Body dysmorphic symptoms during pregnancy are associated with poorer quality of life

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Implications for practice and research

- Women with body dysmorphic symptoms should be closely monitored during pregnancy.
- Longitudinal studies in women fulfilling diagnostic criteria for body dysmorphic disorder are required to better understand the potential impact of pregnancy on mental health and quality of life.

Context

Body dysmorphic disorder (BDD) involves an intense preoccupation with perceived flaws in physical appearance that are typically unobservable to others. BDD affects approximately 2% of the general population but often goes undiagnosed and untreated. The disorder typically develops during adolescence, a period of significant bodily changes that may contribute to the onset or worsening of BDD symptoms. A recent study by Gibson and colleagues[1] explored the important question of how BDD symptoms influence body image and quality of life during pregnancy, another life-stage marked by pronounced physical change.

Methods

Gibson *et al* used a cross-sectional survey design to investigate BDD symptoms, body image and quality of life at different stages of pregnancy. A volunteer sample of 158 women were recruited from Facebook groups, Prolific and women's centres in Southern Texas. Participants completed three self-report measures, including the Body Image Disturbance Questionnaire (BIDQ). The median age was 30 years, and 15.8% were in the first trimester of pregnancy, 32.9% in the second, 29.1% in the third and 22.2% within 3 months postpartum. Participants were categorised as 'high' and 'low' BDD based on a median split of BIDQ scores. Statistical analyses were used to test relationships between BDD symptoms, body image and quality of life. Responses to open-ended questions were analysed using thematic analysis.

Findings

Quality of life was higher for women in the second trimester than the first, third and postpartum. A small but significant effect of BDD was found, such that women with high BDD had significantly lower quality of life and poorer body image compared with women with low BDD. BDD symptoms did not significantly influence the effect of pregnancy stage on quality of life and body image. In the open-text responses, participants reported a range of appearance concerns (eg, weight gain, abdomen, skin) and appearance-related behaviours (eg, avoidance, checking, camouflaging).

Commentary

This study provides preliminary but important insights into the relationship between BDD symptoms, body image and quality of life during pregnancy. To our knowledge, only one previous study has examined BDD symptoms in pregnancy, showing that 15% of women experienced clinically significant BDD symptoms and that these symptoms were associated with postpartum functional impairment.[2]

One limitation of Gibson *et al*'s study is that BDD symptoms were assessed using a self-report questionnaire which may not distinguish true BDD symptoms from general body dissatisfaction or eating disorder psychopathology. In Gibson *et al*'s study, weight concerns were commonly reported. While weight issues can be a symptom of BDD, the disorder often centres on specific facial features (eg, nose, skin, hair). Moreover, self-report measures cannot determine whether perceived flaws in appearance are objective or the result of distorted body image. During pregnancy and the postpartum period, it is likely that many women become concerned about *objective* changes in their appearance. In contrast, the diagnostic criteria for BDD specify that appearance preoccupation relates to perceived flaws that are not visible or appear minor to others.[3]

Gibson *et al* did not find that level of BDD symptoms influenced the effect of pregnancy stage on quality of life or body image. This goes against the notion that individuals with high BDD symptoms may find pregnancy-related bodily changes disproportionately challenging. However, this null finding may reflect the absence of empirically validated cut-off scores for categorising BDD symptoms, as well as the study's relatively small sample size, limiting statistical power to detect interaction effects. Additionally, the cross-sectional design precludes the possibility of assessing changes over time.

In summary, Gibson *et al*'s study is highly novel and underscores the need for further research in this area. Specifically, large-scale longitudinal studies in representative cohorts are essential to understand how BDD symptoms evolve during pregnancy and the postpartum period, as well as to identify the clinical needs of women with diagnosable BDD.

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Competing interests None declared.

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References

1 **Gibson AH**, Zaikman Y, Rodriguez R, *et al*. The effects of body dysmorphic disorder on women's quality of life and body image at difference stages of pregnancy. *BMC Pregnancy Childbirth* 2024;24:653.

2 **Miller ML**, Roche AI, Lemon E, *et al*. Obsessive-compulsive and related disorder symptoms in the perinatal period: prevalence and associations with postpartum functioning. *Arch Womens Ment Health* 2022;25:771–80.

3 **American Psychiatric Association**. *Diagnostic and statistical manual of mental disorders*. 5th edn. Washington, DC: American Psychiatric Publishing, 2013.