



A CASE OF BODY DYSMORPHIC DISORDER

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Abstract : A 18 year old young adult presenting with a belief that his face appears like a monkey with severe socio occupational impairment for the past 3 years, with depressive features. He was diagnosed as a case of Body dysmorphic disorder with moderate depression and treated with pharmacotherapy and psychotherapy.

Keyword : body dysmorphic disorder, dysmorphophobia, delusional disorder.

INTRODUCTION

Enrico Morselli, an Italian psychiatrist described Body dysmorphic disorder in which the person presents with perceived flaw in his physical appearance (Veale and Riley, 2001). Onset occurs during adolescence when the individual is most sensitive about appearance. Commonly co-morbidities like depression (60–94%), obsessive compulsive disorder (6–30%) and social phobia (10–43%) may coexist. Prevalence is 0.7–2.4% in community and population studies (Veale et al., 1996a). Rates of Body dysmorphic disorder are as high as 7-15 % in patients seeking cosmetic surgery and 12% in those seeking dermatological treatment (Phillips, 2004). Despite these it is commonly underdiagnosed. The following case report shows the progression of dysmorphophobic preoccupation into a delusion.

CASE REPORT

A 18 year old young adult male studied up to 5th standard, unemployed, unmarried was brought to Institute of Mental Health, Chennai with complaints of belief that his face looks like monkey, covering his face with kerchief, not going for job and out of the house for 3 years, reduced communication, sad mood, withdrawn, appetite & sleep disturbance, suicidal threats for 7 months, one suicide attempt 1 month back. Patient was working in moulding section in an automobile company 3 years back. His co-worker along with his friends commented at him that he looked like a monkey. Patient was worried about it. He checked in mirror and took photos with his mobile repeatedly to check his appearance and he got convinced that he looked like monkey, his nose and eyes were big, lips protruding and face was long. He couldn't fall asleep that day worried about his appearance. The following day, patient wore a kerchief to cover his face and a cap to cover his head. He left to work at 6 AM and returned at 9 PM though his shift time was 9 AM – 6 PM. He would leave early before dawn and return after dusk and also would take a longer deserted route so that he can avoid people seeing him.

He would not interact with others in his workplace and would not remove the kerchief in workplace. He became irregular to work to avoid comments from his co-workers and stopped going to work altogether after 3 months. When enquired patient told that he would go to work only if his face becomes alright. He preferred to stay alone at home. He would not interact with his family members. He was preoccupied with his dysmorphic face. He always covered his face with kerchief even in front of his parents. He stopped seeing mirror as it made him sad to see his face. He had difficulty falling asleep. He stopped attending family functions. He stopped watching television and visiting relatives. For past 7 months, his communication with family members decreased further and he almost stopped talking to them. He was always sad and preoccupied. Patient expressed suicidal wishes repeatedly. When his parents advised him to visit a doctor, he refused, said that he don't want to show his ugly face to anybody. Patient tried to commit suicide by hanging when his family members were at work, but fell down as the knot came loose.

Examination: General examination was normal. On mental state examination, patient's face was covered below eyes with kerchief and his head was covered with a cap. He held the kerchief tightly to his face to prevent it from falling away. Hesitated when asked to remove the kerchief and then removed for few seconds and tied the kerchief again. Rapport was established. Somatic delusion that his face looked like a monkey, his nose large, eyes large, face elongated was present. Ideas of worthlessness that he was not of any use to anybody and he would not able to go to work because of his dysmorphic face. Low self-esteem and suicidal ideas were present and said that he would commit suicide if his face did not change with treatment. Mood was depressed. Affect was sad and he was tearful whenever he explained about his face. Insight was absent. Blood investigations and CT brain were normal.

Diagnosed as a case of '**BODY DYSMORPHIC DISORDER – WITH ABSENT INSIGHT/DELUSIONAL BELIEF, WITH MAJOR DEPRESSIVE DISORDER as per DSM V**'.

He was started on Cap. Fluoxetine, titrated to a dose of 40 mg and Tab. Risperidone, titrated to a dose of 6 mg. He was also given Exposure and Response Prevention therapy for which he was quite reluctant. He showed only minimal improvement after 3 months of treatment.

DISCUSSION

Body Dysmorphic Disorder is underdiagnosed as many patients despite severe symptoms do not seek medical help due to shame of revealing their flaws (Cororve and Gleaves, 2001). They come to medical attention mostly for anxiety, depression and suicidal .

ideation. They are commonly misdiagnosed as depression, obsessive compulsive disorder, social phobia, agoraphobia, panic disorder and schizophrenia. Treatment of choice is SSRI and CBT even for delusional BDD (Phillips et al., 1998) (Phillips et al., 2002). 70% benefit from systemic exposure to avoided situations but it is less successful in patients with internal aversion towards appearance than with external fear of negative evaluation (Veale et al., 1996b) (Neziroglu and Khemlani-Patel, 2002). This disorder carries features of both neurotic subtype and psychotic subtype

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