THE FATAL ADDICTION TO PLASTIC SURGERY

Diagnosing and Treating BDD Successfully for a Lifetime

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Dr. Gorbis joined Dr. Edna B. Foa, an internationally recognized authority who pioneered the protocols for ERP, in 1994 and received extensive training in the field of OCD treatment. In 1996, she began working with Dr. Schwartz at UCLA, where she integrated Dr. Foa’s ERP methods. Over the past seven years, she has treated more than 150 in- and out-patients with OCD while working closely with their families. Her method synthesizes the blends successful treatment modalities for OCD and PTSD and has yielded a high rate of success. Dr. Gorbis’ work has received large amount of attention from the national media. Her intensive method has been the topic on National Geographic, the Discovery Channel, BBC, 20/20, MTV, and numerous local news channels.
Patients with Body Dysmorphic Disorder

Body Dysmorphic Disorder (BDD) is a disabling condition that until recently has been largely ignored. However, it has been estimated that 1 to 2 percent of the general population has BDD, which is nearly 5 million people in the United States alone. BDD is aptly described as the disease of “imagined ugliness.” Most of us pay attention to our appearance but BDD sufferers worry excessively and unreasonably about some aspects of their appearance. They may be concerned that their nose is too big, chin misshapen, eyelids too puffy, breasts too small, hips too large, etc. If their facial pores are visible, they obsess that they have facial scarring. Any blemish such as acne, freckles or anything else becomes a focal point constantly drawing their attention and thoughts. These flaws may be non-existent or minimal but you cannot reassure a BDD victim. BDD patients may compulsively remove their skin, attempt self surgeries and even amputations in extreme cases. These obsessive concerns cause significant emotional distress (e.g. depression) and often significantly interfere with functioning. Yet, most BDD patients do not seek psychiatric /psychological help. Their disease dictates the course of action and those who opt for non-psychiatric treatment will undergo unnecessary plastic surgeries and undertake life-threatening procedures. A method of externalizing internal impulses through the use of distorted images produced by using crooked mirrors is a new approach to the treatment of BDD.
EDUCATIONAL OBJECTIVES:

I. What is BDD?
   1) Prevalence & Epidemiology
   2) Obsessive Concerns
   3) Compulsive Procedures
   4) DSM-IV Criterion

II. When Body Image Dissatisfaction Becomes a Disorder.
   1) Definition of the Ideal Body
      a. Culturally
      b. Time Period
   2) Concerns with Appearance
      a. Interference with Functioning
      b. Preoccupation to Pathology

III. The Elusive Remedy or the Sign of a Disease?
   1) Pervasiveness of the Disease
      a. Effects all areas of life
   2) Medical Procedures
      a. Cosmetic Surgery
      b. Dermatological Treatment
   3) Satisfaction with Medical Treatments
      a. Plastic surgery provides no benefit
      b. BDD patients continue to be dissatisfied
   4) Emotional Effects
      a. Guilt
      b. Anger

IV. BDD Treatment Challenges
   1) Currently Available Treatments
      a. Cognitive-Behavioral Therapy (CBT)
      b. Medication
   2) Acceptance of a Psychological Disorder
      a. Greatest challenge
      b. Typically for pharmacological treatments
   3) Targeting Specific Symptoms
      a. Insight Deficiency
      b. Distress & Anxiety
      c. Fears
      d. Rituals
      e. Resizing the defect
      f. Body Image Distortion
   4) Treatment Efficacy
      a. Requires individually tailored treatments
5) Comorbidity
   a. OCD/OC Spectrum Disorders
   b. Major Depression
   c. Social Phobia

V. “Crooked Mirrors”: A New Treatment Method.
   1) Distorted Crooked Mirrors
      a. Highly reflective aluminum surfaces that can bend in different directions.
      b. Inexpensive
      c. Easily concealed behind curtains
      d. Occupy little space
   2) Externalization Therapy
      a. Gradual Exposure & Response Prevention
      b. Internal Irrational Stimuli.
      c. Internalized Misperception
      d. Hierarchical Order
   3) Duration of Treatment
      a. 15 90-minute sessions
   4) Efficacy
      a. 6 out of 7 patients improved significantly
      b. 1 patient failed to demonstrate treatment gains
   5) Case Vignette
      a. 45-year old female
      b. 17 plastic surgeries
      c. Demoralized
      d. Pretreatment Y-BOCS = 32
      e. Post-Treatment Y-BOCS = 10
      f. 5-year follow-up: no further surgeries
References


Body Dysmorphic Disorder Modification of the Y-BOCS (BDD-YBOCS)

For each item, circle the number identifying the response that best characterizes the patient during the past week.

1. **Time occupied by thoughts about body defect**

   How much of your time is occupied by THOUGHTS (not including associated behaviors) about a defect or flaw in your appearance (such as your face, nose, hair, skin, breasts, genitals, hands?)

   0 = None  
   1 = Mild (less than 1 hr/day).  
   2 = Moderate (1-3 hrs/day).  
   3 = Severe (3-8 hrs/day).  
   4 = Extreme (greater than 8 hrs/day).

2. **Interference due to thoughts about body defects**

   How much do your THOUGHTS about your body defect(s) interfere with your social or work (role) functioning? Is there anything you aren’t doing or can’t do because of them?

   0 = None.  
   1 = Mild, slight interference with social or occupational activities, but overall performance not impaired.  
   2 = Moderate, definite interference with social or occupational performance, but still manageable.  
   3 = Severe, causes substantial impairment in social or occupational performance.  
   4 = Extreme, incapacitating.

3. **Distress associated with thoughts about body defect**

   How much distress do your THOUGHTS about your body defect(s) cause you? (Rate “disturbing” feelings or anxiety that seem to be triggered by these thoughts, not general anxiety or anxiety associated with other symptoms.)

   0 = None.  
   1 = Mild, and not too disturbing.  
   2 = Moderate and disturbing but still manageable.  
   3 = Severe and very disturbing.  
   4 = Extreme and disabling distress.

4. **Resistance against thoughts of body defect**

   How much of an effort do you make to resist these THOUGHTS? How often do you try to disregard them or turn your attention away from these thoughts as they enter your mind? (Only rate effort made to resist, NOT success or failure in actually controlling the thoughts. How much patient resists may or may not correlate with ability to control them.)

   0 = Makes an effort to always resist, or symptoms so minimal doesn’t need to actively resist.  
   1 = Tries to resist most of time.  
   2 = Makes some effort to resist.  
   3 = Yields to all such thoughts without attempting to control them but yields with some reluctance.  
   4 = Completely and willingly yields to all such thoughts.
5. **Degree of control over thoughts about body defect**

How much control do you have over your THOUGHTS about your body defect(s)?

How successful are you in stopping or diverting these thoughts?

- 0 = Complete control, or no need for control because thoughts are so minimal.
- 1 = Much control, usually able to stop or divert these thoughts with some effort and concentration.
- 2 = Moderate control, sometimes able to stop or divert these thoughts.
- 3 = Little control, rarely successful in stopping thoughts, can only divert attention with difficulty.
- 4 = No control, experienced as completely involuntary, rarely able to even momentarily divert attention.

6. **Time spent in activities related to body defect**

How much time do you spend in ACTIVITIES related to your concern over your appearance or a body defect, (such as, but not limited to, mirror checking, trying to conceal the defect, or consulting plastic surgeons or dermatologists or undergoing surgical procedures to correct the defect)?

**Read list of activities (check all that apply)**

1. checking mirrors/other surfaces
2. rearranging/selecting clothing
3. grooming activities
4. applying makeup
5. camouflaging with clothes and other things
6. scrutinizing other’s appearance/comparing
7. questioning others about your appearance
8. skin picking
9. touching
10. other

- 0 = None.
- 1 = Mild (spends less than 1 hr/day).
- 2 = Moderate (1-3 hrs/day).
- 3 = Severe (spends 3-8 hrs/day).
- 4 = Extreme (spends more than 8 hrs/day in these activities).

7. **Interference due to activities related to the body defect**

How much do the above ACTIVITIES interfere with your social or work (role) functioning?

Is there anything you don’t do because of them?

- 0 = None.
- 1 = Mild, slight interference with social or occupational activities, but overall performance not impaired.
- 2 = Moderate, definite interference with social or occupational performance, but still manageable.
- 3 = Severe, causes substantial impairment in social or occupational performance.
- 4 = Extreme, incapacitating.
8. Distress associated with behaviors related to body defect

How would your feel if prevented from performing these ACTIVITIES?

[Pause]

How anxious would you become?

0 = None.
1 = Mild, only slightly anxious if behavior prevented, or only slight anxiety during the behavior.
2 = Moderate, reports that anxiety would mount but remain manageable if behavior is prevented or that anxiety increases but remains manageable during such behavior.
3 = Severe, prominent and very disturbing increase in anxiety if behavior is interrupted, or prominent and very disturbing increase in anxiety during the behavior.
4 = Extreme, incapacitating anxiety from any intervention aimed at modifying activity, or incapacitating anxiety develops during behavior related to body defect.

9. Resistance against compulsions

How much of an effort do you make to resist these ACTIVITIES? (How much the patient resists these behaviors may not correlate with his/her ability to control them.)

0 = Makes an effort to always resist, or symptoms so minimal doesn’t need to actively resist.
1 = Tries to resist most of the time.
2 = Make some effort to resist.
3 = Yields to almost all of these behaviors without attempting to control them, but does so with some reluctance.
4 = Completely and willingly yields to all behaviors related to body defect.

10. Degree of control over compulsive behaviors

How strong is the drive to perform the behaviors?

[Pause]

How much control do you have over them?

0 = Complete control, or control is because symptoms are mild.
1 = Much control, experiences pressure to Perform the behavior, but usually able to exercise voluntary control over it.
2 = Moderate control, strong pressure to perform behavior, can control it only with difficulty.
3 = Little control, very strong drive to to perform behavior, must be carried to completion, can delay only with difficulty.
4 = No control, drive to perform behavior experienced as completely involuntary and overpowering, rarely able to even momentarily delay activity.
11. Insight

Is it possible that your defect might be less noticeable or less ugly than you think it is?

How convinced are you that (body part) is as unattractive as you think it is?

Can anyone convince you that it doesn’t look so bad?

0 = Excellent insight, fully rational.
1 = Good insight. Readily acknowledges absurdity or unreasonableness of thoughts or behaviors but does not seem completely convinced that there isn’t something besides anxiety to be concerned about.
2 = Fair insight. Reluctantly admits that thoughts or behaviors seem unreasonable but wavers.
3 = Poor insight. Maintains that thoughts or behaviors are not reasonable.
4 = Lacks insight, delusional. Definitely convinced that concerns and behavior are reasonable, unresponsive to contrary evidence.

12. Avoidance

Have you been avoiding doing anything, going any place, or being with anyone because of your thoughts or behaviors related to your body defect?

(if YES, then ask: How much do you avoid? Rate degree to which patient deliberately tries to avoid things.)

0 = No deliberate avoidances.
1 = Mild, minimal avoidance.
2 = Moderate, some avoidance clearly present.
3 = Severe, much avoidance; avoidance prominent.
4 = Extreme, very extensive avoidance; patient avoids almost all activities.

Total BDD-YBOCS Score: ________