

Dysmorphic concern symptoms and personality disorders: A clinical investigation in patients seeking cosmetic surgery

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Abstract

Body dysmorphic disorder (BDD) is a somatoform disorder characterized by an excessive concern with an imagined or slight defect in appearance. BDD has been particularly studied in cosmetic surgery settings. The object of the present study is to investigate the relationship between personality disorders and dysmorphic symptoms in a group of 66 patients seeking cosmetic surgery. Assessment instruments included the following: a semistructured interview for demographic and clinical characteristics; the Structured Clinical Interview for DSM-IV, the Hamilton Depression and Anxiety Rating Scales, and the Body Dysmorphic Disorder Yale–Brown Obsessive–Compulsive Scale (BDD–YBOCS). A multiple regression analysis was performed using the BDD–YBOCS score as a continuous dependent variable. The severity of dysmorphic symptoms (BDD–YBOCS score) was significantly related to two factors: the number of diagnostic criteria for schizotypal and paranoid personality disorders. The results suggest that the presence of a psychopathological reaction to imagined defects in appearance in subjects pursuing a surgical correction is associated with the severity of schizotypal and paranoid personality disorders. Preoperative assessment could help to define the clinical profile of patients in cosmetic surgery settings.

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1. Introduction

Body dysmorphic disorder (BDD) is a somatoform disorder characterized by a preoccupation with a defect in appearance (American Psychiatric Association, 1994). Either the defect is imagined or, if a slight physical anomaly is present, the individual's concern is markedly excessive. To fulfill diagnostic criteria, the preoccupation should last for at least an hour a day and

cause significant distress or impairment in social, occupational or other important areas of functioning. Prevalence rates in the general population are reported to range from 0.7% to 2% (Cotterill, 1996; Phillips, 1996; Faravelli et al., 1997; Otto et al., 2001).

BDD is frequently associated with other Axis I disorders, such as major depression, obsessive–compulsive disorder, social phobia, panic disorder, and substance abuse (Brawman-Mintzer et al., 1995; Veale et al., 1996; Perugi et al., 1997; Phillips and Diaz, 1997; Hollander and Aronowitz, 1999; Castle and Morkell, 2000; Gunstad and Phillips, 2003). Axis II diagnoses are also common in BDD patients. Findings reported in the psychiatric literature indicate that 53–87% of BDD

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patients receive a diagnosis of one or more personality disorders, 48–57% have two or more disorders, 26% have three or more, and 4% have at least four comorbid diagnoses (Veale et al., 1996; Cohen et al., 2000; Phillips and McElroy, 2000). Cluster C (Anxious) disorders are the most frequent, ranging from 16% to 82%; less common are Cluster B (Dramatic) disorders, ranging from 12% to 76%, and Cluster A (Odd) disorders, ranging from 10% to 40% (Hollander et al., 1993; Neziroglu et al., 1996; Veale et al., 1996; Cohen et al., 2000; Phillips and McElroy, 2000).

These patients may repeatedly pursue surgical treatment for the imagined defect. Such treatment rarely produces improvement and, indeed, may cause the condition to worsen. Estimates of BDD prevalence in patients applying for cosmetic surgery range from 2% to 40% (Andreassen and Bardach, 1977; Ishigooka et al., 1985; Koda et al., 1994; Pertschuk et al., 1998; Sarwer et al., 1998a,b; Phillips et al., 2000; Carroll et al., 2002). In such cases, there is a need for preoperative psychiatric assessment to prevent serious psychopathological consequences after the surgical intervention (Rohrich, 2000; Sarwer et al., 2003; Grossbart and Sarwer, 2003; Veale et al., 2003).

Personality disorders are often present in patients seeking cosmetic surgery. According to Napoleon (1993), 71% of these patients receive an Axis II diagnosis. The most common personality disorders are narcissistic (25%), dependent (12%), histrionic (10%), and borderline (9%). The high frequency of borderline and narcissistic personality disorders has been reported by other authors as well (Koda et al., 1994; Grossbart and Sarwer, 1999).

Studying the relation between BDD and personality disorders could help to define the characteristics of patients pursuing aesthetic surgery. One hypothesis is that personality disorders represent a diathesis for the onset of dysmorphic symptoms inducing patients to apply for a surgical correction (Maffei and Fossati, 1997).

2. Methods

The present study included a group of patients who were scheduled for aesthetic interventions in the private practice of a plastic surgeon (A.R.) of the Hospital San Giovanni Battista of Turin (Italy). Patients were assessed by a single investigator (E.P.) at the Unit of Psychiatry, Department of Neuroscience, University of Turin, from October 2001 to July 2003.

Subjects were excluded if they had a current or past codiagnosis of the following: (1) delirium, dementia,

amnesic disorder or other cognitive disorders; (2) schizophrenia or other psychotic disorders; and (3) bipolar disorders. Exclusion criteria also included a current major depressive episode and treatment with psychotropic drugs or psychotherapy during the 2 months before psychiatric assessment. Written informed consent was obtained from all patients before participation.

All 66 patients were assessed in the week before the surgical intervention with the following instruments:

- A semistructured interview to collect data on demographic and clinical features (age, gender, level of education, previous cosmetic surgery corrections, age at onset and duration of body dysmorphic symptoms, and occurrence of psychiatric disorders in first degree relatives);
- The Structured Clinical Interview for DSM-IV Disorders (SCID), Italian version (Mazzi et al., 2000, 2003), to assess Axis I comorbidity and number of diagnostic criteria of each Axis I category;
- Hamilton Depression and Anxiety Rating Scales (HDRS, HARS) (Hamilton, 1959, 1960);
- The Body Dysmorphic Disorder Yale–Brown Obsessive–Compulsive Scale (BDD–YBOCS) (Phillips et al., 1997), a modified version of the YBOCS designed to assess BDD symptoms severity. The BDD–YBOCS is a 12-item clinician-administered semistructured instrument designed to assess severity of body dysmorphic symptoms during the past week. The score for each item ranges from 0 (no symptoms) to 4 (extreme symptoms). The total score is the sum of items 1 through 12 (range=0 to 48). BDD–YBOCS showed adequate reliability measures: interrater reliability for total score was 0.99; test–retest reliability over an interval of 1 week was 0.88. Cronbach's α reliability was 0.80.

A diagnosis of BDD was made by an experienced clinician (S.B.) according to DSM-IV (American Psychiatric Association, 1994) criteria; the diagnosis was confirmed using the SCID. Patients were divided into two subgroups, according to the presence of a diagnosis of BDD.

Statistical analyses were performed using the software program SPSS, version 11.5.1 (SPSS Inc., 2002). *P* values were considered significant when ≤ 0.05 . Pearson's chi-square test was used to compare the following categorical variables between subgroups: gender, level of education (grade school, high school, college graduate), previous cosmetic surgery corrections, lifetime comorbidity of anxiety and mood dis-

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