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Gender similarities and differences in 200 individuals with body dysmorphic disorder☆

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Abstract

Background: Gender is a critically important moderator of psychopathology. However, gender similarities and differences in body dysmorphic disorder (BDD) have received scant investigation. In this study, we examined gender similarities and differences in the broadest sample in which this topic has been examined.

Methods: Two hundred subjects with BDD recruited from diverse sources were assessed with a variety of standard measures.

Results: There were more similarities than differences between men and women, but many gender differences were found. The men were significantly older and more likely to be single and living alone. Men were more likely to obsess about their genitals, body build, and thinning hair/balding; excessively lift weights; and have a substance use disorder. In contrast, women were more likely to obsess about their skin, stomach, weight, breasts/chest, buttocks, thighs, legs, hips, toes, and excessive body/facial hair, and they were excessively concerned with more body areas. Women also performed more repetitive and safety behaviors, and were more likely to camouflage and use certain camouflaging techniques, check mirrors, change their clothes, pick their skin, and have an eating disorder. Women also had earlier onset of subclinical BDD symptoms and more severe BDD as assessed by the Body Dysmorphic Disorder Examination. However, men had more severe BDD as assessed by the Psychiatric Status Rating Scale for Body Dysmorphic Disorder, and they had poorer Global Assessment of Functioning Scale scores, were less likely to be working because of psychopathology, and were more likely to be receiving disability, including disability for BDD.

Conclusions: The clinical features of BDD in men and women have many similarities but also some interesting and important differences. These findings have implications for the detection and treatment of BDD.

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1. Introduction

Gender is a critically important moderator of psychopathology. Recent groundbreaking reports published by the Institute of Medicine, which evaluated the biology of sex and gender differences, emphasized the importance of sex/gender in illness [1,2]. These reports underscored the need for additional research to further elucidate sex/gender similarities and differences across diseases [1,2]. Understanding variations in disease expression in men and women is clinically important. In addition, gender differences in disease expression may reflect biological differences between the sexes as well as sociocultural factors such as different role expectations for men and women [3]. Understanding such differences may shed light on disorders' etiology and pathophysiology.

In epidemiological studies, differences in the prevalence of psychiatric disorders in men and women have been consistently found (eg, major depression is approximately twice as common in women, whereas alcohol and drug use disorders are approximately 2 to 5 times more common in men) [3]. Research on gender differences in the symptom expression of psychiatric illness is still limited, and some findings are inconsistent; however, some interesting differences have emerged [3]. For example, women are more likely than men to experience the depressed pole of bipolar illness, less likely to have only manic episodes, and more likely to have rapid cycling [4-6]. Women with schizophrenia appear

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more likely than men to experience affective symptoms in addition to psychotic symptoms [7,8].

Despite the growing literature on gender similarities and differences in a variety of psychiatric disorders, this important aspect of body dysmorphic disorder (BDD) has received scant empirical attention, even though BDD is relatively common and severe [9,10]. To our knowledge, only 2 previous studies have examined this topic in BDD. One study, from the United States, contained 188 subjects (93 women and 95 men) from a BDD specialty program [11]; the other study, from Italy, contained 58 subjects (24 women and 34 men) who were consecutively enrolled as outpatients and had a chief complaint of BDD symptoms [12].

Both studies found far more gender similarities than differences in terms of most demographic characteristics, age at BDD onset, repetitive and safety behaviors, comorbidity, functional impairment, and treatment received. As shown in Table 1, these 2 studies also found more gender similarities than differences in terms of body areas of concern. The 2 studies also concurred on a few gender differences: both found that men were more likely than women to be preoccupied with their genitals, and that women were more likely to have comorbid bulimia nervosa (as well as any eating disorder in the US study). However, most other gender differences were discrepant between the 2 studies. For example, as shown in italics in Table 1 (discrepant results across the 2 studies are highlighted with italics), in the US study, concerns about excessive body hair were more common in women, whereas in the Italian study, they were more common in men. In the US study, men were more likely to be single, whereas in the Italian study, men were more likely to have bipolar disorder and women were more likely to check mirrors, use camouflage, and have comorbid panic disorder. The US study found some additional gender differences that were not examined in the Italian study: men were more likely to camouflage with a hat and have a substance use disorder, whereas women were more likely to camouflage with their hand or makeup, pick their skin, and receive nonpsychiatric medical treatment or surgery for their perceived appearance flaws. The reasons for these studies' discrepant findings are unclear; they may reflect differences in sample ascertainment or perhaps cultural factors.

In the present study, we examined the BDD's clinical features in a new sample of 200 subjects (137 women and 63 men), which is broader than the samples in the previous 2 gender studies. The study inclusion and exclusion criteria (see below) were very broad. Unlike the 2 previous studies, one third of subjects were not currently seeking or receiving mental health treatment, and most treatment was obtained in nonspecialty settings. Thus, findings from the present study may be more generalizable than those from the previous studies. In this study, we assessed some previously unexamined gender similarities and differences, including scores on depression, obsessive-compulsive disorder (OCD), and social phobia scales; age at onset of subclinical BDD; prevalence of certain BDD behaviors and comorbid disorders; and scores on measures of psychosocial functioning and quality of life. We hypothesized, consistent with both of the 2 previous studies, that men and women would be similar in terms of most variables, but that a greater proportion of men would be concerned with their genitals, and a greater proportion of women would have a comorbid eating disorder. (The study interviewers were blind to these hypotheses.) We were also interested in whether other differences found in either the previous Italian or US study would be replicated in the present study.

2. Methods

2.1. Subjects

Two hundred individuals participated in a prospective study of the course of BDD. This report includes only data from the intake (baseline) assessment and therefore

Table 1
Body areas of concern for women and men with BDD in 2 previously published studies [11,12]

Body area	US study (n = 188)	Italian study (n = 58)
Skin	M = F	–
Acne	–	M = F
Hair	M = F	M = F
Excessive body hair	*F > M*	*M > F*
Hair thinning	M > F	–
Nose	M = F	M = F
Stomach/abdomen	M = F	M = F
Teeth	M = F	–
Weight	F > M	–
Breasts/chest	*M = F*	*F > M*
Eyes	M = F	–
Buttocks	M = F	–
Eyebrows	M = F	–
Face (overall)	M = F	M = F
Legs	*M = F*	*F > M*
Body build (small)	M > F	–
Face size/shape	M = F	–
Lips	M = F	M = F
Chin	M = F	–
Arm/wrist	M = F	–
Hips	*F > M*	*M = F*
Cheeks	M = F	–
Ears	M = F	M = F
Hands	M = F	M = F
Genitals	M > F	M > F
Forehead	M = F	–
Jaw	M = F	–
Feet	M = F	M = F
Head size/shape	M = F	–
Neck	M = F	–
Height	*M = F*	*M > F*
Fingers	M = F	–
Shoulders	M = F	M = F
Face muscles	M = F	–

M indicates male; F, Female. M = F indicates that a significant gender difference was not found. The symbol "–" indicates that the study did not report on this body area. Data captured in italics indicate that the US and Italian studies had discrepant findings.

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