



A Look at Body Dysmorphic Disorder in Young People

Key findings from the [“Practitioner Review: Assessment and treatment of body dysmorphic disorder in young people”](#) (Krebs et al., 2024), published in JCPP

Body Dysmorphic Disorder (BDD) is part of the Obsessive-Compulsive and Related Disorders category. It is relatively common, highly impairing, and yet frequently underdiagnosed and undertreated in Child and Adolescent Mental Health Services

What does BDD consist of?

Excessive preoccupation with perceived appearance flaws

Flaws are usually minor or not visible to others

Repetitive behaviours (checking, hiding, comparing)

Causes distress and functional impairment

Why does it matter?

- Onset usually in adolescence
- Affects ~2% of adolescents
- Severe school and social impairment
- High rates of self-harm and suicide attempts
- High psychiatric comorbidity

"BDD is often under-recognised"

Why?

1. *Young people may not disclose unless asked*
2. *Often looks like depression, social anxiety or "normal teenage concerns"*
3. *Clinicians may avoid asking about appearance*

Keys to Assessment



Ask directly
about
appearance
concerns



Look for: time-consuming thoughts, repetitive behaviours, avoidance



Assess risk
(self-harm, suicide, cosmetic behaviours)



Assess
distress and
functional
impact

What Does the Evidence Say About Treatment?

First-line treatment

CBT for BDD, adapted for young people, with exposure and response prevention (ERP)

Medication

SSRIs may be used when CBT is unavailable or insufficient; often alongside CBT

Cosmetic treatment

Not recommended. It is typically ineffective and may worsen symptoms



Learn more about this topic in our session ["An update on OCD and related disorders in children and young people"](#), by Professor Mataix-Cols