

Body Dysmorphic Disorder symptoms improve, relapse preventable with sustained medication

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People with Body Dysmorphic Disorder (BDD) fare better and are less likely to relapse when treated with medication on a long-term basis, according to researchers at Rhode Island Hospital and Massachusetts General Hospital.

BDD is an often-chronic mental illness in which people focus intensively on perceived physical flaws, which to others appear minor or even nonexistent. Cognitive behavioral therapy (CBT) that is tailored to BDD and certain types of [antidepressant medication](#) called serotonin-reuptake inhibitors (SRIs) often alleviate symptoms. Until this study, no research existed to verify that medication was effective in preventing a relapse of symptoms after medication is suspended. In addition, previous studies regarding the efficacy of medications were short-term.

"This research yielded clinically important data about BDD, a common, often-chronic and understudied illness in need of more evidence-based [treatment](#)," said Katharine Phillips, M.D., director of the BDD program at Rhode Island Hospital. "We showed that the risk of relapse can be substantially reduced by continuing effective medication and also that the continuation of medication after the acute period can further improve symptoms."

Authored by Phillips and her colleague, Sabine Wilhelm, Ph.D., director of the OCD and related disorders program at Massachusetts General

Hospital, the study found that 81 percent of adults with BDD who took the SRI escitalopram, also known as Lexapro, for a full 14 weeks experienced substantial improvement in BDD symptoms. The responders who continued to take the medication for another six months tended to further improve. Furthermore, those who responded to escitalopram and continued taking the medication were less likely to experience worsening of BDD symptoms in comparison to those who were switched from escitalopram to placebo (a "sugar pill"). The study was published today in *The American Journal of Psychiatry*.

Approximately two percent of the American population suffers from BDD, and it affects men and women about equally. People with BDD obsess about perceived flaws in their appearance and perform repetitive and time-consuming behaviors, such as mirror checking and comparing with others, in response to their appearance concerns. A majority receive cosmetic treatment, such as surgery and dermatologic treatment, which is rarely effective for BDD concerns. SRI medications can help relieve the obsessive and compulsive symptoms of BDD as well as accompanying symptoms such as depression and anxiety.

This research study, conducted at Rhode Island Hospital in Providence and Massachusetts General Hospital in Boston (and initially at Butler Hospital, Providence), found that six months of additional treatment following initial response to the medication did positively affect outcomes. Across the sites, 74 people completed phase one, which involved escitalopram treatment during the 14-week, acute period. During phase two, the relapse prevention efficacy phase, 58 participants were randomized to double-blind continuation treatment with escitalopram or were changed to placebo treatment.

"Among patients who responded to acute-phase escitalopram, continued pharmacological treatment significantly delayed time to relapse compared to patients in the placebo group," said Wilhelm. "Further,

more than twice as many placebo-treated patients relapsed than escitalopram-treated patients. This is important data for providers treating patients with BDD. Research studies are also needed that investigate whether treatment with CBT for BDD will decrease the risk of relapse when an effective [medication](#) is stopped."

Phillips and Wilhelm have presented the results of this research at the New England OCD Research Symposium; the Anxiety and Depression Association of America Annual Conference; the International College of Obsessive Compulsive Spectrum Disorders Scientific Meeting; BDD Research Day at the Institute of Psychiatry, Psychology and Neurosciences, Kings College London; the Annual Meeting of the American Society of Clinical Psychopharmacology; the Annual Conference of the International OCD Foundation; and the annual meeting of the American College of Neuropsychopharmacology.

Phillips and Wilhelm are currently conducting a study that is comparing the effectiveness of two different kinds of therapy for people with BDD: CBT and supportive talk therapy. Participants are now being enrolled for the study.

More information: Those who are interested in learning more about the study can visit the Rhode Island Hospital BDD Program's website at RhodeIslandHospital.org/bdd or can call 401-444-1644.

Provided by Lifespan

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