



ARC Young Adult Mental Health Information Series

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Body Dysmorphic Disorder

Body dysmorphic disorder is a mental health condition in which perceived defects or flaws in your physical appearance make you so upset that it gets in the way of your ability to live normally and interact in social settings. Estimates suggest that up to 2.2% of men and 2.5% of women 15 years of age and above meet the diagnostic criteria for body dysmorphic disorder. A preoccupation with your body build being too small or not muscular enough (muscle dysmorphia) occurs almost exclusively in males. It is most common among people age 15–30.



Symptoms

- Being extremely preoccupied with a perceived flaw in appearance that to others can't be seen or appears minor.
- Strong belief that you have a defect in your appearance that makes you ugly or deformed.
- Belief that others take special notice of your appearance in a negative way or mock you.
- Engaging in behaviours aimed at fixing or hiding the perceived flaw that are difficult to resist or control, such as frequently checking the mirror, grooming or skin picking.
- Attempting to hide perceived flaws with styling, makeup or clothes.
- Constantly comparing your appearance with others.
- Frequently seeking reassurance about your appearance from others.
- Seeing many healthcare providers about your appearance.
- Seeking cosmetic procedures with little satisfaction.
- Avoiding social situations.
- Feeling anxious, depressed, and ashamed.
- Thoughts of suicide.





Causes

- In some cases, body dysmorphic disorder may be inherited. According to twin studies, genetic factors account for about 44% of the symptoms experienced.
- People with a history of trauma have a higher chance of developing body dysmorphia. Many people with BDD report having been bullied by peers at school, and up to 79% of people with body dysmorphia experienced childhood abuse.
- People with certain personality traits, such as perfectionism and sensitivity to aesthetics, are more likely to develop body dysmorphia.
- Many people with BDD have at least one other mental health condition at the same time. It's especially common for someone with body dysmorphia to have obsessive-compulsive disorder, social anxiety disorder, or an eating disorder, such as anorexia nervosa.

Treatment

Treatment for BDD may include talk therapy and/or medication. Cognitive-Behavioural therapy is commonly used as a therapy technique. Techniques used in therapy include the replacement of automatic negative thinking with a positive thought and challenging negative behaviours such as skin picking and self-isolating. This is done by a step-by-step process of exposing the person to situations and supporting them through their reactions. Antidepressant medicines usually work best for BDD. Studies indicate that certain antidepressants, such as SSRIs, have been shown to be 53% to 70% effective in treating BDD.

Additional steps you can take include:

- Joining an online or in-person peer support group for people with BDD.
- Practicing mindfulness techniques.
- Writing your thoughts in a journal.
- Using positive affirmation statements to build your confidence.
- Participating in a new hobby or learning a new skill.

Resources available

Aire Ouverte for youth 12-25 years of age. 5811 Taschereau Blvd., local 30, Brossard, QC J4Z 1A5
Drop-in services: Tuesday, Wednesday and Thursday from 1:00-8:00 p.m. and Saturday 10:00 a.m. to 5:00 p.m. By appointment from Monday to Friday. (450) 445-4474

AMI-Quebec – www.amiquebec.org, (514) 486-1448

Friends for mental health – www.asmfmh.org, (514) 636-6885

www.anxietycanada.com

Relief – www.relief.ca, (514) 529-3081

Psychosocial support available at your local CLSC and through your primary care physician.

CLSC St-Hubert (450) 443-7400

CLSC Brossard (450) 445-4452

CLSC St-Jean-sur-Richelieu (450) 358-2572

CLSC Richelieu (450) 658-7561

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