

Cognitive behavioral therapy benefits patients with body dysmorphic disorder

February 11 2014

In a recent study, researchers at Rhode Island Hospital found significant benefits of cognitive behavioral therapy as a treatment modality for patients with Body Dysmorphic Disorder (BDD). BDD is a common, often severe, and under-recognized body image disorder that affects an estimated 1.7 percent to 2.4 percent of the population. This study demonstrated significant improvement in patients' BDD symptoms and level of disability, as well as high levels of patient satisfaction with the treatment. The study is published online in advance of print in the journal *Behavior Therapy*.

Researchers first developed the manualized treatment and then studied 36 adults with BDD who were randomly selected to either receive 22 [cognitive behavioral therapy](#) (CBT) sessions over 24 weeks, or placed on a 12-week wait list. Assessments were conducted pre-treatment, monthly, post-treatment and at three- and six-month follow-up appointments. Post-treatment, patients reported high satisfaction with the treatment, and BDD symptoms such as depression; insight regarding inaccurate beliefs about appearance; and disability in work, social life/leisure, and family life/home responsibilities significantly improved.

"BDD is a common and often debilitating disorder, and there are very few proven effective treatments," said Katharine Phillips, M.D., director of the Body Dysmorphic Disorder program at Rhode Island Hospital, "This study suggests that using cognitive behavioral therapy that specifically targets BDD symptoms can result in significant improvements in symptoms and ability to function in daily life. We are

currently conducting a study, funded by the National Institute of Mental Health, to more definitively test this treatment and compare it to the most commonly received type of therapy for BDD."

CBT uses standard core elements relevant to all BDD patients, such as psychoeducation, cognitive interventions, exposure to avoided situations (which are usually social situations), and prevention of excessive repetitive behaviors (such as mirror checking or compulsive grooming). Treatment ends with relapse prevention strategies and booster sessions focused on helping patients maintain the gains they have made during treatment. Optional treatment modules focus on symptoms and behaviors that some, but not all, patients with this disorder engage in (such as compulsive skin picking or surgery seeking), which enables clinicians to tailor the treatment to individual patient needs.

BDD typically starts during early adolescence. The disorder consists of intrusive, time-consuming preoccupations about perceived defects in one's physical appearance (for example, acne, hair loss, or nose size) whereas the perceived flaws are actually minimal or even nonexistent in the eyes of others. Individuals with BDD may engage in obsessive grooming, skin picking or plastic surgery (which appears to usually be ineffective). BDD also often leads to social impairments, missed work or school and difficulty forming and maintaining meaningful relationships. It is associated with high lifetime rates of psychiatric hospitalization and suicide.

"Cognitive behavioral therapy is an often-helpful approach to treating BDD," Phillips said. "It can be tailored to meet the needs of a wide range of patients and includes unique strategies to address symptoms that distinguish BDD from other disorders."

Phillips continued, "While more research is needed, we conclude from this study that CBT is an appropriate, feasible, and very promising

alternative [treatment](#) for those suffering from this often misunderstood and severe mental illness."

Provided by Lifespan

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