



OCD & COMORBIDITIES

OCD & BODY DYSMORPHIC DISORDER

BY ANC



INTRODUCTION

Body Dysmorphic Disorder (BDD) is an anxiety disorder where an individual has an abnormal obsession with an imagined flaw in their physical appearance that others would not see, or would only seem small.

Just like the term OCD, the term BDD is frequently misused and is sometimes unhelpfully called the ‘imagined ugliness’ disorder by the media, which fails to recognise the distress that individuals face with both of these conditions.



OCD & BDD

Almost everyone will experience unhappy feelings about the way that they look at sometime in their life. Nevertheless, these feelings are able to pass and be forgotten. However, for people with BDD, once they begin to observe flaws, it becomes very distressing and does not go away.

They may compare themselves with how other people look and worry that they are physically flawed which may make them spend a lot of time in front of a mirror concealing what they believe is a defect.



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BDD can be so overwhelming for a person. People with the disorder are in a constant state of mind that their appearance is not good enough. BDD can lead to depression, self harm, suicidal thoughts and frequent suicide attempts.

It is common for a person who has BDD to also have other mental health conditions.

OCD is associated with BDD and they share similarities. A recent study has showed that the rate of OCD and BDD occurring together was anywhere from 3% to 43%.



OCD & BDD

We will take a look at some of the shared associations and symptoms of OCD & BDD comorbidity:

Rituals & Behaviours: In a similar way to OCD, people with BDD will routinely engage in time consuming compulsive rituals and behaviours (such as; mirror checking, excessive grooming, skin picking, or reassurance seeking) or mental acts (such as; comparing their appearance with that of other people) in response to their appearance concerns.



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Social Effects: Both OCD and BDD lead to avoidance of social situations, relationships and intimacy. It's reported that people with OCD and BDD have high rates of unemployment and social isolation.

Preoccupation and Distress: Individuals with both disorders are preoccupied with their thoughts and find it difficult to control or ignore these intrusive thoughts. This preoccupation causes significant distress and can interfere with daily functioning



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Chronic and Persistent: Both OCD and BDD tend to be chronic and persistent conditions, with symptoms lasting for an extended period if left untreated.

Family History and Genetic Factors: Both disorders tend to run in families. Individuals with a family history of either disorder may have a higher risk of developing the condition themselves.



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Co-occurrence: There is evidence of comorbidity between OCD and BDD, meaning individuals diagnosed with one disorder are more likely to experience symptoms of the other simultaneously.

Treatment Approaches: Cognitive-behavioral therapy (CBT) is a common treatment for both disorders. CBT helps individuals challenge their distorted thoughts and beliefs and learn more adaptive coping mechanisms.



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Despite these similarities, it's important to recognize the key differences between OCD and BDD:

Focus of Obsessions and Compulsions:

In OCD, the obsessions and compulsions can be related to a wide range of themes, such as contamination, symmetry, or forbidden thoughts. In contrast, BDD is specifically focused on perceived flaws or defects in one's appearance, leading to excessive concern and preoccupation with body image.



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Beliefs and Attitudes: Individuals with BDD have a distorted perception of their appearance, often fixating on minor or imagined flaws. In OCD, the obsessions and compulsions are not related to body image concerns.

Insight: People with OCD usually recognize that their obsessions and compulsions are irrational and excessive, but they feel compelled to perform them to alleviate anxiety. In BDD, there may be varying levels of insight into the excessive nature of their appearance-related concerns.



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Emotional Distress and Avoidance: In OCD, the distress is often related to fear, anxiety, or guilt caused by the obsessions. The compulsive behaviors are performed to neutralize these distressing emotions temporarily. In BDD, the distress is primarily centered around body image concerns and the perceived defects. Individuals with BDD often engage in avoidant behaviors to hide the perceived flaws or seek reassurance from others about their appearance.



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Social and Occupational Impairment:

Both OCD and BDD can lead to significant impairment in social and occupational areas of life. However, the nature of impairment may differ. For individuals with OCD, the impairment might stem from the time-consuming nature of their rituals or the interference of obsessions in daily functioning. For individuals with BDD, the impairment may be more focused on social interactions related to appearance, such as avoiding social events, becoming withdrawn, or constantly seeking validation about their looks.



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Suicidal Ideation: People with both OCD and BDD may experience suicidal thoughts due to the severity of their symptoms and the distress they cause. However, individuals with BDD might be at higher risk of suicidal ideation, especially when the disorder remains undiagnosed or untreated.

Comorbidities: Both OCD and BDD frequently occur alongside other mental health disorders. Common comorbid conditions for both include anxiety disorders, depression, and social anxiety. BDD, in particular, is more likely to be comorbid with eating disorders.



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Body Checking vs. Checking Rituals: BDD often involves body checking behaviors, where individuals repeatedly check their appearance or specific body parts, often with a focus on perceived flaws. These checks may provide temporary relief but ultimately exacerbate the distress. • In contrast, OCD typically involves checking rituals related to other aspects of life (e.g., doors, stove, locks) to prevent potential harm or disasters, rather than focusing on appearance.



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Cognitive Distortions: Both disorders involve cognitive distortions, but the content of these distortions differs. In OCD, common cognitive distortions include overestimating danger, catastrophic thinking, and the need for perfection. In BDD, cognitive distortions are centered around the belief that one's appearance is highly flawed or defective, despite evidence to the contrary. These distortions can lead to a negative body image and a persistent belief that others judge them harshly based on their appearance.



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Triggers and Themes: While both disorders involve obsessions and compulsions, the specific triggers and themes can differ. In OCD, triggers may involve contamination fears, fear of harm to oneself or others, religious obsessions, or intrusive thoughts about unacceptable actions. In BDD, the triggers are related to body image, and the obsessions often revolve around specific features of the body, such as the skin, hair, nose, or weight.





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