

CASE PRESENTATION ON BODY DYSMORPHIC DISORDER (BDD).

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Introduction

When I was posted in the psychiatry ward during the clinical posting, I was assigned to the patient with the diagnosis of Body Dysmorphic Disorder (BDD). BDD was first described by an Italian psychiatrist, Enrico Morselli, as “dysmorphophobia”, in 1891. The term was derived from the word “dysmorphia”, a Greek word meaning misshapeness or ugliness. Body dysmorphic disorder is a mental disorder characterized by the obsessive idea that some aspect of one's own body part or appearance is severely flawed and therefore warrants exceptional measures to hide or fix one's dysmorphic part on one's figure. BDD is estimated to affect up to 2.4 % of the population. It usually starts during adolescence and affects both men and women. People aged between 15 to 30 are most likely to develop BDD.

Brief history of Illness and Diagnosis

The patient is a 44 years old, male, single, was educated up to X standard. He belongs to Hindu religion, coming from rural background. He comes from middle socio economic status family. Patient is the first among the four children of his siblings. He

lives in a nuclear family presented with the complaints of excessive thinking about ugliness of his face, face changed to monkey sometimes which looks like a Hanuman, he always remains to be alone, and decreased social interaction for the past 27 years. As per his history, patient was apparently normal 27 years back. One day his neighbour started to comment about his face that he has ugliness of face and also they started to tease him about his face that it looks like a monkey. Later he started to think about his face. And he constantly looks in the mirror. He also had a habit of always comparing his changes of face with his old passport size photos. Subsequently, his interaction pattern socially started to decrease. He used to spend more time alone at home and he would not go out of the home. His sleep pattern also decreased. He had a history of various consultations with different doctors and he was referred for psychotherapy. Further, he had been treated with various psychiatric medications, but there was no reduction in his aesthetic preoccupation. At present the patient is in selective serotonin reuptake inhibitors and cognitive behavioral therapy.



Nursing Assessment

- Assess the result of body image disturbance in relation to the patient developmental stage.
- Evaluate the patient behavior regarding the actual or perceived changed body part.
- Assess the patient's verbal remarks about the actual or perceived change in body part.
- Assess the perceived impact of change in personal relationship.

Nursing Diagnosis

- Disturbed body image related to biochemical changes in the brain as evidenced by preoccupation with imagined defect.
- Social isolation related to delusional thinking as evidenced by preoccupied with own thought.
- Impaired verbal communication related to unrealistic thinking as evidenced by poor eye contact.

Nursing Interventions

- Help the patient to see that his body image is distorted or that it is out of proportion in relation to the significance of actual physical anomaly.
- Make referrals to support group of individuals with similar histories.
- Encourage the patient to verbalize his feelings associated with stressful life situation.
- Convey an accepting attitude by showing unconditional positive regard.

- Provide positive reinforcement for the patient voluntary interaction with others.

Conclusion

Patient had gained insight regarding his illness. Family members and friend have better understanding about patient's illness. Thus, it can be said that psycho-social interventions play an important role in determination of treatment outcomes. It has been shown to improve patient's compliance to medication and the retention of patient to treatment. The treatment and rehabilitation of patients with body dysmorphic disorder is an important area of the psychiatric nursing care. Psychosocial intervention can enhance pharmacological treatment efficacy by increasing medication compliance, maintenance in treatment, and attainment of skills. So, I can conclude by stating an adage appropriate for the patient and for everyone that, "The real difficulty is to overcome how you think about yourself" as quoted by Maya Angelou.

References

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“When you have eliminated all which is impossible, then whatever remains, however improbable, must be the truth.”

- Arthur Conan Doyle