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Webinar

Identifying Body Dysmorphic Disorder and Psychological Assessments for People Seeking Cosmetic Surgery

Wednesday, 27th June 2018

"Working together. Working better."

Supported by The Royal Australian College of General Practitioners, the Australian Psychological Society,
the Australian College of Mental Health Nurses and The Royal Australian and New Zealand College of Psychiatrists

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Tonight's panel



Dr Magdalena Simonis
General Practitioner



Dr George Blair-West
Psychiatrist



Dr Gemma Sharp
Psychologist



Facilitator: Dr Mary Emeleus
Psychiatry Registrar

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Learning outcomes



Through an exploration of psychological assessments for cosmetic surgery the webinar will provide participants with the opportunity to:

- evaluate when a client is required to have a psychological assessment prior to cosmetic surgery
- identify the importance of collaboration when assessing a client for cosmetic surgery
- analyse when it is appropriate to refer a client seeking cosmetic surgery when there is an indication of an underlying psychological problem.

Supporting resources are in the library tab at the bottom right of your screen.

GP's perspective



Teenagers, FGCS, Mental Health and the GP role

- Most Australians **prefer seeing a GP who knows them**.
- Eligible Australian teenagers can apply for a Medicare card when they're 15 years without their parents' permission.
- **Melanie has taken a big step on her own to attend.**
- A standard appointment is 15minutes long – **teenagers need longer consultations.**
- **Bulk billing** teenagers who attend on their own encourages them to visit again. Have **'adolescent friendly'** waiting room.
- Nearly all GPs surveyed have been asked about genital normality in women of all ages.
- Thirty-five percent of GPs had been asked about FGCS by girls under the age of 18 (Female genital cosmetic surgery: a cross-sectional survey exploring knowledge, attitude and practice of general practitioners | BMJ Open, Simonis et al 2016)



Magdalena Simonis

GP's perspective



Key aspects of Melanie's presentation

- **LISTEN to her and not make her feel silly or embarrassed for attending (do not brush her concerns off as trivial).**
- Use **language and terms** she understands.
- **Extent of Melanie's problem:** AN/ Bulimia/Self harm/BDD
- What does she know about **'normality?'** - labial/ genital diversity/anatomy/ function/ changes?
- Ask about peer pressure ie. Clothes, fashion, porn, parental attitudes.
- Segue into **sensitive questioning:** use 3rd person/ask about past sexual abuse/ coercion to have sex. Readiness to have sex.
- **Her boyfriend** – where is his perception from?
- **PORN accessed :** <13yr 69% males/23% females (15+yr100%).



Magdalena Simonis

GP's perspective



Education and/or examination

- **Diagram** – basic sketch – offer to show images online/book.
- **A physical examination should be offered** and conducted in the presence of a chaperone (practice nurse) unless she is comfortable with me/the GP alone. **Never coerce.**
- **Help her define** what it is she dislikes.
- **Offer Melanie a mirror** during the examination as she points out the concerning structure/s.
- Refusal to touch **self-disgust** would alert GP to **deeper psychosocial issues: anxiety, BDD?**
- **Offer reassurance** - choice of words and tone count.
- **Complications of FGCS.**



Magdalena Simonis

GP's perspective



Referral pathways and team care

- Guidelines for Registered Medical Practitioners who Perform Cosmetic Medical and Surgical Procedures (Oct 2016):
 - As Melanie is under the age of 18 and labiaplasty is a major procedure:
 - She must be “referred for evaluation to a psychologist, psychiatrist or general practitioner, who works independently of the medical practitioner who will perform the procedure, to identify any significant underlying psychological problems which may make them an unsuitable candidate for the procedure”.
 - There must be a minimum 3 month cooling off period “between the informed consent and the procedure being performed”.
- Counselling is mandatory.
- Refer to a specialist paediatric /adolescent gynaecologist – not a plastic surgeon.(BritSPAG and RACGP recommendations)
- Team care: GP, Gynae, psychologist/psychiatrist / parent(s).
- BritSPAG recommend no surgery until >18.



Magdalena Simonis

Psychologist's perspective



Requirement for Psychological Assessment

- According to “Guidelines for Registered Medical Practitioners who Perform Cosmetic Medical and Surgical Procedures” (2016):
 - As Melanie is under the age of 18 and labiaplasty is a major procedure:
 - She must be “referred for evaluation to a psychologist, psychiatrist or general practitioner, who works independently of the medical practitioner who will perform the procedure, to identify any significant underlying psychological problems which may make them an unsuitable candidate for the procedure”.
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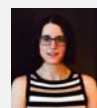
Gemma Sharp

Psychologist's perspective



Psychological Assessment: Melanie's Specific Concerns

- How labial concern developed.
- Impacts on life (psychological and physical).
- Reasons for wanting surgery now (internal and external motivations).
- Expectations for surgery.
- Perspective of significant others about the surgery (including parents).
- Consideration of any other cosmetic procedures.
- Screening for presence of psychological disorders such as BDD.
- Capacity to consent.



Gemma Sharp

Psychologist's perspective



Psychological Assessment: Comprehensive History for Melanie

- Developmental history.
- Educational history.
- Relationship history.
- Mental state examination.
- Risk assessment.



Gemma Sharp

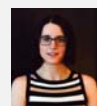
Psychologist's perspective



Psychological Assessment: Checking Understanding & Providing Education

- Explore Melanie's understanding of the labiaplasty process:
 - surgical process
 - potential complications in short/long-term
 - possibility of revision surgery
 - recovery times and requirements
 - research findings on psychological and physical outcomes.
- Explore Melanie's understanding of genital anatomy and appearance ideals:
 - pubertal development of labia
 - diversity in normal labial appearance
 - media representations of labia.

*This discussion is an ideal opportunity to collaborate with other health professionals.



Gemma Sharp

Psychologist's perspective



Psychological Assessment: Discussing Options

- What else could be offered to Melanie besides surgery?
 - Physical symptoms could potentially be addressed through use of emollients and looser fitting clothing
 - Psychological symptoms could be discussed with a psychologist or psychiatrist
 - Upcoming Monash University study: online psychoeducation program (initially for women aged 18+) – contact: gemma.sharp@monash.edu.
 - Any others?

*This discussion is an ideal opportunity to collaborate with other health professionals.



Gemma Sharp

Psychiatrist's perspective



DSM 5 Diagnosis - Body Dysmorphic Disorder (BDD)

An Obsessive Compulsive Disorder (Previously Dysmorphophobia)

A. Key Diagnostic Point:

Preoccupation* with one **or more** perceived defects or flaws in physical appearance that are not observable or **appear slight** to others.

*on average 3-8hrs/day.



George Blair-West

Psychiatrist's perspective



DSM 5 Diagnostic Criteria – BDD Cont'd

- B. At some point during the course of the disorder, the individual has performed **repetitive behaviors** (e.g., mirror checking, excessive grooming, skin picking, reassurance seeking) **or mental acts** (e.g., comparing his or her appearance with that of others) in response to the appearance concerns.
- C. The preoccupation causes clinically significant distress or **impairment** in social, occupational, or other important areas of functioning.
- D. The appearance preoccupation is not **better explained** by concerns with body fat or weight in an individual whose symptoms meet diagnostic **criteria for an eating disorder**.



George Blair-West

Psychiatrist's perspective



DSM 5 Diagnostic Criteria – BDD: Specifiers

With muscle dysmorphia:

The individual is preoccupied with the idea that his or her body build is too small or insufficiently muscular. This specifier is used even if the individual is preoccupied with other body areas. (**Almost exclusively in males**).

Degree of insight regarding beliefs (e.g., "I look ugly/deformed")

- With **good or fair insight**: The individual recognizes that the body dysmorphic disorder beliefs are definitely or probably not true or that they may or may not be true.
- With **poor insight**: The individual thinks that the body dysmorphic disorder beliefs are probably true.
- With **absent insight/delusional beliefs**: The individual is completely convinced that the BDD beliefs are true. (**1/3+ have delusional beliefs**)



George Blair-West

Psychiatrist's perspective



DSM 5 Diagnostic Criteria – BDD: Associated Features

- Ideas/delusions of reference (believe others take special notice or mock them).
- Comorbid with:
 - anxiety/social anxiety & **avoidance**
 - depression
 - perfectionism
 - low self-esteem.
- Executive dysfunction & visual processing abnormalities biased for focusing on details not the holistic image.
- Bias for negative interpretations of facial expressions/ambiguity.
- **Shame** prevents diagnosis & appropriate help-seeking.



George Blair-West

Psychiatrist's perspective



Body Dysmorphic Disorder

Prevalence

- 2.4% USA (F:2.5%, M:2.2%) 1.8% other cultures (shubo-kyofu)
- F ↑ comorbid eating disorder; M ↑ genital concerns
- Dermatology – 9-15%
- Cosmetic Surgery – 7.5%
- Orthodontia/Maxillofacial surgery – 8-10%

Development

- Median onset age 15 symptoms age 12-13, but >6y before 1st consult
- ↑ risk w neglect/abuse, 1st degree relative with OCD.
- If <18y ↑ risk of gradual onset, comorbidity & **suicide**.



George Blair-West

Psychiatrist's perspective



BDD – Key Concerns

- Psychosocial impairment: moderate to extreme
 - 20% leave school
 - 32-40% homebound
 - 36-58% require psychiatric hospitalization.
- Suicide risk high in adolescents (29% attempt).

BDD sufferers respond poorly to surgery/cosmetic procedures
are more likely to: Take legal action or 'become violent'.



George Blair-West

Psychiatrist's perspective



BDD – Therapy Considerations

- Assess/Monitor Suicidality (esp. teens)
- Meds for comorbid marked Anxiety/OCD/Depression
- Primarily psychotherapeutic intervention.
- As with eating disorders: often an underlying problem looking for a place to land (assess for abuse/bullying) '2 Theory Technique'.
- Longer term work - engagement & monitor psychosocial functioning.



George Blair-West

Q&A



Dr Magdalena Simonis
General Practitioner



Dr George Blair-West
Psychiatrist



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Psychologist



Facilitator: Dr Mary Emeleus
Psychiatry Registrar

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**Thank you for your contribution
and participation**

Good evening

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