retrospectively.

Although these data suggest that BDD is usually chronic, results from short-term treatment studies (up to 16 weeks) indicate that a majority of patients improve with cognitive-behavioral therapy (CBT) [11–14] or a serotonin-reuptake inhibitor (SRI) [15–18]. Many of these studies, however, found that treatment typically results in only partial remission, with most patients having remaining symptoms; this is particularly the case for studies with more severely ill patients [13–17]. To our knowledge, no continuation or maintenance treatment studies have been done in BDD except for a small study ($n = 10$) which found that intensive

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exposure and response prevention followed by relapse prevention maintained improvement at 2 years [19].

This paper reports on a chart-review study of 95 outpatients with BDD who were treated in a specialty BDD clinical setting for up to more than 6 years. To our knowledge, there are no published follow-up studies on the course of BDD. We hypothesized that although available retrospective data suggest that BDD is usually chronic, a majority of this treated cohort would improve (consistent with results from short-term treatment studies) or further improve after short-term treatment, but that improvement would usually be partial. We also hypothesized that delusional patients and those with more severe BDD symptoms would have a worse course of illness, as these patients tend to be more functionally impaired [20] and have higher levels of perceived stress [5] and poorer quality of life [6,7]. We also predicted that patients with a personality disorder would have a worse course of illness, consistent with the literature on other Axis I disorders [21].

2. Methods

2.1. Subjects and treatment

The sample consisted of 95 outpatients with *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)* BDD referred to a BDD specialty program for treatment of BDD. Patients were selected for this study from the larger number of patients who received a BDD consultation or treatment based on the following: (1) they were treated in the BDD program clinical practice “naturalistically” (ie, treatment was not protocol-based) for at least 6 months (mean duration, 1.7 ± 1.1 years; range, 0.5–6.4 years); patients were accepted for treatment depending on whether they were interested in receiving treatment and whether there were openings in the practice; (2) patients had to live within driving distance of the clinic, which was in the Northeast; (3) because treatment occurred in a private hospital setting, patients were either insured (in the majority of cases) or paid for treatment themselves; and (4) 54.7% ($n = 52$) of subjects had previously participated in a descriptive study of BDD’s clinical characteristics (which had no exclusion criteria) [3], and 45.3% ($n = 43$) had previously participated in an open-label [15] or placebo-controlled [17] BDD pharmacotherapy study. Pharmacotherapy study participants were included in the present study only if they were subsequently treated in the program’s clinical practice for at least 6 months after completion of the clinical trial. Clinical trial data are not included in the present study’s analyses.

All patients received pharmacotherapy in the specialty BDD setting. However, in nearly all cases in which psychotherapy was received, it was provided outside the BDD specialty setting by other clinicians at the hospital where the BDD program is located or by community therapists. Some patients who sought treatment in the BDD

program were already receiving ongoing therapy, whereas others were referred for therapy by the first author after she began treating them. Patients were referred for psychotherapy for a variety of reasons: if patients requested it (although therapy was sometimes not received because of insurance/financial restrictions), if the first author thought that their BDD symptoms might benefit from CBT, or if it appeared that problems other than BDD (eg, psychosocial stressors) would potentially benefit from psychodynamic and/or supportive psychotherapy.

The sample’s mean age was 30.6 ± 11.7 years (range, 6–65 years); 80.0% ($n = 76$) were adults, 18.9% ($n = 18$) were adolescents, and 1.0% ($n = 1$) was a child; 54.7% ($n = 52$) were female; 62.4% ($n = 58$) were single, 26.9% ($n = 25$) were married, and 10.8% ($n = 10$) were divorced. The mean age of BDD onset was 17.2 ± 8.1 years (range, 5–44 years). The most common current comorbid disorders were major depression (52.8%, $n = 47$), social phobia (29.2%, $n = 26$), and obsessive-compulsive disorder (OCD; 26.9%, $n = 24$).

2.2. Assessments

2.2.1. Baseline assessments

The Psychiatric Status Rating Scale for Body Dysmorphic Disorder (BDD-PSR) evaluated whether subjects met full criteria for BDD or were in partial or full remission. PSRs are disorder-specific, reliable, and valid global ratings of disorder severity used in numerous longitudinal studies to track course of illness [22–24]. A PSR for BDD, based on *DSM-IV* criteria, was adapted from PSRs for mood and anxiety disorders. The BDD-PSR has good interrater and test-retest reliability (intraclass correlation [ICC] = 0.95 and 0.81, respectively) as well as good convergent validity (KAP, unpublished data). The BDD-PSR is a 7-point scale that reflects whether BDD symptoms currently meet full *DSM-IV* criteria for BDD, are in partial remission, or are in full remission. A score of 1 or 2 indicates full remission (1 = no symptoms of BDD; 2 = some appearance concerns but no distress or impairment in functioning due to BDD); a score of 3 or 4 indicates partial remission (3 = some appearance concerns with either mild distress or mildly impaired functioning; 4 = appearance concerns with both mild distress and mild impairment in functioning); and a score of 5, 6, or 7 indicates full criteria for BDD (5 = appearance concerns present for at least 1 hour per day, and either moderate distress or moderate functional impairment; 6 = appearance preoccupations cause significant distress and significant functional impairment; 7 = appearance concerns cause severe or extreme distress and functional impairment). The Yale-Brown Obsessive Compulsive Scale Modified for Body Dysmorphic Disorder (BDD-YBOCS) is a reliable and valid 12-item semistructured clinician-administered instrument that evaluates current BDD severity [25]. It assesses BDD-related preoccupations, repetitive behaviors, insight, and avoidance. The mean baseline BDD-YBOCS score was 29.3 ± 6.6 , reflecting moderately severe BDD.

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