

Never-ending Cosmetic Surgeries -- The Patient With Body Dysmorphic Disorder: An Expert Interview With Eva Ritvo, MD

Pippa Wysong

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Editor's Note:

Occasionally, surgeons encounter demanding patients who have undergone multiple cosmetic procedures and are never happy with the results. Often, these patients suffer from body dysmorphic disorder (BDD), a psychiatric condition. What should the plastic surgeon do with these patients? Medscape spoke to Dr. Eva Ritvo, a psychiatrist who treats BDD sufferers and coauthor of The Beauty Prescription (McGraw Hill, 2008), which addresses BDD and other issues related to cosmetic enhancements. She is Associate Professor of Clinical Psychiatry, Department of Psychiatry & Behavioral Sciences at the University of Miami. An afterword is provided by Dr. Phillip Haeck, President-Elect of the American Society of Plastic Surgeons. Dr. Haeck is a board-certified plastic surgeon, and has a cosmetic surgery practice in Seattle, Washington. Medscape's Pippa Wysong spoke to both physicians.

Medscape: Some people undergo multiple cosmetic surgeries, above and beyond what's healthy. **Who are these patients and what are their psychiatric issues?**

Dr. Ritvo: Both men and women can suffer from body dysmorphic disorder (BDD), meaning they have a preoccupation with either a very slight or imagined defect in their appearance. They over-focus on a perceived deficit and believe that if they get it corrected they'll feel better. BDD is a brain disorder, rather than a cosmetic disorder. Unfortunately, these patients go to plastic surgeons or dermatologists to have their problems corrected. But, because the problem is really in the brain rather than with their appearance, the treatment doesn't work. Patients keep going back and are never satisfied with the results.

Medscape: How common is BDD?

Dr. Ritvo: BDD occurs in 2.4% of the population in the United States. In cosmetic surgery practices, it can be present in 2% to 7% of patients, and in dermatology practices, in 9% to 15%. These are very difficult patients.

Medscape: How can surgeons identify BDD?

Dr. Ritvo: Physicians should assess how much impairment is associated with the patient's perceived problem with his or her appearance. Patients with BDD often spend an inordinate amount of time looking in the mirror and thinking about their defect. It may hamper their social life or their work life. Other indicators can include running from doctor to doctor, having undergone multiple procedures in the past, never being satisfied with results of the procedures, and having very unrealistic expectations about the cosmetic procedure and how it will affect their life.

Medscape: Are there degrees of BDD?

Dr. Ritvo: Yes, as with any psychiatric condition, you see a spectrum of the condition. To make a diagnosis we look at the extent of impairment it's causing, and that indicates how severe the disease is. Those who may not like their appearance but still have the confidence to go out and socialize might have a mild form of BDD. On the other hand, if you see patients who spend their whole day checking the mirror, fixing their appearance, limiting their social and occupational opportunities, that indicates they have a more severe form of the disorder. Some people are almost psychotic -- they have a fixed belief that something is wrong with them, even though doctors don't see anything wrong. Unfortunately, BDD can worsen over time if the doctor performs the requested procedure but the procedure doesn't have the effect that the patient expects.

Medscape: You mean operating can make BDD worse?

Dr. Ritvo: Doctors need to be alert to the fact that some of their patients suffer from BDD. They have to consider the diagnosis and then not operate or not perform the procedure on patients with BDD. If they *do* perform the procedure, they probably won't make the patient better. In fact, they may make the patient worse. We go to medical school to help people, and we don't want to embark on a treatment that won't be helpful -- especially an elective procedure. It's one thing if somebody has a life-saving procedure and a mistake occurs; it's another when you perform an elective procedure and it makes the patient worse in some way.

Medscape: If the patient goes from doctor to doctor, what's the story that they're going to tell -- that "the last surgeon just didn't do a good job"?

Dr. Ritvo: Yes, because their psychiatric condition won't be corrected by plastic surgery. After they undergo surgery, they are invariably disappointed, so they blame the doctor, and then doctor shop.

Medscape: What other problems with these patients can affect the surgeon, and what should the surgeon do?

Dr. Ritvo: BDD patients can cause lots of difficulties for physicians in terms of disruption of their office practices. People will be angry; a surgeon's reputation in the community could be damaged, or a surgeon could be sued. I've heard some surgeons express concerns about violence from patients, and even murder threats. Doctors need to try to make an accurate diagnosis. Many surgeons have a screening questionnaire they routinely hand to prospective patients. Other doctors interview a family member to discuss how this perceived defect is affecting the patient. It can be helpful to contact previous surgeons who have operated on the patient. There are many different ways for doctors to protect themselves from operating on a patient with BDD, but the key step is getting to know your patient before embarking on surgery.

Medscape: How should plastic surgeons talk to BDD patients?

Dr. Ritvo: Take a careful history. Try to establish rapport. Walk into the room, appropriately introduce yourself, make good eye contact, help patients feel like you have plenty of time to listen. Do a detailed intake in terms of what's bothering them, how they think it's affecting their life, what they've done to try to correct it, how often they look in the mirror. Try to get a handle on how this perceived deficit is affecting them. Ask what their expectations are for the procedure and how they expect their life to change; see if the expectations are realistic.

In *The Beauty Prescription* we talk about how people with realistic expectations tend to do very well with cosmetic surgery and are very pleased with the results. People with unrealistic expectations tend to be disappointed. You want to sort those 2 groups out. Unrealistic expectations may be associated with a BDD; but they can also just be a consequence of naiveté, or confusion. One tip I have for surgeons is: Think like a shrink.

Medscape: Is it true that plastic surgeons might be the first health professionals to see people with BDD -- that these people have not had psychiatric help yet?

Dr. Ritvo: Yes. With many psychiatric illnesses, lack of insight is one of the hallmarks of the disease. For instance, alcoholics often are not aware that they drink too much and that it's causing problems at work and at home. The lack of insight is certainly true in BDD. These patients do not self-refer to psychiatrists. They go to dermatologists and to plastic surgeons. It's up to those doctors to help them get to the right mental healthcare providers.

Medscape: How should plastic surgeons encourage these people to get psychiatric help?

Dr. Ritvo: It's difficult. Don't just refer them to another surgeon. These patients often do not feel that a mental health professional can help them and think they need plastic surgery. You need to be cautious to try to make appropriate referrals. We recommend

trying to establish rapport with patients -- don't get rid of them at the first visit; but certainly don't operate at the first visit. If you suspect BDD, perhaps do one of the rating scales for BDD, and that will give you some data to talk to them about. Once you've established rapport, suggest that they consult a mental health professional.

There are ways to encourage a patient, in a nonthreatening manner, to go to a mental health professional. You can say things like: "Whenever I do surgery on a patient, I have to have them cleared. Sometimes they need clearance from a cardiologist or other specialist. In your case, I think it's good if we have clearance from a mental health professional who can discuss these symptoms with you, because they've been causing you so much distress." If you have a mental health professional you routinely work with, then it could be easier to say, "You know, I routinely send my patients to Dr. So-and-so. My office can schedule an appointment for you. After you've spoken to him, I can talk with him and then you and I can discuss how to proceed."

Medscape: Is BDD very treatable?

Dr. Ritvo: Yes. We treat it with a combination of medication and psychotherapy. Specifically, we use cognitive behavioral therapy and some of the selective serotonin reuptake inhibitors (antidepressants).

Medscape: Is going for multiple cosmetic procedures an addiction?

Dr. Ritvo: People debate that. Certainly there is a quality -- where people continue down the same path without getting the results they want -- that mimics addiction. These patients think a cosmetic procedure will relieve their problems. It doesn't; then they want another procedure. There definitely are some overlaps. These people are often very anxious; many are depressed. There are also some obsessional components.

Medscape: Are any of these people good at hiding these issues?

Dr. Ritvo: Yes. Some can be very manipulative in the doctor's office and not reveal to you the fact that they've already seen multiple surgeons, or they'll hide how much it's impairing them.

Medscape: How do you pick those out?

Dr. Ritvo: Those are more difficult. Again, develop a rapport, don't rush into a procedure.

Medscape: Your book is aimed at the general public. Is it useful for surgeons?

Dr. Ritvo: Yes, and I think plastic surgery and mental health are disciplines that interact and interface very well with each other. The whole concept behind *The Beauty Prescription* is both inner and outer beauty and how they need to line up. Most of the time, cosmetic procedures really *do* help people in terms of how they look and how they feel, and they do enhance quality of life.

Medscape: Dr. Haeck, as a plastic surgeon, do you find BDD patients difficult to work with? How do you talk to them?

Dr. Haeck: I've had patients to whom I've said: "I think you may be depressed; I think you may have issues that should be resolved first." The results have been mixed. I've had patients say, "Thank you, I just don't know who to turn to and I'm happy you brought this up." I've had other people say, "I'm already in treatment and have been in therapy for years. It's not making any difference." I've also had people immediately get up, make a disparaging remark, and leave the exam room. You see a mix of behavior. If it's handled well, and you have the compassion to tell these people you think they need treatment and you do it in a compassionate way, it should be welcomed by them and you should feel comfortable that you did the right thing.

Medscape: Does the American Society of Plastic Surgeons have tips for doctors?

Dr. Haeck: As a professional association we try to make our members aware of the diagnosis, of making the diagnosis, and of staying away from operating on these people. They're never happy, and it's an unhappy situation for the surgeon as well. They come back ignoring the good results and complaining and making demands, and failing to acknowledge that they've had any improvement. That's always difficult for the surgeon in the postoperative period. It's an uncomfortable situation for everybody. Plastic surgeons can, and should, say no to these patients, although sadly there are some out there who don't say no.

Medscape: Any other thoughts?

Dr. Haeck: I'd like to add that there are patients who come back for repeat procedures who do not suffer from BDD. These are patients who come in for a procedure and are so happy with it, they decide to try something else. They'll say, "I feel really good; what do I want to do next? Next year I'll have some money and want to do something else." I'm talking about people who have 2 or 3 operations over 5 years. They aren't obsessed with plastic surgery and have a healthy attitude about it.

Medscape: Thanks for your input on this.