THE PREVALENCE OF BODY DYSMORPHIC DISORDER IN ALEXANDRIA UNIVERSITY MEDICAL STUDENTS

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Introduction

Body Dysmorphic Disorder is a psychiatric condition defined by distressing and/or impairing preoccupation with a non-existent or slight defect in appearance.

the estimated prevalence of body dysmorphic disorder (BDD) in the general population ranges from 1.9% to 2.4%. Studies have found higher rates of BDD among students compared to the general population. Medical students, in particular, are at an increased risk of developing BDD due to the demanding nature of themedical profession and societal pressures.

BDD is more common in females than in males. Diagnostic criteria for BDD include excessive concern about specific body regions and the presence of associated compulsive behaviors.

Individuals with BDD often experience co-occurring disorders such as eating disorders, depression, anxiety, and obsessive-compulsive disorder (OCD). These comorbid conditions frequently accompany BDD and contribute to the overall clinical picture.

Emotion dysregulation is considered a transdiagnostic factor that contributes to the development and maintenance of various psychological problems BDD suggesting more challenges in managing their emotions there is a correlation between emotional dysregulation and body dysmorphic disorder, which can serve as a risk factor or be associated with an increased likelihood of developing body dysmorphic disorder.

Emotion dysregulation plays a role in the emergence and perpetuation of diverse psychological disorders, including Body Dysmorphic Disorder (BDD). There exists a significant association between the inability to effectively regulate emotions and the presence of body dysmorphic disorder, which can act as a predisposing factor or be linked to an elevated probability of developing this particular disorder characterized by a preoccupation with perceived physical flaws.

Overall, understanding the prevalence, risk factors, diagnostic criteria, and associated comorbidities of BDD is important for identifying and providing appropriate support and treatment to individuals affected by this disorder

Aim of the work

1. The primary aim of the study was to screen for the prevalence and severity of body dysmorphic disorder among sample of medical students n Alexandria University.
2. The secondary aim was assessment of the associated behavioral compulsions and difficulties in emotional regulation in individuals screened positively for body dysmorphic disorder.

Patients and Methods

Patients: The study carried out on 237of Alexandria University medical student sthough online form.

Methods: The students were categorized into two groups, positive and negative, based on their responses to the Body Image Disturbance Questionnaire (BIDQ), which is a screening tool used for the disease. Those who tested positive on the scale underwent assessments to evaluate compulsive behaviors and specific areas of concern related to their body. The severity of body dysmorphia symptoms was measured using the Body Dysmorphic Disorder modification of the Yale-Brown Obsessive Compulsive Scale (BDD-YBOCS). Additionally, the students were evaluated for emotional dysregulation using the Difficulties in Emotion Regulation Scale (DERS)

Results

Table: Comparison between the two studied groups according to Difficulties in Emotion Regulation Scale (DERS)

| DERS	Total (n = 237)	Diagnosis (BIDQ)		df	P
		Negative (<3)(n = 208)	Positive (≥3)(n = 29)		
1. Non acceptance of emotional responses (6 – 30)					
Min. – Max.	6.0 – 30.0	6.0 – 30.0	9.0 – 30.0	235	<0.001*
Mean ± SD.	14.95 ± 6.52	14.25 ± 6.29	19.97 ± 6.01		
Median (IQR)	14.0 (10.0 – 19.0)	13.0 (9.0 – 18.50)	18.0 (16.0 – 25.0)		
2. Difficulty engaging in goal-directed Behavior (5 – 25)					
Min. – Max.	5.0 – 25.0	5.0 – 25.0	10.0 – 25.0	235	0.035*
Mean ± SD.	15.24 ± 4.89	15.0 ± 4.92	17.03 ± 4.34		
Median (IQR)	15.0 (12.0 – 19.0)	15.0 (11.0 – 19.0)	16.0 (14.0 – 20.0)		
3. Impulse control difficulties (6 – 30)					
Min. – Max.	6.0 – 30.0	6.0 – 30.0	9.0 – 28.0	235	0.002*
Mean ± SD.	14.39 ± 5.20	14.0 ± 5.06	17.17 ± 5.41		
Median (IQR)	14.0 (11.0 – 17.0)	14.0 (10.0 – 17.0)	17.0 (13.0 – 21.0)		
4. Lack of emotional awareness (6 – 30)					
Min. – Max.	6.0 – 30.0	6.0 – 30.0	7.0 – 27.0	235	0.811
Mean ± SD.	18.10 ± 4.89	18.13 ± 4.90	17.90 ± 4.89		
Median (IQR)	18.0 (15.0 – 22.0)	18.0 (15.0 – 22.0)	17.0 (15.0 – 22.0)		
5. Limited access to emotion regulation strategies (8 – 40)					
Min. – Max.	8.0 – 38.0	8.0 – 38.0	16.0 – 38.0	235	<0.001*
Mean ± SD.	21.03 ± 7.36	20.24 ± 7.30	26.69 ± 5.01		
Median (IQR)	20.0 (15.0 – 26.0)	19.0 (14.0 – 25.0)	27.0 (24.0 – 30.0)		
6. Lack of emotional clarity (5 – 25)					
Min. – Max.	5.0 – 25.0	5.0 – 25.0	6.0 – 22.0	235	0.005*
Mean ± SD.	12.89 ± 4.05	12.62 ± 3.98	14.86 ± 4.02		
Median (IQR)	13.0 (10.0 – 16.0)	12.0 (10.0 – 15.0)	15.0 (12.0 – 17.0)		
DERS (36 – 180)					
Min. – Max.	40.0 – 162.0	40.0 – 162.0	68.0 – 157.0	235	<0.001*
Mean ± SD.	96.61 ± 23.79	94.24 ± 23.50	113.6 ± 18.60		
Median (IQR)	97.0 (81.0 –111.0)	94.0 (79.0 –109.0)	114.0(104.0–124.0)		
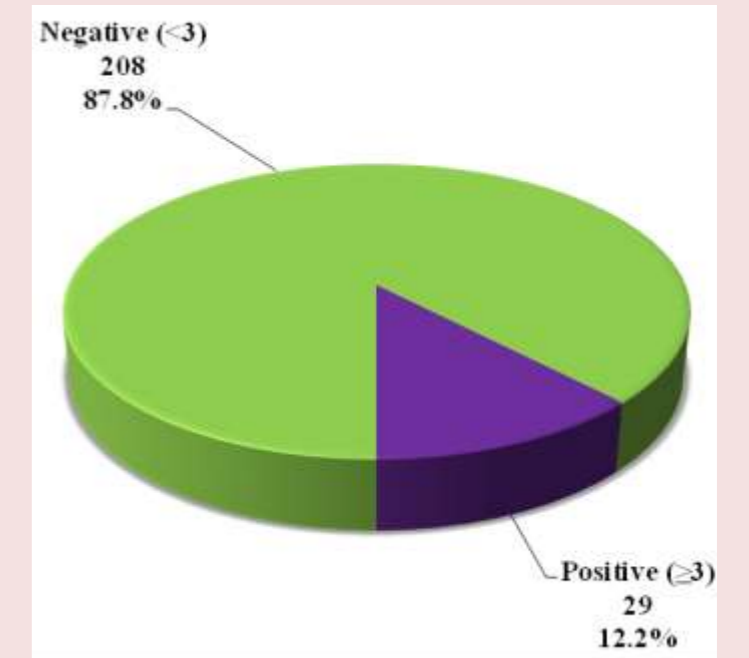
Figure: Distribution of the studied cases according to diagnosis (BIDQ) .out of 237 studied persons there are 29 cases (12.2%) and 208 (87.8%) negatively screened students.

Conclusion

Among Alexandria University medical students, the prevalence of body dysmorphic disorder was found to be 12.2%, with females being more affected. Common compulsive behaviors observed among individuals with this disorder included comparing their appearance to others and frequently checking their reflection in front of a mirror. The study further indicated that students who tested positive for body dysmorphic disorder demonstrated higher scores on the Difficulties in Emotion Regulation Scale (DERS) compared to the negatively tested group.