Access to evidence-based treatments for young people with body dysmorphic disorder

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Introduction

Body dysmorphic disorder (BDD) typically emerges during adolescence, affects approximately 2% of the general population, and is highly impairing. Despite its prevalence and impact, awareness of BDD remains poor and the condition often goes undiagnosed and untreated[1]. Cognitive behaviour therapy (CBT) and selective serotonin reuptake inhibitors (SSRIs) are effective treatments for BDD, and recommended as the first-line interventions[2]. However, little is known about the accessibility of these treatments within the United Kingdom (UK) or among young people specifically. We conducted a case note review to examine the treatment histories of young people referred to a tertiary care outpatient clinic for BDD and obsessive-compulsive disorder (OCD) in the UK. We hypothesised that: a) contrary to the NICE guidelines, a substantial proportion of those with BDD would not have accessed first-line treatment prior to referral to the specialist clinic; b) fewer BDD patients would have accessed first-line treatments compared to OCD patients, despite similar prevalence and morbidity of the two conditions.

Methods

We reviewed consecutive referrals to the National and Specialist OCD, BDD and Related Disorders Clinic at the Maudsley Hospital, received between January 2015 and May 2022, with a primary diagnosis of BDD (n = 83) or OCD (n = 413). All data were collected as part of routine assessment, which included systematic recording of whether patients had ever previously received CBT for their primary diagnosis, an SSRI medication, or any other psychological treatment. Statistical comparisons of the BDD versus OCD group were made using t-tests for continuous data and Chi-square test for categorical data.

Results

As shown in Table 1, the BDD group reported a significantly later onset, were older at assessment and had a greater female preponderance than the OCD group. The two groups had substantial, but comparable, levels of global functioning, as indicated by scores on the Children's Global Assessment Scale (CGAS). The majority of both the BDD and OCD group had received SSRIs prior to referral. However, fewer than half of the BDD group had received CBT for BDD prior to referral, whereas three-quarters of the OCD group had received CBT for OCD, representing a significant group difference. Conversely, a significantly larger proportion of the BDD group had received other forms of therapy, relative to the OCD group. The most common 'other therapy' received by the BDD group was counselling or CBT for another condition (see Table 2).

Insert Tables 1 and 2

Discussion

Encouragingly, the majority of young people with OCD had received first-line treatments prior to referral to the specialist service, which represents an improvement over the last decade[3], and may reflect initiatives in the UK such as Children and Young People's Improving Access to Psychological Therapies programme (CYP-IAPT). Concerningly, our findings indicate significant barriers in young people accessing CBT for BDD specifically. These barriers are likely multifaceted, but may include shortage of trained clinicians and a tendency to misdiagnose BDD (e.g. as social anxiety) or focus treatment on related problems (e.g. low mood). These findings resonate with recent reports highlighting the urgent need to

increase awareness of BDD and to integrate BDD training into the core curriculum for clinical training programmes, such as CYP-IAPT[4].

References

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Table 1: Characteristics and treatment histories of the BDD and OCD groups

	Primary BDD (n = 83)	Primary OCD (n = 413)	Statistical comparison
Sample characteristics			
% female	69.9%	48.1%	
Age as assessment	15.59 (1.31)	14.89 (1.92)	$p < .001$
Age at onset	12.64 (2.74)	11.04 (4.81)	$p < .001$
Mean CGAS score	41.84 (7.65)	40.79 (8.06)	ns
Previous treatment			
SSRI	69.3%	76.4%	ns
CBT for primary disorder	42.0%	74.5%	$p < .001$
Other therapy	41.4%	23.6%	$p < .01$

Note: BDD = body dysmorphic disorder; OCD = obsessive-compulsive disorder; CBT = cognitive behaviour therapy; CGAS = Children's Global Assessment Scale; SSRI = selective serotonin reuptake inhibitors; ns = non-significant.

Table 2: Other therapy previously received by BDD group

Therapy	n (% of total sample)
CBT for any other problem	17 (20.5%)
CBT for social anxiety	6 (7.3%
CBT for other anxiety	7 (8.4%)
CBT for depression	4 (4.8%)
CBT for distress tolerance	1 (1.2%)
CBT for eating disorder	1 (1.2%)
Counselling	12 (14.5%)
Family therapy	3 (3.6%)
Acceptance and commitment therapy	1 (1.2%)
Eye movement desensitization and reprocessing	1 (1.2%)
Narrative therapy	1 (1.2%)
Interpersonal therapy	1 (1.2%)
Play therapy	1 (1.2%)

Note: Some patients had multiple therapies. CBT = cognitive behaviour therapy.