

PREVALENCE OF BODY DYSMORPHIC DISORDER

Ms. Kavya G R

IIInd Year M.Sc Nursing
Mental Health Nursing
Shree Devi College of Nursing

GUIDE

Mr. Lyson C. Vijin Dhas

Professor
Department of Mental Health Nursing
Shree Devi College of Nursing

CO-GUIDE

Dr. (Mrs.) Darling B. Bibiana

Principal
Department of Obstetrics and Gynaecology
Shree Devi College of Nursing

Abstract

Body Dysmorphic Disorder (BDD) is a chronic psychiatric disorder characterized by excessive preoccupation with perceived defects in physical appearance. Individuals with BDD experience significant emotional distress, social impairment, poor quality of life, and increased risk of depression, anxiety, and suicidality. Evidence suggests that prevalence rates vary across community, psychiatric, cosmetic, and dermatological settings, with higher rates reported among individuals seeking cosmetic procedures. This review summarizes epidemiology, prevalence, risk factors, clinical manifestations, treatment approaches, and nursing implications. Recent evidence highlights the influence of social media, digital image modification, and appearance-focused culture on body image concerns. Early screening and multidisciplinary interventions are essential for improving outcomes.

Keywords

Body Dysmorphic Disorder, Mental Health, Prevalence, Body Image, Psychiatry, Nursing, Cosmetic Surgery

Introduction

Body Dysmorphic Disorder is classified under obsessive-compulsive and related disorders. Patients are excessively concerned about one or more perceived defects in appearance that are not observable or appear minimal to others. The condition commonly begins during adolescence and often remains undiagnosed for years. Repetitive behaviors such as mirror checking, skin picking, grooming, reassurance seeking, and social avoidance are common. BDD significantly affects interpersonal relationships, education, employment, and psychological wellbeing.

Need for Review

BDD is frequently overlooked in clinical settings despite its severe consequences. Increased awareness is necessary because affected individuals often seek cosmetic rather than psychiatric treatment. Reviewing current evidence can support early identification, appropriate referral, and evidence-based nursing interventions.

Objectives of the Review

1. To review the prevalence of Body Dysmorphic Disorder.
2. To identify risk factors associated with BDD.
3. To summarize current evidence regarding psychosocial impact.
4. To discuss implications for nursing practice.
5. To identify future research priorities.

Methods

This review was developed using published prevalence studies, review articles, psychiatric literature, and recent evidence related to Body Dysmorphic Disorder. Findings from community, psychiatric, dermatological, and cosmetic settings were examined and synthesized.

Review of Literature

Available literature demonstrates substantial variability in prevalence rates. Community studies generally report lower prevalence rates, whereas cosmetic and dermatological populations show higher prevalence. BDD is strongly associated with depression, anxiety disorders, obsessive-compulsive symptoms, eating disorders, poor self-esteem, social isolation, and suicidal ideation. Studies have demonstrated significant functional impairment among affected individuals. Cognitive Behavioral Therapy (CBT) and Selective Serotonin Reuptake Inhibitors (SSRIs) remain evidence-based treatment approaches.

Risk Factors

Risk factors include genetic vulnerability, childhood teasing, bullying, adverse childhood experiences, perfectionism, low self-esteem, social anxiety, family history of psychiatric disorders, and exposure to unrealistic beauty standards. Social media and image-editing applications have emerged as important contemporary influences.

Clinical Manifestations

Patients may present with excessive concern about facial features, skin, hair, body shape, or other physical characteristics. Common symptoms include repetitive mirror checking, avoidance of photographs, reassurance seeking, camouflage behaviors, cosmetic procedure seeking, and social withdrawal.

Recent Advances (2024–2025)

Recent studies have reported increased screening efforts in cosmetic surgery and dermatology settings. Emerging evidence suggests a relationship between intensive social media exposure and dysmorphic concerns. Researchers recommend routine psychological assessment before cosmetic interventions. Contemporary studies have also emphasized culturally sensitive approaches to assessment and treatment.

Implications for Nursing Practice

- Conduct routine body image assessments.
- Screen for anxiety, depression, and suicide risk.
- Provide psychoeducation regarding BDD.
- Encourage adherence to psychiatric treatment.
- Facilitate referral to mental health professionals.

- Promote healthy body image and coping strategies.
- Support family involvement in care.

Implications for Nursing Education

Nursing curricula should include detailed instruction regarding body image disorders, psychiatric assessment, communication skills, and evidence-based interventions. Simulation and case-based learning may improve clinical competence.

Implications for Nursing Administration

Healthcare organizations should establish screening protocols, encourage interdisciplinary collaboration, and support continuing professional education regarding BDD.

Implications for Nursing Research

Future nursing research should focus on prevalence in Indian populations, effectiveness of psychoeducational interventions, digital mental health approaches, and long-term patient outcomes.

Future Directions

Future investigations should include large-scale epidemiological studies, culturally diverse samples, social media influences, tele-mental health interventions, and long-term follow-up studies. Standardized screening tools and public awareness initiatives are also required.

Conclusion

Body Dysmorphic Disorder is a serious and often underrecognized psychiatric condition. Evidence demonstrates substantial psychological distress, social impairment, and elevated suicide risk among affected individuals. Nurses play a crucial role in screening, education, counseling, referral, and ongoing support. Improved awareness and early intervention can significantly improve outcomes.

References

- 1)Angelakis I. et al. (2016); Bellino S. et al. (2006); Bjornsson A.S. et al. (2013);
- 2)Cansever A. et al. (2003); Conroy M. et al. (2008); Crerand C.E. et al. (2005);
- 3)Harrison A. et al. (2016); Jaisoorya T.S. et al. (2003); Kelly M.M. et al. (2015); Kollei I. et al. (2011).
- 4)Murshidi R.M. et al. Scientific Reports (2024).
- 5)Li V. et al. Dermatology and Therapy (2024).
- 6)Wei E.X. et al. Facial Plastic Surgery and Aesthetic Medicine (2024).
- 7)Rica R., Sepúlveda García A.R. European Eating Disorders Review (2024).

Copyright & License:



© Authors retain the copyright of this article. This work is published under the Creative Commons Attribution 4.0 International License (CC BY 4.0), permitting unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.