Body Dysmorphic Disorder
A Treatment Manual

David Veale and Fugen Neziroglu
Body Dysmorphic Disorder
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Preface

Body dysmorphic disorder (BDD) is extraordinarily under-researched compared to other mental health problems and yet can be one of the most distressing and disabling of psychiatric disorders. As a group, individuals with BDD have high rates of suicide, psychiatric hospitalization and unemployment, are often housebound or socially isolated, and have great difficulties with relationships. BDD is regarded as rare, but conservative evidence suggests a prevalence rate from community surveys of 1–1.5%. A much higher prevalence has been found in psychiatric inpatients and in cosmetic surgery and dermatology settings, where the outcome of a procedure is usually unpredictable. In mental health settings, it is a hidden disorder and many individuals do not seek help because of shame and stigma.

Being dissatisfied with one’s appearance is normal, but BDD is different. Someone with BDD is preoccupied with their appearance, is excessively self-conscious, and experiences marked distress and handicap. When a person with BDD finally seeks help from a doctor or mental health professional, they are often too ashamed to reveal their main symptoms of BDD and might present with symptoms of depression, social phobia, or obsessive compulsive disorder (for which there is frequent comorbidity). The onset is usually in adolescence, but when the condition is finally diagnosed after 10 years or more, it are often treated inappropriately with anti-psychotic medication or the therapist lacks an effective treatment model. We hope this manual will go some way to address this. The evidence base for both cognitive behavior therapy and pharmacotherapy is small, but we believe it is strong enough to publish a treatment manual and evaluate in a controlled trial. Individuals with BDD are generally regarded by professionals as difficult to engage in therapy and to treat. We do not, of course, have all the answers and, like us, you will at times struggle to keep your patient engaged in therapy.
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We have divided the book into two parts. Chapters 1–12 summarize the current knowledge and theoretical perspectives about BDD that will inform the therapy. Chapters 13–23 cover the practical aspects of assessment, engagement, and therapy. To avoid clumsiness in the text, we have assumed that the therapist is female and the patient is male.

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Part A

Knowledge and Theory of Body Dysmorphic Disorder