

Comparing Patient Outcomes using Cognitive Behavioral Therapy vs. Selective Serotonin Reuptake Inhibitors in the Treatment of Body Dysmorphic Disorder: An Evidence-Based Literature Review

J.L. Grunder*¹, D.L. Cochran-Black²

¹Department of Physician Assistant, College of Health Professions

²Department of Medical Technology, College of Health Professions

Abstract

Body dysmorphic disorder (BDD) is a chronic and disabling condition, characterized by a preoccupation with an imagined or slight defect in appearance [1]. This disorder is extremely distressing and causes poor functioning as well as decreased quality of life. **Methodology:** A systematic review of the literature was conducted to determine whether differences in patient outcomes existed when using cognitive behavioral therapy (CBT) versus selective serotonin reuptake inhibitors (SSRIs) in the treatment of BDD. **Results:** After a review of the literature, it was found that aggressive treatment using both CBT and SSRIs together proved to be more successful in preventing reoccurrence of BDD symptoms than using either treatment alone. **Conclusion:** Sufficient evidence stands that using CBT and SSRI treatments separately are effective in the treatment of BDD, but using both treatments together proves to be more efficacious and produce better patient outcomes.

1. Introduction

BDD is a highly under diagnosed and misdiagnosed disorder. Recognition of BDD has become increasingly difficult because of similarities among diagnosing criteria with other psychiatric disorders such as obsessive-compulsive disorder and social phobia. BDD, also known as dysmorphobia, occurs when an individual becomes preoccupied with an imagined or minor defect in his or her appearance. Such preoccupation results in impairment in social, occupational, or other areas of functioning in the person's life. In such case, this concern for appearance cannot be better accounted for by another mental disorder [2]. Most preoccupations involve the skin and hair, but any body part may be involved. BDD affects 1% to 2% of the US population, involving both sexes, with the onset of occurrence usually before the age of 18 [3]. The cause is unknown, but genetics have been researched as one of

the possible factors that may precipitate BDD onset. Treatment options for BDD include the use of selective serotonin reuptake inhibitors (SSRIs) and cognitive behavioral therapy (CBT). SSRIs are a class of medications that inhibit serotonin reuptake into central nervous system nerve terminals. They are often used to treat many psychiatric disorders. CBT involves cognitive structuring and changing the belief systems of the patient [4].

2. Methodology

The proposed methodology of research is an evidence-based literature review. The review was conducted using Medline, PubMed, Cochrane Libraries, and FirstSearch databases from 1989 to the present. This search was conducted using the following mesh terms: body dysmorphic disorder, treatment, selective serotonin reuptake inhibitors, cognitive behavioral therapy, clinical trials, remission rates, reoccurrence rates, patient compliance, and adverse reactions. The sources were evaluated to ensure they were from accredited journals containing peer-reviewed articles. All articles containing information regarding BDD and patient outcomes using SSRIs or CBT are included in this study. Articles reviewed and not included were discarded based on relevance to the main purpose of this literature review as well as not meeting the level of evidence desired.

3. Results

A total of twenty-one articles were reviewed and evaluated based on the level of evidence, type of

journal, year of publication, and relevance to the research question. The twenty-one articles reviewed included randomized clinical trials, non-randomized clinical trials, cohort studies, case studies, and literature reviews. Of these twenty-one articles, the articles used for comparison of cognitive behavioral therapy to SSRI therapy in the treatment of BDD included 2 randomized control trials, 1 double-blind control study, 2 case control studies, 1 cohort study, and 6 case studies. These articles addressed BDD, CBT, SSRIs, and treatment outcomes. After a thorough evaluation of the literature, it was determined that the use of an SSRI should be a first-line approach in the treatment of BDD [4]. CBT may be considered as a first line approach for individuals with mild BDD without significant comorbidities [5]. Reoccurrence rates are common. In a 12-month follow-up study of patients with BDD, only 9% of 183 patients experienced full remission and only 21% experienced partial remission [6]. After further evaluation and research, it was found that aggressive treatment using both CBT and SSRIs together proved to be more successful in preventing reoccurrence of BDD symptoms than using either treatment alone.

4. Conclusions

BDD causes significant distress, and adversely affects social, occupational, and other functioning [1]. CBT and SSRIs are safe and effective treatments for patients diagnosed with body dysmorphic disorder.

BDD is a chronic and complicated disorder. Many of the clinical studies already completed regarding treatments for BDD conclude that further randomized clinical trials with larger sample sizes are needed comparing CBT and SSRIs. Thus far, sufficient evidence stands that using CBT and SSRI treatments separately are effective in the treatment of BDD. However, using both treatments together proves to be more efficacious and produces better patient outcomes.

5. References

- [1] Hollander, E, Twersky, R. Body dysmorphic disorder: Assessment and treatment with serotonergic drugs. *European Neuropsychopharmacology: The Journal of the Europe*. 2000; 10(3-SUPPL): 125-126.
- [2] Mackley, CL. Body Dysmorphic Disorder. *Dermatol Surg*. 2005; (5): 553-8.
- [3] Thomas, I, Patterson, WM., Szepietowski, JC., Chodynicky, MP., Janniger, CK., Hendel, PM., Schwartz, RA. Body Dysmorphic Disorder: More than Meets the Eye. *Acta Dermatovenerol Croat*. 2005; 13(1): 50-53..
- [4] Jefferys, DE., Castle, DJ. Body Dysmorphic Disorder: A fear of imagined ugliness. *Aust Fam Physician*. 2003; 32(9): 722-5.
- [5] Anderson, RC. Body Dysmorphic Disorder: Recognition and Treatment. *Plas Surg Nurs*. 2003; 3: 125-128.
- [6] Phillips,KA., Pagano, ME., Menard, BA., Stout, RL. A 12-Month Follow-Up Study of the Course of Body Dysmorphic Disorder. *Am J Psychiatry*. 2006; 163: 907-912.