

BDD and Suicide

Suicide can be a scary thing to think about, but it is an important topic for the BDD community. Most people living with BDD — around 80% — report that they have thought about suicide at some point, and one in four have actually attempted suicide. The risk of dying by suicide also appears to be markedly elevated. Suicidal thinking and behavior are often due to BDD symptoms themselves.

Whatever the reason, it is vital to recognize this increased risk for suicide and seek immediate help if you or a loved one is feeling suicidal.



Resources

- To learn more and find help in your area, visit: [**HelpforBDD.org**](https://www.helpforbdd.org)
- For information for teens and young adults: [**HelpforBDD.org/teens-young-adults**](https://www.helpforbdd.org/teens-young-adults)
- For information for families: [**HelpforBDD.org/for-families**](https://www.helpforbdd.org/for-families)



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P.O. Box 961029
Boston, MA 02196
[**iocdf.org**](https://www.iocdf.org)

t: 617-973-5801
info@iocdf.org
[@iocdf](https://www.iocdf.org)



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What is BDD?

Information about
Body Dysmorphic Disorder



What is BDD?

Many people are unhappy with some part of the way they look. For some, however, a concern about an aspect of their appearance becomes time-consuming and causes significant emotional distress or interferes with day-to-day functioning. In these cases, an individual may have **body dysmorphic disorder (BDD)**.

BDD is a mental health disorder in which the person becomes overly focused on what they see as major flaws in their appearance, even though they look normal to other people. This excessive focus often causes fear, sadness, or anger, in addition to taking up a lot of their time.

People with BDD intensely dislike one or more aspects of their looks. Common aspects/body areas of concern include:

- Face – *eyes, nose, eyebrows, lips, jaw, chin, teeth*
- Skin – *complexion, color, composition*
- Hair – *texture, volume (both hair on head and body hair)*
- Build – *height, muscularity*
- Breasts – *size, symmetry*

People with BDD believe that the body area(s) of concern are ugly, abnormal, deformed, or disfigured. It is difficult to resist or control these thoughts, and they are very distressing. **Common thoughts about body areas of concern include:**

- Defects: My body part is “deformed” or “flawed.”
- Coloring: My face is too pale/red/splotchy, etc.
- Shape/size: My biceps are too scrawny.
- Asymmetry/disproportion: My eyebrows are uneven.

People with BDD attempt to get rid of these unpleasant feelings by performing repetitive compulsive behaviors (also known as rituals). **Common compulsions/rituals include:**

- Spending a lot of time staring in a mirror or other reflective surface fixated on the flaw(s)
- Hiding or covering up the disliked body area(s)
- Repeatedly asking others if they look okay (also known as “reassurance seeking”).
- Frequent appointments for cosmetic treatment (for example, surgical or dermatologic)
- Excessive grooming
- Compulsive skin picking

These preoccupations with appearance and repetitive compulsive behaviors get in the way of the person’s daily life and ability to do the things they value, such as working, going to school, or spending time with family/friends.

How is BDD Diagnosed?

A licensed mental health professional — preferably a BDD specialist — will look for the following in order to make a diagnosis of BDD:



- 1. Preoccupation with appearance:** People with BDD are overly focused on (or “preoccupied with”) one or more aspects of their physical appearance, and usually obsess about the disliked body area(s) for at least one hour a day.
- 2. Repetitive compulsive behaviors:** BDD preoccupations fuel repetitive compulsive behaviors to try to fix, hide, inspect, or get reassurance about the disliked body area(s). These behaviors are usually time consuming and hard to control or stop.

BDD by the Numbers

BDD occurs in 2-3% of the population — in other words, two or three in 100 people suffer from BDD. BDD affects people all over the world, of every race, ethnicity, and socioeconomic class.

- Approximately 40% of people with BDD are men, and 60% are women.
- People of almost any age can have BDD — it most often begins around age 12 or 13, and two thirds of people with BDD start having symptoms before age 18.
- About three quarters of people with BDD seek cosmetic treatment for their BDD concerns (e.g., surgical, dermatological, dental), and 26–40% receive cosmetic surgery specifically.
- The occurrence of suicidal thoughts is about 10 to 25 times higher than in the general population. Approximately 80% of people with BDD have experienced suicidal thoughts, and one in four have attempted suicide.
- BDD is under-recognized and under-diagnosed, although it is not a rare condition. Many mental health professionals are less familiar with BDD than with other serious mental health disorders.

How is BDD Treated?

The best treatments for BDD are **cognitive behavioral therapy (CBT)** that is specifically tailored to BDD’s unique symptoms and/or a type of medication called **serotonin reuptake inhibitors (SRIs)**. These treatments usually improve quality of life and day-to-day functioning while also decreasing appearance preoccupations and distress as well as compulsive behaviors.

CBT has been shown to be helpful in treating BDD symptoms both in individual therapy and in group therapy.

- CBT is currently the only psychological treatment for BDD that is well supported by research studies.
- The therapist and individual work as a team to identify and change problematic thoughts and behavior patterns.
- CBT for adults with BDD is effective in improving BDD symptoms and has also been shown to improve related symptoms, such as depression, insight, body image, self-esteem, and social anxiety.

The category of medications called **serotonin reuptake inhibitors (SRIs)**, also known as **selective serotonin reuptake inhibitors (SSRIs)**, are the first-line medication treatment for BDD.

- These medications are “antidepressants,” but they also usually reduce the BDD symptoms of obsessive thoughts and compulsive behaviors.
- There are no medications that currently have FDA approval for treating BDD. However, research and clinical experience indicates that SRIs are safe and effective for most people with BDD.
- SRI medications also often improve BDD-related symptoms such as depression, anxiety, social anxiety, insight, suicidal thinking, functioning, and quality of life.
- High doses of SSRIs are often needed.

Individuals with mild to moderate BDD symptoms may benefit from either CBT or medication alone. Individuals with more severe BDD can potentially improve with either treatment alone, but combining CBT and medication is recommended.

- Medication is always recommended for more highly suicidal people.

Cosmetic treatment is not recommended for BDD. It is rarely effective and sometimes makes BDD symptoms worse.