Click to prove you're human



```
Share — copy and redistribute the material in any medium or format for any purpose, even commercially. Adapt — remix, transform, and build upon the material for any purpose, even commercially. The licensor cannot revoke these freedoms as long as you follow the license terms. Attribution — You must give appropriate credit, provide a link to the
license, and indicate if changes were made. You may do so in any reasonable manner, but not in any way that suggests the licensor endorses you or your use. ShareAlike — If you remix, transform, or build upon the material, you must distribute your contributions under the same license as the original. No additional restrictions — You may not apply
legal terms or technological measures that legally restrict others from doing anything the license permits. You do not have to comply with the license for elements of the material in the public domain or where your use is permitted by an applicable exception or limitation. No warranties are given. The license may not give you all of the permissions
necessary for your intended use. For example, other rights such as publicity, privacy, or moral rights may limit how you use the material. Eating disorders like anorexia nervosa (AN), bulimia nervosa (BN), and binge eating disorders that may also
play a role in unhealthy eating habits. Body dysmorphic disorder (BDD) is one of these conditions, contributing to a near-obsessive and negative view of one's appearance, which may drive eating disorder (BDD) is one of these conditions, contributing to a near-obsessive and negative view of one's appearance, which may drive eating disorder behavior or related issues.
possible. While body dysmorphic disorder is frequently tied to disordered eating behaviors, the mental health condition is not considered an eating disorder in the Diagnostic and Statistical Manual of Mental Disorders (DCD). 1 That's
because the mental illness hinges on an intense preoccupation with something—in this case, aspects of one's appearance. Treatment for body dysmorphia is often comprehensive, involving different approaches to alleviate mental, physical, and emotional health concerns. A few evidence-based treatments tested for BDD have been found to be
particularly effective. Cognitive behaviors the leading psychiatric treatments for body dysmorphic disorder and a number of other eating disorders and mental health concerns. Through a pre-set
course of sessions, patients are taught how to recognize their own unhelpful thoughts and behavioral therapy may involve gradual and guided exposure to triggers, mindfulness practices, and other strategies to broaden a
patient's perspective and help move them away from their fixation. Acceptance commitment therapy (ACT) is another helpful psychiatric treatment for body dysmorphia. The method has goals similar to CBT and uses a similar approach to create change, though ACT focuses more on fostering a sense of self-acceptance. While less studied than CBT on
patients with body dysmorphia, ACT may be a preferred method in cases where patients demonstrate avoidance tendencies. That's because its emphasis on acceptance directly confronts an avoidant outlook. 2 One study showed that patients with body dysmorphic disorder treated with acceptance commitment therapy saw a significant reduction in
disordered thoughts and behaviors after finishing treatment. In some cases, medication may also be recommended as body dysmorphia treatment but use it alongside psychotherapy or to treat symptoms related to BDD, such as depression and anxiety. However, medication of any
type should only be taken under the recommendation and instructions of a mental health or medical professional licensed to prescribe these drugs. 2 Support groups are also not a first-line approach to body dysmorphia treatment, but many people find them helpful both during and after professional treatment as a way to complement therapy. Groups
are made up of other people struggling with BDD or similar conditions. The goal is to create a safe space where participants can share stories of progress or find support in more difficult times. Support groups can help empower patients by broadening them they're not struggling alone, and giving them a platform to share
their experiences, meet new friends, and practice new coping strategies. Many times, these groups can also be accessed without having to go through a mental health provider. In severe cases of body dysmorphic disorder, a patient may require more extensive treatment. This can include inpatient hospitalization if it's determined that the patient is in
a state of mental or physical health crisis. Hospitalization involves temporarily staying at a hospital, where a patient can receive 24-hour care and medical monitoring. Once discharged, many patients choose to enter a residential program, which involves temporarily living at a treatment center, where they may participate in various types of care daily
Hospitalization is generally reserved for the most extreme cases. However, it remains a viable option for those who need it. Body dysmorphic disorder can be a debilitating condition, and many people struggle to admit they're having trouble.
with body dysmorphia, it's time to seek out help. Speak With a Treatment Program About Our Number Calls to this hotline are currently being directed to Within Health, Fay or Eating Disorder Solutions Representatives are standing by 24/7 to help answer your questions All calls are confidential and HIPAA compliant There is no obligation or cost to
call Eating Disorder Hope does not receive any commissions or fees dependent upon which providers are located on our directory or samhsa.gov Consulting your primary care physician or therapist is an excellent first step. These professionals can make an official diagnosis and point you in the best direction
for treatment. Once you have body dysmorphic disorder diagnosed, it's possible to enter into various treatment programs and start the recovery journey in earnest. Dealing with such an emotional, intensive condition can feel exhausting or overwhelming, but it's important to remember that help—and a better future—is always possible. Published
December 26, 2024 By Katharine A. Phillips, MD It may be hard to believe that a simple pill can substantially improve BDD symptoms and sometimes even take them all away. After all, if you think you look ugly, abnormal, or unattractive, wouldn't a cosmetic procedure be the way to go? Unfortunately, cosmetic procedures almost never help BDD
concerns and can even make them worse. So they're not recommended for BDD. In contrast, certain medications can substantially improve BDD symptoms. This is incredibly good news because BDD causes tremendous suffering, usually interferes with day-to-day functioning, and is associated with very high rates of suicidality. For medication to work
you need: The right medicationThe right doseA long enough tryGood adherence (not missing any doses) Medication can be used for milder or more moderate BDD symptoms. It's always recommended for severe BDD and worrisome levels of suicidality (in addition to therapy). Even if you think you don't have BDD, but you're preoccupied with
perceived defects in your physical appearance that cause significant emotional distress or impairment in daily functioning, the right medication can help. SRIs are used to treat many psychiatric and medical conditions, and they're not addictive or habit forming. SRIs are often effective for BDD; they substantially improved BDD symptoms in more than
50% to more than 80% of participants in research studies. These numbers are even higher if a full 12 to 14 weeks of treatment is completed. And in clinical practice, we can use higher doses of most SRIs than were used in studies, which can further increase the chance of improving. Furthermore, among people who substantially improve within 12-14
weeks, more than one-third continue to get even better during 6 more months of SRI treatment. In addition to improving BDD obsessions, repetitive behaviors (i.e., rituals, compulsions), and distress, SRIs also often improve depression, anger/irritability, anxiety, panic attacks, social anxiety and avoidance, insight, functioning, suicidality, and quality of
life. This table lists available SRIs and dosing information for BDD. Generic nameBrand namesAverage dose (mg/day) for two-thirds of people with BDDFluoxetineProzac, Sarafem67 mg120 mg43 - 91 mgEscitalopramLexapro, Cipralex29 mg in one sample, 45
mg in another sample60 mg17 - 41 mg (first sample), 30 - 60 mg (second sample)SertralineZoloft, Lustral202 mg400 mg156 - 248 mgFluvoxamineLuvox, Faverin, Floxyfral, Dumyrox308 mg259 mg150 - 250 mgParoxetinePaxil, Pexeva, Brisdelle, Seroxat55 mg100 mg42 - 68
mgCitalopram (no longer recommended)Celexa, Cipramil66 mg (this dose exceeds the revised, fairly firm FDA dosing limit of 40 mg/day if over age 60)40 mg (20 mg/day if over age 60)40 mg (20 mg/day if over age 60)30 - 100 mg ** Lower maximum doses should be considered for the elderly and younger youth, especially children. It is generally recommended that the
FDA maximum dose not be exceeded when treating younger youth. All SRIs are probably equally effective for BDD, but I usually prefer fluoxetine, escitalopram is the least good choice because the FDA's (Food and Drug
Administration's) revised maximum dose of 40 mg/day seems firmer than for other SRIs (except clomipramine), and it's often too low to effectively treat BDD. The FDA hasn't approved any medication for BDD, but this doesn't mean that medications don't work. It simply means that no pharmaceutical company has spent the money and done the
research studies necessary to obtain FDA approval. Currently, genetic testing can't predict whether an SRI will work for you or whether one SRI will work for BDD, and the dosing range that two-thirds of people need (that is, 1 standard deviation
higher and lower than the average dose). No BDD research studies have rigorously compared the effectiveness of different doses, so these doses come from my clinical practice. These maximum doses have been endorsed in a publication on medication for BDD by the International College of Obsessive-Compulsive Spectrum Disorders; they are also
the same as those in the American Psychiatric Association's practice guideline for obsessive compulsive disorder. Lower maximum doses are recommended for children and the elderly. An electrocardiogram (EKG), which is quick and painless, should be obtained when using clomipramine. I also order one when prescribing 40 mg/day (or more) of
escitalopram and sometimes when prescribing a high dose of other SSRIs. Some people take an SRI for only a few weeks or a month or two and then stop it because it isn't working. But often, this isn't long enough to see if it will work. Trying it for at least the
last month or so of the 12-14 weeks: fluoxetine 80 mg/day, escitalopram 30 mg/day, sertraline 200 mg/day, fluoxamine 300 mg/day, fluoxamine 300 mg/day, paroxetine 60 mg/day, sertraline 200 mg/day, sertraline 200 mg/day, fluoxamine 300 mg/day, paroxetine 60 mg/day, sertraline 200 mg/day, fluoxamine 300 mg/day, fluoxamine
guided by blood levels. If it takes longer than usual to reach these doses, more than 12 to 14 weeks are needed to see if an SRI is effective. To work, the medication has to be taken every day. 1) First, take the medication every day if you've been missing doses. 2) I usually recommend to next increase the dose further, gradually moving toward the
maximum dose in the table, if you haven't reached this dose and you're tolerating the medication well (again, lower maximum doses than these are advisable for children and the elderly). 3) You can add another medication to boost (augment) the SRI's effects (see below). 4) You can switch to a different SRI (see below). 5) You can try a non-SRI
medication that boosts the brain chemical serotonin (such as duloxetine [Cymbalta], venlafaxine [Effexor], or vilazodone [Viibryd]). But I usually recommend trying multiple SRIs before doing this. Psychedelics are not currently recommend trying multiple SRIs before doing this.
recommend adding an "atypical neuroleptic" (also known as "atypical antipsychotics" or "mental health medications") to an SRI if needed. I generally prefer aripiprazole (brand name: Abilify), but others may also work. They can be especially helpful for more severe BDD symptoms and/or severe depression, agitation, or worrisome suicidality.
Sometimes it's best to start them before completing a good SRI trial. Buspirone (Buspar), NAC (N-acetylcysteine), and memantine (Namenda) may also be helpful SRI add-ons. Other medications are sometimes added to an SRI. These medications have different pros and cons, and the choice needs to be individualized for you. If a good try of one SRI
doesn't work well enough, it's definitely worth trying others. One may work better than another for you, although the best one can't be predicted ahead of time. I generally recommend continuing an effective SRI for at least 3-4 years. (Women who wish to become pregnant should consult with a reproductive psychiatrist.) I usually recommend longer
treatment - sometimes life-long SRI treatment - for some people (for example, those with very severe BDD, hospitalizations for BDD, suicide attempts, or multiple episodes of symptom worsening with previous SRI discontinuation). SRIs have been prescribed for nearly 40 years, are safe over the longer term, and even appear to have multiple physical
health benefits. But everyone is different, and this decision needs to be individualized to you. If you want to stop an effective SRI, plan this carefully with your doctor, because discontinuing an effective SRI, plan this carefully with your doctor, because discontinuing an effective SRI, plan this carefully with your doctor, because discontinuing an effective SRI, plan this carefully with your doctor, because discontinuing an effective SRI, plan this carefully with your doctor, because discontinuing an effective SRI can result in a return of symptoms. It's better to taper it slowly (for example, over 6 or more months), rather than suddenly stopping it, during a
low-stress time of your life. There's so much misinformation about psychiatric medication! This misinformation prevent you from getting well! Most people get no side effects or only minimal ones. And it
can be hard to figure out if a physical symptom is actually a side effect - maybe it isn't.... If side effects occur, they're often tolerable and often get better with time. If not, certain remedies may help. If you think you're sensitive to medications, you can start medication at a lower than usual dose and increase it more slowly, which may
improve tolerability. Don't let fear of side effects prevent you from getting well! See what the pros and cons are for you after giving medication and/or cognitive-behavioral therapy that's tailored to BDD help most people with BDD, and for more severe BDD symptoms both treatments in
combination are recommended. *These recommendations are based on published studies (most of which I and my colleagues have conducted) as well as my clinical experience treating people with BDD for more than 30 years. However, treatment needs to be individualized to each person, and these recommendations may need to be modified for some
people (for example, due to co-occurring psychiatric or medical conditions). Please don't treat yourself; a knowledgeable licensed prescriber should guide your medication treatment. Recommendations may change in the future, as knowledgeable licensed prescriber should guide your medication treatment. Recommendations may change in the future, as knowledgeable licensed prescriber should guide your medication treatment. Recommendations may change in the future, as knowledge about the treatment of BDD increases. Katharine A. Phillips, M.D., is Professor of Psychiatry, DeWitt Wallace
Senior Scholar, and Residency Research Director in the Department of Psychiatry at Weill Cornell Medical College in New York City. She is also Attending Psychiatry and Human Behavior at the Alpert Medical School of Brown University. Dr. Phillips is
author of The Broken Mirror: Understanding and Treating Body Dysmorphic Disorder: An Essential Guide. She is the editor of Body Dysmorphic Disorder: An Essential Guide. She has authored or edited 8 additional books on BDD, body
century, BDD is characterized by an obsessive focus on perceived flaws or defects in one's appearance, which are often unnoticeable to others. This preoccupation can lead to severe emotional distress and significantly interfere with daily functioning. This article provides a comprehensive overview of Body Dysmorphic Disorder, including its risk
factors, symptoms, diagnostic tests, treatment options, and self-care strategies. Understanding the condition can help individuals manage their symptoms and improve their mental health condition marked by obsessive thoughts about perceived physical flaws.
This article will explore the risk factors, symptoms, diagnostic tests, medications, procedures, and at-home strategies that can help manage the symptoms of BDD.Description of Body Dysmorphic Disorder (BDD) is a psychiatric condition where individuals experience an overwhelming preoccupation with one or more
perceived defects or flaws in their physical appearance. These perceived imperfections are either minor or entirely unnoticeable to others, but for the person affected, they cause significant distress and anxiety. People with BDD may spend hours each day fixating on these flaws, often engaging in repetitive behaviors like checking mirrors, excessive
grooming, or seeking reassurance from others. This can disrupt daily life, including work, school, and social relationships. BDD often begins in adolescence, a time when individuals are particularly sensitive to their appearance. Without treatment, the condition can worsen, leading to social isolation, depression, and even suicidal thoughts. According to
the Anxiety and Depression Association of America (ADAA), BDD affects approximately 1 in 50 people, or about 2% of the population. It is equally common in men and women, though the specific areas of concern may differ between genders. While BDD can affect any part of the body, common areas of concern include the skin, hair, nose, and weight.
The disorder is often associated with other mental health conditions, such as anxiety, depression, and obsessive-compulsive disorder (OCD). Early diagnosis and treatment are essential to prevent the progression of the disorder (OCD).
lifestyle factors can increase the risk of developing Body Dysmorphic Disorder. Social media and societal pressures play a significant role, as constant exposure to idealized images of beauty can lead to unrealistic expectations about one's appearance. People frequently exposed to environments where appearance is highly valued, such as in the
fashion or entertainment industries, may be more susceptible to developing BDD. Additionally, individuals who have experienced bullying or teasing about their appearance, particularly during childhood or adolescence, are at higher risk. Low self-esteem and a tendency to compare oneself to others can also contribute to the development of
BDD. Medical Risk FactorsBody Dysmorphic Disorder is also linked to eating disorders, such as anorexia or bulimia, where body image
concerns are central. In some cases, individuals who have undergone cosmetic surgery may develop or exacerbate BDD, as they may continue to perceive flaws even after surgical procedures. Additionally, trauma, such as physical or emotional abuse, can increase the likelihood of developing BDD. Genetic and Age-Related Risk FactorsThere is
evidence suggesting that genetics may play a role in the development of BOD or other mental health conditions, such as OCD or depression, are more likely to develop the disorder. While BDD can occur at any age, it most commonly begins in adolescence or early adulthood. This may be
due to the heightened focus on appearance during these developmental stages, as well as the hormonal and emotional changes that occur during puberty. However, BDD can persist into adulthood if left untreated, making early intervention crucial. Clinical Manifestations of Body Dysmorphic Disorder Obsessive Thoughts About Appearance Obsessive
thoughts about appearance are a hallmark symptom of Body Dysmorphic Disorder (BDD), occurring in approximately 94% of patients. These thoughts often focus on perceived flaws that may not be noticeable to others. Individuals with BDD may spend hours each day fixating on specific body parts, such as their nose, skin, or hair. This focus can lead
to significant emotional distress, making it difficult for patients to concentrate on daily tasks. This symptom may be more intense in the earlier stages of the disorder but offen persists throughout its course. Excessive Grooming Excessive grooming behaviors, such as frequent mirror checking, skin picking, or applying makeup to conceal perceived
flaws, are seen in about 80% of BDD patients. These behaviors are driven by the desire to "correct" or hide the perceived imperfections. Patients may spend hours each day engaged in grooming rituals, which can interfere with their ability to work, socialize, or perform daily activities. This symptom is often more pronounced in individuals particularly activities.
concerned about their skin or facial features. Avoidance of Social Situations occurs in approximately 70% of individuals with BDD. Patients may fear judgment or ridicule based on their appearance, leading them to withdraw from social interactions, including work, school, or family gatherings. This avoidance can result in
isolation and exacerbate feelings of loneliness and depression. In severe cases, individuals may become housebound, further limiting their appearance to others. This behavior can lead to feelings of inadequacy and
reinforce the belief that they are unattractive or deformed. Patients may compare themselves to people they see in person, on social media, or in magazines, often concluding that they fall short of societal beauty standards. This constant comparison can fuel obsessive thoughts and worsen the emotional impact of the disorder. Seeking Reassurance
About Appearance Seeking reassurance from others about appearance is common in BDD, with roughly 60% of patients engaging in this behavior. Individuals may ask friends, family, or even strangers for validation that their perceived flaws are not noticeable. While reassurance may provide temporary relief, it often leads to further anxiety and
obsession, as patients may not trust the responses they receive. This cycle can perpetuate the disorder and increase emotional distress. Low Self-EsteemLow self-esteem is a pervasive issue in BDD, affecting up to 85% of patients. The disorder's focus on perceived physical flaws can erode a person's sense of self-worth, leading to feelings of shame,
embarrassment, and inadequacy. Patients may feel that their appearance defines their value, and the inability to "fix" their perceived flaws can result in a deep sense of failure. Low self-esteem can also contribute to other mental health issues, such as depression and anxiety. Depression bepression is a common comorbidity in BDD, with studies
showing that up to 75% of patients experience depressive symptoms. The emotional toll of constantly fixating on perceived flaws, combined with social isolation and low self-esteem, can lead to feelings of hopelessness and sadness. In severe cases, depression may lead to suicidal thoughts or behaviors, making it crucial for patients to seek
professional help early in the course of the disorder. Anxiety Anxiety is present in approximately 80% of individuals with BDD. Patients may experience generalized anxiety, or panic attacks, particularly in situations where they feel their appearance will be scrutinized. The constant worry about how they are perceived can make it difficult
for individuals to engage in social or professional activities, further contributing to their isolation and emotional distress. Body Image Distortion for one's physical appearance, where individuals see themselves as flawed or
disfigured, even when others view them as normal or attractive. This misperception can be so severe that patients may believe they look grotesque, despite reassurance from others. Body image distortion often drives many of the other symptoms of BDD, such as obsessive thoughts, excessive grooming, and social avoidance. Compulsive
BehaviorsCompulsive behaviors, such as mirror checking, skin picking, or seeking cosmetic procedures, are seen in about 90% of BDD patients. These behaviors are attempts to "fix" or manage the perceived flaws, but they often provide only temporary relief. Over time, compulsive behaviors can become more frequent and interfere with daily
functioning. In some cases, patients may undergo multiple cosmetic surgeries, only to remain dissatisfied with the results, further perpetuating the cycle of obsession and distress. Diagnostic Evaluation of Body Dysmorphic Disorder (BDD) is primarily based on a comprehensive clinical evaluation. Healthcare
providers typically begin by conducting a thorough patient history and physical examination, focusing on the patient's concerns about their appearance and how these concerns affect their daily life. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) criteria are used to confirm the diagnosis, which requires that the patient exhibits a
preoccupation with one or more perceived defects or flaws in physical appearance that are not observable or appear slight to others. Additionally, the preoccupation must cause significant distress or impairment in social, occupationally, the preoccupation must cause significant distress or impairment in social, occupation must cause significant distress or impairment in social, occupationally, the preoccupation must cause significant distress or impairment in social, occupationally, the preoccupation must cause significant distress or impairment in social, occupationally, the preoccupation must cause significant distress or impairment in social, occupationally, the preoccupation must cause significant distress or impairment in social, occupationally, the preoccupation must cause significant distress or impairment in social, occupationally, the preoccupation must cause significant distress or impairment in social, occupationally, the preoccupation must cause significant distress or impairment in social, occupationally, the preoccupation must cause significant distress or impairment in social, occupationally, the preoccupation must cause significant distress or impairment in social, occupationally, the preoccupation must cause significant distress or impairment in social, occupationally are significant distributions.
BDD.Clinical InterviewThe clinical interview is a structured conversation between the healthcare provider and the patient, designed to gather detailed information about the patient's concerns regarding their appearance, the duration and
intensity of these concerns, and how they impact daily functioning. The interview may also explore the patient's mental health history, including any previous diagnoses of anxiety, depression, or other mood disorders. Results that Indicate Body Dysmorphic Disorder During the clinical interview, healthcare providers look for key indicators of BDD, such
as the presence of obsessive thoughts about appearance, compulsive behaviors, and significant emotional distress related to perceived physical flaws. If the patient's concerns are more related to another mental health condition,
such as an eating disorder or obsessive-compulsive disorder (OCD), further evaluation may be needed to clarify the diagnosis. Psychological Assessment involves the use of standardized tests and questionnaires to evaluate the patient's mental health and cognitive functioning. These assessments can help identify underlying
psychological factors that may contribute to BDD, such as low self-esteem, perfectionism, or a history of trauma. The assessment may also evaluate the patient's level of insight into their condition, as some individuals with BDD may not recognize that their concerns are excessive or irrational. Results that Indicate Body Dysmorphic Disorder Results
from psychological assessments that suggest BDD may include high levels of anxiety or depression, poor body image, and a strong focus on perfectionism. If the assessment reveals significant emotional distress related to appearance, combined with compulsive behaviors or social avoidance, the provider may diagnose BDD. However, if the results
point to other mental health conditions, such as generalized anxiety disorder or social phobia, additional testing may be needed to differentiate between these conditions, such as generalized anxiety disorder or social phobia, additional testing may be needed to differentiate between these conditions, such as generalized anxiety disorder or social phobia, additional testing may be needed to differentiate between these conditions, such as generalized anxiety disorder or social phobia, additional testing may be needed to differentiate between these conditions, such as generalized anxiety disorder or social phobia, additional testing may be needed to differentiate between these conditions, such as generalized anxiety disorder or social phobia, additional testing may be needed to differentiate between these conditions, such as generalized anxiety disorder or social phobia, additional testing may be needed to differentiate between these conditions and BDD. Self-Report Questionnaires are tools that allow patients are tools that allow patients are tools as a self-report questionnaire and the self-report questionnaires are tools as a self-report questionnaire and the self-report questionnaires are tools as a self-report questionnaire and the self-report questionnaire and the self-report questionnaires are tools as a self-report questionnaire and the se
questionnaires often include questionnaire (BDDQ) and the Dysmorphic Concerns on daily life. Commonly used questionnaire (DCQ). Results that
Indicate Body Dysmorphic DisorderPositive results on self-report questionnaires typically include high scores on items related to appearance-related distress, compulsive behaviors, and social avoidance. If the patient's responses indicate a preoccupation with perceived physical flaws and significant impairment in daily functioning, the provider may
diagnose BDD. If the questionnaire results are inconclusive, further evaluation may be needed to confirm the diagnosis. Structured Clinical Interviews are formal assessments that follow a specific set of questions designed to diagnose mental health conditions. These interviews are formal assessments that follow a specific set of questions designed to diagnose mental health conditions. These interviews are formal assessments that follow a specific set of questions designed to diagnose mental health conditions.
also be helpful in clinical practice. The Structured Clinical Interview for DSM-5 (SCID-5) is one such tool that can be used to assess for BDD. This interview covers a wide range of mental health symptoms, including those related to body image and compulsive behaviors. Results that Indicate Body Dysmorphic Disorder Structured clinical interviews that
indicate BDD typically reveal a pattern of obsessive thoughts about appearance, compulsive behaviors, and significant emotional distress. If the interview results suggest another mental health condition, further evaluation may be
needed to differentiate between BDD and other disorders. What if All Tests are Negative but Symptoms persist, it is important to continue seeking medical advice. In some cases, symptoms may be related to other mental health conditions, such as
obsessive-compulsive disorder (OCD) or generalized anxiety disorder (GAD). Your healthcare provider may recommend further testing, refer you to a specialist, or suggest treatment options such as cognitive-behavioral therapy (CBT) to address your symptoms. Do not hesitate to seek a second opinion if you feel your concerns have not been fully
addressed. Treatment Options for Body Dysmorphic Disorder (BDD). These medications for Body Dysmorphic Disorder (BDD). These medications are often an essential part of a comprehensive treatment plan for Body Dysmorphic Disorder (BDD).
condition. Fluoxetine Definition: Fluoxetine is a selective serotonin reuptake inhibitor (SSRI) commonly prescribed for depression, anxiety, and obsessive-compulsive disorders (OCD). It works by increasing serotonin levels in the brain, which can improve mood and reduce obsessive thoughts. How and When It's Used: Fluoxetine is often a first-line
treatment for BDD due to its effectiveness in alleviating obsessive-compulsive symptoms. It is typically prescribed for moderate to severe cases and is taken orally, usually once a day. Full benefits may take several weeks to become noticeable. Expected Outcomes: Patients can expect a reduction in obsessive thoughts and compulsive behaviors within 4
to 6 weeks. Continued use helps maintain symptom relief and enhances overall quality of life. Sertraline is another SSRI frequently used to treat depression, anxiety, and OCD. It helps increase serotonin levels in the brain, which can alleviate BDD symptoms. How and When It's Used: Like fluoxetine, sertraline is often prescribed as
a first-line treatment for BDD. It is taken daily, and its effects may take several weeks to become noticeable. It is particularly beneficial for individuals with co-occurring anxiety or depression. Expected Outcomes: Patients may notice gradual improvement in obsessive thoughts and compulsive behaviors within 4 to 8 weeks. Long-term use helps
maintain symptom control. Paroxetine Definition: Paroxetine is an SSRI used to treat various mental health conditions, including depression, anxiety, and OCD. It works by balancing serotonin levels in the brain. How and When It's Used: Paroxetine is typically prescribed when other SSRIs, such as fluoxetine or sertraline, are ineffective. It is taken
orally, usually once a day, and may take several weeks to show results. It is particularly helpful for patients with severe anxiety. Expected Outcomes: Patients can expect a reduction in obsessive thoughts and compulsive behaviors within 4 to 6 weeks. Long-term use provides sustained symptom relief. Clomipramine Definition: Clomipramine Definition:
antidepressant (TCA) that is particularly effective in treating OCD and related conditions like BDD. It works by affecting the balance of serotonin and norepinephrine in the brain. How and When It's Used: Clomipramine is typically prescribed when SSRIs are ineffective. It is taken orally, and its effects may take several weeks to become noticeable. It
is often used in more severe cases of BDD or when patients do not respond to first-line treatments. Expected Outcomes: Patients can expect a reduction in obsessive-compulsive symptoms within 4 to 6 weeks. Continued use helps maintain symptom relief. Escitalopram period to first-line treatments. Expected Outcomes: Patients can expect a reduction in obsessive-compulsive symptoms within 4 to 6 weeks. Continued use helps maintain symptom relief. Escitalopram period to first-line treatments. Expected Outcomes: Patients can expect a reduction in obsessive-compulsive symptoms within 4 to 6 weeks. Continued use helps maintain symptom relief. Escitalopram period to first-line treatments and anxiety disorders. It
helps increase serotonin levels in the brain, improving mood and reducing obsessive thoughts. How and When It's Used: Escitalopram is often prescribed as a first-line treatment for BDD, especially in patients with co-occurring anxiety or depression. It is taken once daily, and its effects may take several weeks to become noticeable. Expected
Outcomes: Patients can expect a gradual reduction in obsessive thoughts and compulsive behaviors within 4 to 6 weeks, with long-term use providing sustained symptom control. Venlafaxine behaviors within 4 to 6 weeks, with long-term use providing sustained symptom control.
norepinephrine levels in the brain. How and When It's Used: Venlafaxine is typically prescribed when SSRIs are ineffective. It is taken daily, and its effects may take several weeks to become noticeable. It is particularly useful for patients with co-occurring depression. Expected Outcomes: Patients can expect a reduction in obsessive thoughts and
compulsive behaviors within 4 to 8 weeks, with long-term use providing sustained symptom relief. Duloxetine is an SNRI used to treat depression and anxiety disorders. It works by increasing serotonin and norepinephrine levels in the brain. How and When It's Used: Duloxetine is often prescribed when SSRIs are ineffective. It is
taken daily, and its effects may take several weeks to become noticeable. It is particularly useful for patients with chronic pain alongside BDD. Expected Outcomes: Patients can expect a reduction in obsessive thoughts and compulsive behaviors within 4 to 8 weeks, with long-term use providing sustained symptom relief. Bupropion Definition: Bupropion Definition:
is a norepinephrine-dopamine reuptake inhibitor (NDRI) used to treat depression and anxiety. It increases norepinephrine and dopamine levels in the brain. How and When It's Used: Bupropion is typically prescribed when SSRIs or SNRIs are ineffective. It is taken daily, and its effects may take several weeks to become noticeable. It is particularly
useful for patients with low energy or motivation alongside BDD. Expected Outcomes: Patients can expect an improvement in mood and a reduction in obsessive thoughts within 4 to 6 weeks, with long-term use providing sustained symptom relief. Mirtazapine is an antidepressant that increases serotonin and norepinephrine
levels in the brain. It is often used to treat depression and anxiety disorders. How and When It's Used: Mirtazapine is typically prescribed when SSRIs or SNRIs are ineffective. It is taken daily, usually at night, as it can cause drowsiness. It is particularly useful for patients with sleep difficulties or weight loss alongside BDD. Expected Outcomes:
Patients can expect an improvement in mood and a reduction in obsessive thoughts within 4 to 6 weeks, with long-term use providing sustained symptom relief. Aripiprazole Definition: Aripiprazole is an atypical antipsychotic used to treat various mental health conditions, including OCD and BDD. It balances dopamine and serotonin levels in the
brain. How and When It's Used: Aripiprazole is typically prescribed when other medications, such as SSRIs or SNRIs, are ineffective. It is often used in more severe cases of BDD. Expected Outcomes: Patients can expect a reduction in obsessive-compulsive symptoms within the several weeks to become noticeable. It is often used in more several weeks to become noticeable. It is often used in more several weeks to become noticeable.
4 to 6 weeks. Long-term use helps maintain symptom control. Improving Body Dysmorphic Disorder and Seeking Medical HelpIn addition to medications, several lifestyle changes and self-care strategies can help manage BDD symptoms and improve overall well-being. Mindfulness meditation: Practicing mindfulness can help reduce obsessive thoughts
by encouraging focus on the present moment. Journaling: Writing down thoughts and feelings can help identify triggers and patterns in obsessive thinking. Exercise: Regular physical activity improves mood and reduces anxiety, both of which are common in BDD. Healthy eating: A balanced diet supports overall mental health and well-being. Social
support: Connecting with friends and family provides emotional support and reduces feelings of isolation. Setting realistic goals: Breaking tasks into smaller, achievable steps can reduce feelings of overwhelm. Limiting social media use: Reducing exposure to unrealistic beauty standards can minimize BDD triggers. Practicing self-compassion: Being
kind to oneself helps reduce negative self-talk often associated with BDD. Engaging in hobbies: Finding activities that bring joy can shift focus away from obsessive thoughts. Seeking professional help: Telemedicine offers a convenient way to access mental health care from home. Prevention and Management of Body Dysmorphic Disorder While there is
no guaranteed way to prevent BDD, early diagnosis and treatment can significantly improve outcomes. If you or someone you know is struggling with obsessive thoughts related to appearance, it's important to seek medical help. Telemedicine offers a convenient and accessible way to connect with healthcare providers, allowing you to receive care
without leaving home. Regular follow-up appointments and ongoing treatment can help manage symptoms and prevent the condition from worsening. Living with BDD can be challenging, but there are strategies that can help improve your quality of life: Follow your treatment plan as
prescribed by your healthcare provider. Stay connected with supportive friends and family members. Engage in activities that bring you joy and help distract from obsessive thoughts. Practice mindfulness and self-compassion to reduce negative self-talk. Limit exposure to social media and other sources of unrealistic beauty standards. Conclusion Body
Dysmorphic Disorder is a serious mental health condition that can significantly impact a person's quality of life. However, with early diagnosis and appropriate treatment, it is possible to manage symptoms and improve overall well-being. If you or someone you know is struggling with BDD, don't hesitate to seek help. Our primary care telemedicine
practice is here to provide the support and treatment you need, from the comfort and privacy of your own home. Reach out today to schedule a consultation and take the first step toward feeling better. Please be advised, the below article might mention trauma-related topics that include suicide, substance use, or abuse which could be triggering to
the reader. Support is available 24/7. Please also see our Get Help Now page for more immediate resources. Many might struggle with accepting their bodies from time to time. However, some individuals can develop a mental health condition that can cause them to experience intense feelings of worry about perceived flaws in their bodies—whether or
not those flaws are truly there. This is generally known as body dysmorphic disorder. A range of different treatments can support those who are currently living with this condition, possible body dysmorphic disorder treatments below
for your consideration. Rawpixel Looking for support with body dysmorphic disorder? Speak with a licensed online therapist disorder (BDD) is a mental health condition characterized by obsessive preoccupation with perceived flaws or defects in one's physical
appearance, often leading to distress and impairment in daily life. It is closely related to obsessive-compulsive disorder (OCD) as both are characterized by intrusive thoughts and repetitive behaviors. While individuals diagnosed with BDD obsess over perceived flaws in their appearance, those with OCD may engage in rituals to alleviate the distress
caused by intrusive thoughts. It is closely related to obsessive-compulsive disorder (OCD) as both are characterized by intrusive thoughts and repetitive behaviors. Risk factors for BDD include a family history of the disorder, social anxiety, and reassurance-seeking behaviors. Without proper attention and treatment by healthcare providers to diagnose
BDD, the symptoms may worsen. Individuals might experience severe depression, social avoidance, substance use*, and even suicidal* thoughts or actions if BDD is left untreated. Body dysmorphic disorder treatments aim to address the diagnosis, reduce symptoms, and address challenges should symptoms return. For example, a mental health
professional might aim to help an individual return to social activities without focusing on his or her appearance. The best type of treatment for BDDAt the time of this publication, there is no singular, unanimously defined "cure" for or any way to prevent body dysmorphic disorder. However, there are treatments that can help you manage BDD
symptoms that you're experiencing, possibly limiting their implication and cognitive behavioral therapy. After having your body dysmorphic disorder diagnosed, doctors might suggest that you undergo both medication and
psychotherapy treatment as a combined, concentrated effort if you choose to seek treatment. This might be because medication-related intervention can help abate some of the symptoms of body dysmorphic disorder while you are going through cognitive behavioral therapy. Consulting with a medical provider before deciding to take a new medication
is generally the best path to take, as you can maximize your benefit while limiting your potential for negative outcomes. We do want to note: The best type of treatment for you will generally depend on what's most effective for your specific needs. You can work alongside a team of mental health and medical professionals to come up with a plan of
action. You may have to try different treatments or even a combination of methods until you find which ones are right for you. How does cognitive behavioral therapy is generally defined as a form of psychotherapy that can support people in recognizing and changing
thoughts or behavior consciously and mindfully. This approach is called CBT due to the structure of the approach. You may be asked to examine thoughts and behaviors objectively during sessions with the help of a therapist. Over time, you can learn new ways to take control of your thoughts and actions when on your own. One study found that CBT
eliminated symptoms of body dysmorphic disorder in 88% of patients. A total of 77% of patients retained that status and did not relapse after therapy was completed. This not only suggests the possible efficacy of this treatment measure, but it also can serve as an encouragement: Unlearning beliefs that have been held for so long can be difficult, but
it is possible to do for many. Getty/AnnaStillsExposure and ritual preventionThis is generally done as a part of cognitive behavioral therapy—however, it can also be done in a standalone way. In this supportive strategy, you may be asked to address your behavioral activities or avoidances. You and your therapist can then develop a hierarchy of
nervousness you may experience in different situations that can make you feel uncomfortable or that you avoid. After this, you may be asked to commit to exposing yourself to the items on this list, one at a time—starting with the least troublesome and most available to you at that time. During this exercise, your therapist might also challenge you to
stop certain rituals that you may be using to cope with your body dysmorphia. For example: If you are constantly checking yourself in the mirror, the therapist can then give you different activities that you can do instead of looking in the
mirror. Perceptual retrainingPerceptual retrainingPerceptual retraining can be helpful for those who might feel as if they obsess about one specific part of their appearance. Many people with body dysmorphia might stand or sit very close to the mirror to closely examine the aspect of their appearance that they are worried about—possibly worsening the symptomatic
expression. For many, the first step of this process may include your therapist helping you identify your current bodily insecurities and how to work around them. Once this occurs, they can then work with you to begin to change your perception of yourself. You may do this in stages, such as looking into a mirror at a conversational distance of two to
three feet. The therapist may then challenge you to look into the mirror at the bigger picture rather than only at that thing about your appearance that you have and recognize that the overall picture is not as offensive as your thoughts may lead you to believe. Relapse
preventionOnce you have met your goals in cognitive behavioral therapy, your therapist might then work with you to ensure that you do not relapse after therapy ends. Relapse prevention strategies can include helpful steps, such as going over the tools and strategies that you learned and discussing ways to apply those strategies in your everyday life
For some people, follow-up appointments every few months to go over and reinforce strategies may be helpful to prevent relapse. SSRI medication. Body dysmorphia has some key characteristics that can be similar to obsessive-compulsive disorder, which can be
frequently treated with SSRI antidepressant drugs. Studies have suggested that SSRI drugs can be very effective in the treatment of BDD. Research and similar subsequent findings have been attributed to several different SSRI medications, many of which are thought to work in the same way. If you are considering medication for the management of BDD. Research and similar subsequent findings have been attributed to several different SSRI medication for the management of BDD.
BDD, we do want to encourage you to reach out to a healthcare provider. They can help you to maximize medication-related risks, keeping you as safe as possible as you work to address BDD. Getty/Halfpoint ImagesLooking for support with body dysmorphic disorder? Speak with a licensed online therapistHow can online
therapy help those experiencing BDD? If you are currently living with body dysmorphia or think you might have the condition, seeking help from an online therapist may help you find relief from your symptoms. We do want to note that living with body dysmorphic disorder can be challenging. As a result, it might be difficult to find people to open up to
who you're sure won't judge you if you seek therapy in an in-person setting. Online therapy with a mental health professional effective? Online therapy can be an effective tool for treating a variety of
mental health conditions, including body dysmorphic disorder. One study suggested that internet-based CBT reduced symptoms of BDD and improved existing symptoms of body dysmorphic disorder. One study suggested that internet-based CBT reduced symptoms of body dysmorphic disorder. One study suggested that internet-based CBT reduced symptoms of body dysmorphic disorder.
image can be important. However, certain conditions like body dysmorphic disorder can make this more difficult for some. There are a range of other supplementary resources available as you work toward finding the most effective option for you. Cognitive behavioral therapy is generally considered to be a leading intervention for treating BDD,
which a licensed online counselor can help you through. BetterHelp can connect you with an online counselor in your area of need. Because the symptoms of body dysmorphic disorder (BDD) can be painful and overwhelming, a solid support system of friends and family members can make a big difference for someone in treatment. There are a few
ways you can serve as a refuge for calm and safety: Distract the individual and re-channel the focus to something besides their perceived flaws in appearance. Instead, encourage them to talk openly about how they feel. Take their feelings seriously, even if you can't understand where they're coming from. Avoid minimizing them or pointing out how
they're "wrong." Avoid talking about your own insecurities and body image concerns. Even if your intentions are good, it can make things worse. Encourage them to seek counsel from a mental health professional. Let them know you're there for them whenever they need you. Celebrate every win along their healing journey, no matter how small it may
seem.Can you beat BDD?BDD is classified as an anxiety disorder similar to obsessive-compulsive (OCD) and eating disorders. As of yet, there is no cure—but there are many ways one can manage and treat body dysmorphic disorders. As of yet, there is no cure—but there are many ways one can manage and treat body dysmorphic disorders. As of yet, there is no cure—but there are many ways one can manage and treat body dysmorphic disorders.
based therapy. Other methods of talk therapy, such as exposure therapy, are sometimes used in tandem with CBT treatments. Medications like mood stabilizers. Self-Help Treatments— Some therapists recommend implementing self-care
strategies to supplement other treatment options. For example, you may visit a support group for others with BDD outside of therapy. Your therapy sessions, such as keeping a journal to record your daily experiences. They may ask you to list things you like about yourself, such as skills, values,
and character traits. Part of self-help includes physical self-care. Getting plenty of rest, eating a healthy diet, and engaging in regular physical movement may be integral tools for recovery. Studies show that people with BDD and similar disorders are risk factors for substance abuse, so it's vital to avoid drugs and alcohol. Treatment for any mental
illness should be guided by a mental health provider. A therapist can work with you to develop a treatment plan best suited to your specific needs. Is BDD a form of OCD?BDD is closely related to OCD, and they discuss many symptoms, including, but not limited to:Compulsive and/or Repetitive BehaviorsEngaging in compulsive rituals and behaviors is
a hallmark symptom of many anxiety disorders. In the case of BDD, these may include obsessive grooming, mirror checking (or avoidance), or approval-seeking behaviors. Compulsions are often internalized as well. People with BDD typically have repetitive negative thoughts about themselves and their appearance, or they may obsessively compare
themselves to others. But they don't always express these thoughts verbally. Sometimes, the people closest to them may not realize their loved one has BDD until they take extreme measures to "fix" themselves. For example, people with BDD may have excessive cosmetic procedures or develop an eating disorder. Overwhelming Emotional
Reactions People with BDD may have strong emotional reactions to their appearance, such as self-hatred or disgust. Excessive worry and anxiety over appearance are common, as are feelings of shame and isolation from others. What should you not say to someone with body dysmorphia? It's common for people offering BDD support to feel afraid
they'll accidentally say something to make it worse. Here are some things to avoid saying to someone with body dysmorphia: "Stop worrying about it." "You shouldn't care what other people think." "I don't know what you're talking about it." "How
do you uplift someone with body dysmorphia? Start by letting them know you're there to talk, but most importantly, listen and try to understand where they're coming from. You're not there to "fix" things but to be open-minded and support them by listening without judgment or giving advice. You may also gently point out to them that "your
experience is completely valid, but BDD often distorts peoples' views of themselves. It's possible the same may be true here." You may also remind them to contact a support group online or in their community for help. How do people with body
dysmorphia act? Everyone exhibits symptoms of BDD differently, so there is no "template" for how one should act. Also, one symptoms in clusters. That said, you may take note if someone you know: Compulsively checks their appearance in mirrors or goes out of their
way to avoid looking in mirrors. Constantly compares themselves to others. Seeks constant reassurance from others about how they look. Exercises or grooms excessively. Puts themselves in financial jeopardy because they can't stop spending money on beauty products, cosmetic procedures, etc. Goes out of their way to hide a body part they feel self-end of their way to hide a body part they feel self-end of their way to hide a body part they feel self-end of their way to hide a body part they feel self-end of their way to hide a body part they feel self-end of their way to hide a body part they feel self-end of their way to hide a body part they feel self-end of their way to hide a body part they feel self-end of their way to hide a body part they feel self-end of their way to hide a body part they feel self-end of their way to hide a body part they feel self-end of their way to hide a body part they feel self-end of their way to hide a body part they feel self-end of their way to hide a body part they feel self-end of their way to hide a body part they feel self-end of their way to hide a body part they feel self-end of their way to hide a body part they feel self-end of their way to hide a body part they feel self-end of their way to hide a body part they feel self-end of their way to hide a body part they feel self-end of their way to hide a body part they feel self-end of their way to hide a body part they feel self-end of their way to hide a body part they feel self-end of their way to hide a body part they feel self-end of their way to hide a body part they feel self-end of their way to hide a body part they feel self-end of their way to hide a body part they feel self-end of their way to hide a body part they feel self-end of their way to hide a body part they feel self-end of their way to hide a body part they feel self-end of their way to hide a body part they feel self-end of their way to hide a body part they feel self-end of their way to hide a body part they feel self-end of their way to hide a body pa
conscious about. Does BDD get worse with age? The average age of onset for BDD is between 12 and 16 years old. Research indicates that without early intervention, it does typically get worse with age. As the disorder progresses, individuals are more likely to develop comorbid conditions such as bulimia or anorexia nervosa and substance use
disorders, as well as self-harming behaviors and suicidal ideation. If you or a loved one are experiencing suicidal thoughts, reach out for help immediately. The National Suicidal Prevention in people with BDD shows
they have neurological differences in how they perceive their own faces as well as the faces of others. What are the two types of dysmorphia and BDD by proxy. People with muscle dysmorphia and BDD by proxy. People with muscle dysmorphia? The two subtypes of BDD include muscle dysmorphia and BDD by proxy.
body in the same way. They typically have obsessive thoughts about their body that interfere with the person's ability to function in daily life. People with muscle dysmorphia may exhibit the following behavioral signs: Excessive weightlifting/exercisingCompulsive calorie counting. Strict adherence to diet plans designed to promote muscle
mass. Compulsively checking/avoiding the mirror. Wearing multiple layers of clothing or using other methods to make themselves appear larger. Using steroids or other performance-enhancing drugs. People with BDD by proxy have a distressing fixation on perceived imperfections in another person's (person of concern, or POC) appearance. Individuals are a distressing fixation on perceived imperfections in another performance-enhancing drugs. People with BDD by proxy have a distressing fixation on perceived imperfections in another person's (person of concern, or POC) appearance. Individuals are a distressing fixation on perceived imperfections in another person's (person of concern, or POC) appearance.
with this type of BDD typically focus on a spouse or partner, but the POC may also be a parent, sibling, child, or stranger. Fixation most often involves the hair and skin, but they may target other body areas, too. They may spend several hours a day preoccupied with their beliefs. They might also engage in repetitive behaviors to cope with the guilt
and shame that people with the disorder often feel. These may include: Frequent comparisons of the POC or becoming overly
defensive. Avoidance of situations that may reveal or highlight the POC's perceived flaw. Is BDD a form of schizophrenia, it is possible to have both disorders at the same time. BDD's effects tend to be mild at first and worsen over time. The negative thoughts and feelings about your body will influence your
thought processes and behaviors. As they become more intense, you're more likely to feel more and more distressed about your appearance. They may also start to affect or change your life, making it difficult to study, work or spend time with others socially. BDD usually becomes more severe the longer it goes untreated. That's why it's important to
get a diagnosis and treatment for body dysmorphic disorder as soon as possible. Early diagnosis and treatment may stop BDD's symptoms and effects from worsening. How long does body dysmorphic disorder last? BDD is treatable and it's often possible to manage it. Unfortunately, it isn't curable and doesn't go away on its own. Once it develops, it's a
lifelong condition. Receiving treatment for BDD can also cause you to experience a kind of remission, meaning your symptoms return, flare up or become more severe, effective treatment for BDD can also cause you to experience a kind of remission, meaning your life. What's the
outlook for this condition? BDD is a treatable condition. Research estimates that between 50% and 80% of people treated with medication experience relapses where symptoms return or become more severe again. Experts strongly recommend combining medication treatments with
psychotherapy. That's because psychotherapy can help you develop thinking and coping strategies that counter the thoughts and feelings you experience with BDD. Without treatment, body dysmorphic disorder has the potential to disrupt your life severely. Self-harm or suicide are also more common among people living with untreated BDD. Up to
80% of people with BDD have suicidal thoughts, and 1 in 4 people with BDD attempt suicide. People with BDD are also 45 times more likely to die by suicide than people with bdd are also 45 times more likely to die by suicide.
```