Status of body dysmorphic disorder in Argentina

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1. Introduction

Body dysmorphic disorder (BDD) is an underrecognized and underdiagnosed problem that is relatively common among adolescents with an age of onset during adolescence and young adulthood (Neziroglu & Yaryura-Tobias, 1993; Phillips, 1991). Body dysmorphic disorder (BDD) is a disorder characterized by distress about an imagined defect in appearance. According to the Diagnostic and Statistical Manual of Mental Disorders (4th ed., text revision) (DSM-IV-TR), BDD is an excessive preoccupation with an imaginary and/or a slight defect in one's appearance that is not accounted for by another disorder (e.g., anorexia nervosa). Preoccupation must cause marked distress and/or result in a significant decrease in functioning within major life domains (e.g., social, occupational or academic functioning) (American Psychiatric Association, 2000). BDD can be quite severe and potentially disabling, causing marked distress, severe social and occupational impairment and high rates of comorbid mood disorders, suicide attempts and hospitalization (Phillips et al., 2005; Veale et al., 1996). Common comorbid disorders which present with BDD are major depressive disorder, substance use disorders, obsessive–compulsive disorder (OCD), and social phobia (Phillips et al., 2005).

BDD is under-diagnosed and under-studied within the United States, and even less information exists about the disorder within other countries. Argentina, for example, is one of the world capitals of plastic surgery, ranking 13th among the top 25 countries for total number of surgical procedures (International Society of Aesthetic and Plastic Surgery, 2009), yet BDD is hardly diagnosed nor researched (Borda & Perez Rivera, 2006; Yaryura-Tobias, Perez Rivera, Neziroglu, & Borda, 2003). Although onset of the disorder occurs in adolescence, BDD research in child and adolescent psychiatry is relatively limited and can be chronic if not treated appropriately (Phillips, 2005a). Adolescents in societies with disproportionate rates of plastic surgery and body dissatisfaction, such as Argentina, may be at higher risk for development of BDD. Likewise due to the comorbid nature of BDD, presentation and course of treatment may differ in depressed adolescents with BDD compared to depressed adolescents without BDD.

There has been only one epidemiologic study in the US indicating a prevalence rate of 2.4%, exceeding prevalence rates of schizophrenia and bipolar disorder type I (Koran, Abujaoude, Large,
BDD appears to become less common with increasing age (Borda & Perez Rivera, 2003). Exceptions may be late onset BDD associated with a life crisis and a belief about the consequences of an aging body. Finally, BDD is substantially during the developmental process. The developmental period of this study was to emphasize the importance of assessing for the presence of BDD in adolescents during which its diagnostic importance is the degree to which individuals hold their overvalued ideas to be true. Overvalued ideas have been shown to predict treatment outcome in OCD and BDD (Neziroglu, Stevens, McKay, & Yaryura-Tobias, 2001).

Estimation of the exact prevalence of BDD appears to be a difficult task, not only because patients with BDD primarily do not go to psychologists or psychiatrists, but also because of the rate of subclinical conditions (i.e., conditions in which the core symptoms of BDD are present but are not inducing a significant impairment in functioning) (Altmurra, Palueluo, Mundo, Medda, & Mannu, 2001).

The aim of the current study is to describe the prevalence, quality of life, and presentation style of BDD in an Argentine adolescent population, where there is a disproportionate rate of body dissatisfaction. Due to high rates of surgery and body preoccupation in Argentina, this study sought to explore obsessive body concerns in a clinical and nonclinical sample of adolescents diagnosed with BDD. A nonclinical sample was compared to a clinical sample of adolescents with depression in order to assess the general level of body dissatisfaction in a sample of Argentine college students. We hypothesized that depressed patients with BDD would have greater severity of depressive symptoms and poorer overall functioning than depressed patients without BDD. In addition, it was hypothesized that the student population would demonstrate a high rate of body dissatisfaction but not necessarily BDD. Specifically, the goal of this study was to emphasize the importance of assessing for the presence of BDD in adolescents seeking treatment for depression. Symptoms of BDD in adolescents may go undiagnosed and lead to misdiagnosis due to comorbid symptoms of depression.
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