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Body Dysmorphic Disorder in Dermatology: the first European Guideline on its diagnosis and management by the European Society for Dermatology and Psychiatry (ESDAP)

Maria-Angeliki Gkini*[1, 2], Ilknur Altunay[3, 4], Pavel Chernyshov[5], Florence Dalgard[6], Andrea Evers[7], Uwe Gieler[8], Jörg Kupfer[9], Laurent Misery[10], Francoise Poot[11], Francesca Sampogna[12], Jacek Szepietowski[13], Tanyo Tanev[14], Lucia Tomas Aragones[15], Nienke Vulink[16], Anthony Bewley[17, 18]

[1]Barts Health NHS Trust, Department of Dermatology, London, United Kingdom,[2]401 General Army Hospital, Department of Dermatology and Venreology, Athens, Greece, [3]Health Sciences University Rectorate, Instabul, Türkiye, [4]Sisli Hamidye Etfal Hospital, Department of Dermatology and Venereology, Instabul, Türkiye,[5]National Medical University, Department of Dermatology and Venereology, Kiev, Ukraine, [6]Skåne University Hospital, Department of Dermatology and Venereology, Malmo, Sweden, [7]Leiden University, Institute of Psychology, Health, Medical and Neuropsychology Unit, Leiden, Netherlands, [8]University of Giessen, Department of Dermatology and Allergology, Gießen, Germany, [9]University of Giessen, Institute of Medical Psychology, Gießen, Germany, [10]University Hospital of Brest, Department of Dermatology, Brest, France,[11]University Hospital Erasme, Department of Dermatology, Brussels, Belgium, [12]IDI-IRCCS, Clinical Epidemiology Unit, Rome, Italy, [13]Wroclaw Medical University, Department of Dermatology, Venereology and Allergology, Wroclaw, Poland, [14]International Youth Center, Stara Zagora, Bulgaria, [15]University of Zaragoza, Department of Psychology, Zaragoza, Spain, [16]Amsterdam UMC, Department of Psychiatry, Amsterdam, Netherlands,[17]Barts Health NHS Trust, London, United Kingdom, [18]Queen Mary University, London, United Kingdom

Introduction & Objectives: Body dysmorphic disorder (BDD) is a relatively common disorder in dermatology. Patients with chronic inflammatory conditions, such as psoriasis or hair disorders, often present with BDD as comorbidity.Moreover, patients with BDD may seek unnecessary dermatologic treatments and aesthetic procedures, in an attempt to look better.

BDD is characterised by a preoccupation with a perceived defect/defects in physical appearance. The ‘defect’ is not always noticeable to other people or can be minimal. BDD can have a detrimental effect on patients’ quality of life and is often accompanied by psychiatric comorbidities, such as depression.

The objective of this guideline is to fill in the gap in knowledge among dermatologists in the field of psychodermatology and provide evidence-based guidance about the identification and management of BDD from European Experts in their field.

Materials & Methods: Our methodology included a systematic literature search in databases (Pubmed, MEDLINE, Cochrane and EMBASE) until December 2021 by two independent researchers using the key words ‘’ dysmorphophobia’’ and ‘’body dysmorphic disorder’’. Two independent researchers selected the relevant articles after assessing the methodological quality of each study using the level of evidence by Oxford. Due to the scarcity of high-quality randomised controlled trials in psychodermatology, a Dephi consensus was used with the participation of 17 expert members of the European Society of Dermatology and Psychiatry (ESDAP). The experts answered the questionnaires in two or more rounds. Consensus was defined as achievement of at least 75% ‘agree’ or ‘strongly agree’.

Results: Prevalence of BDD varies. A new classification is under development by the relevant EADV Task Force. Pathophysiology is multifactorial. Patients with BDD have a persistent obsession of feeling ugly due to some

aspect of their appearance. They tend to spend significant time in rituals, such as mirror gazing. Individuals with BDD are often co-diagnosed with depression, anxiety and social phobia. Suicidal Ideation and suidical attempts are common. It is crucial to screen all patients who are undergoing an aesthetic dermatology procedure or who are diagnosed with a chronic dermatology condition for BDD. Validated screening questionnaires, such as the Body Dysmorphic Disorder Questionnaire Dermatology Version(BDDQ-DV), can be used. Diagnosis is made based on the DSM-V criteria. The combination of psychotherapy with medication is possibly the most effective intervention. Psychotherapy is effective in symptomatic patients taking antidepressant medications, and its effect as monotherapy is limited. Selective serotonin reuptake inhibitors(SSRIs) should be first-line treatment with higher doses being more effective rather than lower doses. There are insufficient data about adherence and recurrence with a specific SSRI.

Conclusion: Patients with BDD are often seen by dermatologists. There is need for psychodermatology training in dermatology and a multidisciplinary approach seems to be crucial for the effective management of this challenging category of patients.