Available online at www.sciencedirect.com
ScienceDirect
Eating Behaviors 8 (2007) 115–120
EATING BEHAVIORS

Weight concerns in individuals with body dysmorphic disorder

Jennifer E. Kittler [a,b], William Menard [c], Katharine A. Phillips [b,c,*]

[a] E.P. Bradley Hospital, 1011 Veterans Memorial Parkway, East Providence, RI 02915, USA
[b] Department of Psychiatry and Human Behavior, Brown Medical School, Providence, RI 02905, USA
[c] Butler Hospital, 345 Blackstone Blvd., Providence, RI 02906, USA

Received 14 October 2005; received in revised form 2 February 2006; accepted 17 February 2006

Abstract

Objective: To determine the prevalence of weight concerns in individuals with BDD, and to examine similarities and differences between those with and those without weight concerns.
Method: We assessed 200 participants with BDD for clinically significant weight concerns and compared those with weight concerns (in addition to other body area concerns) to those without weight concerns on measures of BDD symptoms, other symptom severity, comorbidity, suicidality, functioning, and quality of life.
Results: 58 (29.0%) participants had weight concerns. Participants with weight concerns were younger, more likely to be female, and had more body areas of concern; a higher frequency of certain BDD behaviors, suicide attempts, and comorbidity; greater body image disturbance and depression; and poorer social functioning. The two groups were similar on other measures.
Discussion: Weight concerns in BDD deserve further study, as they appear relatively common and are associated with greater symptom severity and psychopathology in several domains.

Keywords: Body dysmorphic disorder; Body image; Weight; Eating disorders

1. Introduction

Body dysmorphic disorder (BDD), a distressing or impairing preoccupation with an imagined or slight defect in appearance (American Psychiatric Association, 2000), appears to usually focus on the face or head (Phillips, McElroy, Keck, Pope, & Hudson, 1993; Veale et al., 1996). Indeed, early reports on BDD's clinical features did not include any individuals with clinically significant weight concerns (Phillips et al., 1993; Veale et al., 1996). However, more recent reports have included such individuals (Rosen, Reiter, & Orosan, 1995; Veale, Kinderman, Riley, & Lambrou, 2003). Patients with weight concerns have been hypothesized to be a less impaired group of BDD sufferers (Veale, Kinderman, Riley, & Lambrou, 2003), although few studies have directly compared them to BDD patients with non-weight concerns. In one study (Veale et al., 2003), individuals with BDD who were mainly preoccupied with their weight ($n=35$) had similar levels of depression and social anxiety as did BDD participants without weight preoccupations ($n=72$). BDD participants with weight concerns were also more depressed and socially anxious than nonclinical controls ($n=42$). In a study of adolescent psychiatric inpatients (Dyl, Kittler, Phillips, & Hunt, in press),

* Corresponding author. Tel.: +1 401 455 6490; fax: +1 401 455 6539.
E-mail address: Katharine_Phillips@brown.edu (K.A. Phillips).

1471-0153/$ - see front matter © 2006 Elsevier Ltd. All rights reserved.
doi:10.1016/j.eatbeh.2006.02.006

those who met criteria for BDD but were primarily concerned with their weight did not differ from those with non-weight-related BDD; both groups had more severe depression, anxiety, and suicidal ideation than psychiatric inpatients without BDD. Despite these two studies, the clinical characteristics of those with clinically significant weight-related preoccupations, as compared to those with non-weight-related BDD, remain largely unexplored. This is a critical area of research, given uncertainty regarding the correct diagnosis (e.g., EDNOS vs. BDD) and treatment of individuals who endorse significant weight-related preoccupations but do not meet criteria for anorexia or bulimia nervosa (Grant and Phillips, 2004).

Using an existing database, this study determined the prevalence of clinically significant weight concerns in 200 individuals with BDD, and compared those with weight concerns (all of whom also had concerns with other body areas) to those without such concerns on measures of BDD and other symptoms, body image disturbance, comorbidity, suicidality, quality of life, and functioning. To our knowledge, no previous study has compared these groups on these variables. Given previous research (Dyl et al., in press; Phillips and Diaz, 1997; Veale et al., 2003), we expected more women than men to endorse weight concerns. Although we did not expect differences between groups in terms of impairment and psychopathology, these comparisons were nonetheless made, given the lack of prior research in this area as well as previous speculation as to whether those with weight-related concerns may represent a less impaired subgroup of BDD sufferers (e.g., Veale et al., 2003).

2. Method

2.1. Participants

Participants were 200 individuals meeting DSM-IV criteria for current (89%) or past (11%) BDD. Participants were obtained from diverse sources: mental health professionals (46.0%), advertisements (38.6%), our program website and brochures (10.2%), participant friends and relatives (3.4%), and nonpsychiatrist physicians (1.7%). Sixty-seven percent of the sample was currently receiving mental health treatment. Participants were required to be age 12 or older (the sample's actual age range was 14–64; mean age = 32.6, S.D. = 12.1) and able to participate in an in-person interview. The only exclusion criterion was an organic mental disorder that would interfere with the collection of valid interview data. Participants were assigned to the "weight concerns" group if they endorsed a current or past weight concern on the BDD Form (see below). To be considered a BDD symptom, weight concerns were required to be clinically significant (i.e., preoccupying and causing distress or interfering with functioning), and judged to not be better accounted for by a comorbid eating disorder or apparent obesity. The Butler Hospital Institutional Review Board approved the study, and all participants signed statements of informed consent (assent was obtained from adolescents and consent from their parent/guardian).

2.2. Measures

BDD symptoms and suicidality were assessed with the *BDD Form* (Phillips, KA, unpublished), which has been used in previous BDD studies (e.g., Dyl et al., in press; Phillips et al., 1993; this measure is available from the last author upon request). This 43-item measure is administered in an interview format and was used to obtain information about the body areas with which the participant was concerned, BDD-related behaviors in which they engaged, the presence or absence of BDD-related and non-BDD-related suicidal ideation and suicide attempts), and other clinical features. The *BDD Form* was used to assign participants to the "weight concerns" or "no weight concerns" groups. To accomplish this, the participant was read a comprehensive list of body areas of concern (including weight) and was asked whether they currently experienced, or had ever experienced, significant concerns about this area. The interviewer then determined whether such concerns appeared clinically significant (i.e., causing preoccupation and associated distress or impairment in functioning). Participants were then asked to identify the body area that was currently of *greatest* concern. Participants were included in the "weight concerns" category if they endorsed weight as a current or past area of concern, even if this was not their current primary area of concern. Thus, the "weight concerns" variable was dichotomized as "yes" (current or past clinically significant concern with weight) or "no" (no history of such concerns). Although reliability data for the *BDD Form* are not available, nearly all interviews were conducted by the same two highly trained and experienced clinical interviewers. Interviewers received rigorous training that included discussion of videotaped interviews, conducting mock interviews, and close observation and supervision during