

## Original Research Reports

# Correlates of Quality of Life and Functional Disability in Individuals with Body Dysmorphic Disorder

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**Objective:** *Body dysmorphic disorder (BDD) is a chronic mental illness characterized by low quality of life and functional disability across multiple domains. Despite the clinical importance of understanding impairment in BDD, there has been little research examining the factors that contribute to these constructs. The present study was designed to examine sociodemographic and clinical correlates of quality of life and disability (work, social, and family) in a sample of individuals with moderately severe BDD symptoms. Method:* Participants completed an internet survey with questions about demographics, BDD phenomenology, treatment, and impairment. Only participants who completed all study measures and received a score  $\geq 16$  on the 10-item Yale-Brown Obsessive Compulsive Scale, Modified for BDD (BDD-YBOCS), indicating the presence of clinical BDD symptoms, were included in the analysis ( $n = 256$ ). Multivariate regres-

sion with backwards variable selection was used to identify significant predictors of quality of life and functional disability, assessed with the Quality of Life Enjoyment and Satisfaction Scale-Short Form (QLESQ-SF) and the Sheehan Disability Scale (SDS), respectively. **Results:** BDD symptom severity was inversely associated with quality of life and directly associated with disability in all domains. After controlling statistically for BDD symptom severity, sociodemographic and clinical factors such as age, gender, ethnicity, marital status, insurance, body parts of concern, depression symptoms, and anxiety symptoms were significantly associated with impairment. **Conclusion:** Results suggest a multidimensional nature of quality of life and functional disability and underscore the importance of developing holistic treatment strategies to address impairment in BDD.

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Body dysmorphic disorder (BDD) is a debilitating mental disorder characterized by an excessive and distressing preoccupation with a slight or imagined defect in physical appearance.<sup>1</sup> BDD is relatively common in the general population<sup>2–4</sup> as well as in inpatient settings.<sup>5–7</sup> It presents with low rates of remission<sup>8</sup> and high rates of psychiatric comorbidity.<sup>9</sup> Further, individuals with BDD exhibit high rates of suicidal ideation, suicide attempts, and completed suicide.<sup>3,10</sup>

BDD patients exhibit chronically high levels of impairment across domains of functioning.<sup>11–13</sup> A substantial portion of individuals with BDD (36%–39%) are unable to work due to their mental illness and many (17%–23%)

receive disability insurance.<sup>14,15</sup> Individuals with BDD also suffer from significant social impairment.<sup>14,16</sup> Perhaps unsurprisingly, given the high levels of comorbidity and impairment associated with the disorder, individuals with BDD also report extremely low quality of life. In-

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## Correlates of Quality

deed, BDD patients report mental health-related quality of life significantly below both community samples and individuals with a range of other mental disorders, including depression, dysthymia, social phobia, panic disorder, and post-traumatic stress disorder (PTSD).<sup>11,12</sup>

Despite the decrements in functioning and quality of life associated with BDD, little is known about the correlates of disability and quality of life for individuals with this disorder. Although BDD symptom severity is associated with quality of life and functional disability,<sup>12,13,15</sup> it accounts for only a small portion of the variance in these constructs.<sup>12</sup> Additionally, there is little<sup>11</sup> or no<sup>14</sup> difference in quality of life or functional disability between individuals who have received treatment for BDD and those who have not. These studies suggest that the low levels of functioning and quality of life observed in individuals with BDD might be related to factors other than BDD symptom severity and that standard BDD treatments are failing to address these additional factors.

Initial studies examining quality of life and functional disability in BDD have provided preliminary evidence that factors such as gender, education, social support, and comorbidity may be relevant to our understanding of impairment in BDD.<sup>15,17</sup> However, no study has systematically examined the composite impact of these factors on disability and quality of life for individuals with BDD. The present study sought to address this gap in the literature by identifying sociodemographic and clinical correlates of low quality of life and functional disability while controlling statistically for BDD symptom severity.

## METHODS

### Study Procedure

The present study was part of a larger internet study that was designed to enhance our understanding of specific aspects of BDD, including the correlates of quality of life/functional impairment, ethnic differences in the presentation of BDD, and barriers to treatment for individuals with BDD. The internet survey was created and managed through the website [surveyMonkey.com](http://surveyMonkey.com).<sup>18</sup> Participants accessed the survey anonymously through an internet link that was posted in study advertisements. Study advertisements were placed on BDD clinic websites, in online BDD forums, and around the Boston, Massachusetts area. Upon entering the survey, participants were first required to read and agree to an informed consent page. Participants then

completed questionnaires and measures addressing sociodemographic and clinical information as well as symptoms of psychopathology, including BDD symptoms and BDD phenomenology. The sociodemographic and clinical variables used in the present study were modeled after variables used in a similar investigation on quality of life in depression.<sup>19</sup> Participants were instructed that they could skip any question they did not want to answer. After submitting the survey, participants were given a \$10 electronic gift certificate. To discourage duplicate responses, only one survey could be submitted from a single IP address. The Massachusetts General Hospital Institutional Review Board reviewed and approved all study procedures.

### Study Participants

Participants were individuals with body image concerns who were at least 18 years old and proficient in reading and writing English. The internet survey was active from November 2008 to January 2009. Participants were only included in the present sample if they completed all study measures and received a score of 16 or higher on the 10-item Yale-Brown Obsessive Compulsive Scale, Modified for BDD (BDD-YBOCS). Although many previous studies on BDD have used the 12-item BDD YBOCS with a cut-off score of either 20 or 24,<sup>11,20</sup> the 10-item BDD-YBOCS with a cut-off score of 16 was used in the present study because the 12-item version contains a question assessing delusionality that was not appropriate for self-report. The 10-item BDD-YBOCS is based on the Yale-Brown Obsessive Compulsive Scale (YBOCS) for which a score of 16 or higher is a well established diagnostic cutoff.<sup>21</sup> As such, a cut-off of 16 or higher on the BDD YBOCS was used to restrict participation in the present study to only those individuals with clinically significant BDD symptoms. Participants were excluded if they indicated on the Body Dysmorphic Disorder Questionnaire (BDDQ) that their primary body image concerns were weight concerns. A total of 256 participants met the aforementioned criteria and were thus included in the analysis population.

## MEASURES

### Assessment of Sociodemographic and Clinical Variables

A multiple choice demographics questionnaire was used to assess participants' age, gender, ethnicity, educa-

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