

ADDICTION TO PLASTIC SURGERIES

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BDD affects about two percent of the people in the United States and strikes males and females equally, usually before age eighteen (70 percent of the time). However, there are some studies that indicate that BDD is more prevalent in men than in women. The reason for this difference is not known. Some people with BDD use plastic surgery as an answer to their never ending dissatisfaction with their physical appearance. One of the manifestations of Body Dimorphic Disorder (BDD) is seeking professional medical help, in particular, going to plastic surgeons to correct aspects of ones appearance. As many as half of the people with BDD turn to cosmetic surgery and dermatological treatments for help. In study by Phillips and Dufresne, out of 268 patients presenting for dermatological treatment 11.9 percent screened positive for BDD. In another study done on 289 people (250 adults and 39 kids) who have meat diagnostic criteria for BDD according to DSM-IV demonstrated that 76.4 percent of them were looking for non-psychiatric treatment and 66 percent of adults received it.

Phillips and Dufresne, A guide for dermatologist and cosmetic surgeons, out of patients presenting for cosmetic surgery 7% were women and 33% were men. Another study said that men are as likely as women to seek non-psychiatric treatment such as dermatologic, surgical, and dental. However, they are less likely to receive it than women. Nevertheless, men with BDD are as likely as women to receive plastic surgery. But women receive it much more often than men do.

In contrast to females, male patients seem to lack a clear body concept and an in-depth awareness of their physical appearance. As a result, they often have difficulty articulation their objective for cosmetic surgery. Men are also more likely to have muscle dysmorphia. This is form of BDD in which men [more likely than women] think that they are too small and wimpy looking. They take anabolic steroids and work out obsessively. Furthermore, men are usually obsessed with their hair, skin, facial features, and size of their penis. In fact, penis enlargement is one of the many cosmetic surgeries thought out by men. Those patients who are turned down by cosmetic surgeons perform 'DIY.' In study in Psychiatric Bulletin (2000), 25 patients with BDD had a total of 46 procedures. 9 out of 25 performed their own DIY surgery in which they attempted by their own hand to alter their appearance dramatically.

However, plastic surgery proves no benefit because it is never good enough, and the obsession is still present. In many cases symptoms get worse after the cosmetic procedure or a person becomes obsessed with another part of their body. The results demonstrated that surgeries and dermatological treatments rarely improved BDD symptoms. Study demonstrates that majority of BDD sufferers get non-psychiatric treatments, but respond poorly to it. About 63 percent of patients get treatment in both surgery and dermatology. IN the survey of cosmetic surgeons, 7 percent replied that patients with BDD stop requesting surgery after one procedure, 13 percent stop sometimes, and 63 percent continue asking for repeated surgeries. Patients who are dissatisfied with their operations feel guilty and angry with themselves or the surgeon for having made their appearance worse. After getting plastic surgeries men with BDD tend to direct their anger at the surgeons. Nevertheless, they continue with getting repeating plastic surgeries in pursuit of correcting their imagined ugliness. It seems as though people with BDD get addicted to plastic surgeries. The major concern is that BDD is not recognized by plastic surgeons and general practitioners. In the survey of cosmetic surgeons 13 percent of the surgeons replied that they treat patients with BDD, 51 percent do not, and 36 percent do it sometimes. People with BDD see dramatic problem in their appearance. They get repeated unnecessary plastic surgeries to correct the problem with their appearance – addictive behavior. However, even after getting the surgery which is supposed to fix the problem, they do not stay satisfied for a long time. People with BDD either find something else wrong with the “problem area” that they had a plastic surgery for or their concern/preoccupation moves to another area of the body.

- surgical and non-psychiatric medical treatment of patients with body dysmorphic disorder (Phillips, Grant, Siliscalchi, Albertini, 2001): This study assessed the non-psychiatric treatment sought and received by 289 individuals with BDD. The treatment was sought by 76.4% and received by 66%, followed by surgery by 23.2%. the symptoms rarely improved BDD symptoms. Results were similar in children and adolescents. These findings indicate that a majority of patients with BDD receive non-psychiatric treatment but tend to respond poorly. ; cosmetic surgery in men has been cited as sometimes generating aggression toward the surgeon, even triggering murder. ; among adults and adolescents combined, the most common areas of concern were the skin, hair, and nose. Over the course of their illness, subjects were concerned with 3.8 ± 2.4 body areas. In this study 76.4% of patients sought non-psychiatric treatment for their perceived appearance flaws. 38.2% of these individuals requested treatment for more than one treatment category, most often both surgery and dermatological treatment. Of the entire sample of adults, 66% received non-psych treatment. Of these adults who sought such treatment 86.4% received it. 63% received more than one treatment. 27.3% received treatment from more than one category. There was no significant association between the number of non-psychiatric treatments sought or received and current BDD severity. Although there was a trend for subjects with more severe BDD symptoms to seek more non-psychiatric treatment. Approximately one third of all requested treatments were not received. Females and males were equally likely to seek treatment. Women and men were also equally likely to receive treatments, however, women received a greater number of treatments than men (2.4 ± 3.4 versus 1.5 ± 1.8). The most common treatment outcome was no change in overall BDD severity.

- I will present a case of the successful treatment of the patient BJ who has had 17 plastic surgeries prior to the treatment. In the past five years she has **not** had any plastic surgeries done at all. BJ is a 45 year old Caucasian female, American born. Who was initially assessed for an outpatient treatment in the fall of 1997. Prior to coming to UCLA she has undergone several treatments for her OCD and BDD conditions. She has been tried on all SSRIs available at the time. When I meet her she appeared to be demoralized by living with disorder for many years and never receiving CBT with other practitioners. At the time BJ meet criteria for severe BDD, OCD. The onset of BJ's OCD and BDD followed

Diagnosis: OCD, BDD, generalized anxiety disorder, severe depression, impulse control disorder, social phobia.

She has undergone 17 plastic surgeries.

- adapted child whose adaptive parents were described as very involved and loving. She grew up in supportive and loving environment.
- Rituals were done to be safe and also to protect herself from aging and getting to be ugly. Her rituals of perfections and facial rubs would take more than 8 hours a day. To make the picture vivid she had described that she had missed her 35th birthday party and appeared to the place of the party 32 hours later because perfecting her facial appearance. Her rituals involved hoarding (had art supplies for 20 years), inability to make decisions, skin not completely peeled. She has had an excessive concern with body parts and different aspects of her appearances which resulted in comparing and contrasting her limbs, eyes, and other paired parts of the body.
- Obsessions to perfect:
 - fear of losing her career
 - fear of being criticized
 - fear of being unsafe
 - reviewing past conversations and actions to make sure that her thoughts are organized and arranged
 - the face, skin, make up
 - before getting out she had to do things in the particular order: put cosmetics in the particular order, wash the face 40 times, play with cat until it feels right, wash the face again, arrange the counter, turn on TV, take off clothes and then put them on until feels comfortable, then go back and put everything away.
- Diagnostic criteria for BDD
- Had magical thinking which resulted in separating positive and negative spaces

Treatment: doing things only one, feeling of incompleteness, refrain completely from looking into the mirror, wearing different earrings, exposing her to negative spaces, doing all activities incompletely, start/stop,

At the end of the program symptoms were not ameliorated completely because we were not able to reverse sleep/wake cycle so she was referred to sleep clinic. She also still had trouble transitioning from one activity to another without compulsive behaviors. Her perfectionistic concerns were reduced (copy report)

Another impulse control – shopping sprees – going to shopping places and not buying – expending level of tolerance to not buying.

At first, was not allowed to look into mirrors for days, wearing mismatching jewelry, clothes, putting makeup on one eye but not another, or putting different shades on that she knows somebody can see as being wrong and criticize her for it.

Complete prohibition to going any skin specialists and plastic surgeons.

Had GAD because she had life related situations like not being able to find a contractor, or using all the money in her savings account, or not being able to find a boyfriend.

Exposure to imperfection: look into the mirror and see her imperfections, and simultaneously those imperfections were exaggerated by imagery tapes.

We need to increase public as well as physician's awareness about BDD and increasing problem of getting repeated unnecessary plastic surgeries.

In addition to this case I had three successful cases that I worked with using a new technique with crooked mirrors. Patients are instructed to look into the crooked mirrors. Therefore, they are actually seeing distorted reflection of themselves. In one of them the patient had two plastic surgeries and like most of the other people with BDD was dissatisfied with the results. Another patient did not have any plastic surgeries. However, she had a number of surgeries to reconstruct and fix body parts that were destroyed and distorted due to her OCD (e.g., obsessively working out to the point that the knee caps break). And yet another patient did not have any plastic surgeries at all. In all those cases the technique with using crooked mirrors for exposure exercises was successful. The patients improved significantly and their scores on YBOCS-BDD scale decreased at least 75 – 80 %.