

A study from turkey examined the prevalence of body dysmorphic disorders in dermatology and cosmetics dermatology clinics.

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Abstract

The major side effect of body dysmorphic clutter, a mental infection, is an crippling obsession with a minor or non-existent physical blemish. The essential refinement between BDD and fundamental stress is the articulated inconvenient affect BDD has on the patient's social and proficient life. A dermatologist, plastic specialist, or other restorative proficient is more likely to see a quiet with BDD than a therapist. Concurring to considers, the common populace has a frequency of generally 2%, but certain therapeutic populaces, like those who visit dermatology and corrective dermatology/surgery clinics, have higher rate rates. There are concerns almost BDD's predominance in numerous bunches, indeed in spite of the fact that it is progressively recognized and talked about in dermatology and restorative dermatology outpatient clinics. It is well perceived that social foundation may influence how BDD patients comprehend certain concepts.

Keywords: Body dysmorphic disorder, Facial pigmentation, Facial asymmetry.

Introduction

We examined that the power of BDD among patients assessed in dermatology and restorative dermatology short term centers in Turkey probably won't have gotten adequate thought. Thusly, the explanation of the current consider was to choose the power of BDD patients in short term dermatological and remedial dermatology facilities. Among February and May 2013, 400 successive patients who visited the overall dermatology and restorative dermatology short term centers at Afyon Kocatepe College Clinic were associated with this cross-sectional review. Being under 18 or more seasoned than 65 years of age, as well as being not able to finish a self-report poll, were prohibition rules for the review. The clinic's Album center practices on treating vascular injuries, abundance body hair, cellulite, hyperpigmentation, going bald, kinks, and skin break out scars. It likewise does insignificantly obtrusive methods and gives clinical and strong consideration. Grown-up patients with a wide assortment of skin issues are treated at the GD facility [1].

The study-specific mini-survey

Patients were asked to complete a mini-survey including demographic data, the reason they were seeking treatment, any prior cosmetic surgery or procedures, and their degree of satisfaction. The existence of BDD was then assessed using a self-report BDD created and validated using the fourth edition criteria of the Diagnostic and Statistical Manual of Mental Disorders. In CD practise, it has been demonstrated that this

questionnaire has 100% sensitivity, 92.3% specificity, a 70% positive predictive value, and a 100% negative predictive value.

Objective evaluation of the current defect

Using a severity scale from 1 to 5, two independent investigators evaluated the existence of any errors revealed in the questionnaire after it had been completed. Patients with a score of less than 3 were not included in the study. The treatments each patient underwent as well as their final diagnosis were recorded [2].

Statistic evaluation

Calculations were made for the means, standard deviations, modes, medians, and frequencies. The 2 analysis for categorical variables and Fisher exact test, when necessary, were used to examine group differences. It was deemed significant at $P=0.05$. For the analyses, PASW Statistics for Window was used. Cosmetic procedures are becoming more common in dermatological clinics. As a result, it is critical to identify patients with BDD. There are still population-based disparities between this study and earlier investigations, despite the fact that the rates of BDD identified in the current study are consistent with the data from the literature [3].

Negotiation

This is the first study that we are aware of that looked into the prevalence of BDD in a Turkish population in dermatology and cosmetic dermatology settings. Similar to western

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societies, the Turkish population has grown more interested in cosmetic surgery over the past ten years, making it more crucial to identify patients with BDD. Only a few research have examined the prevalence of BDD in the Turkish community. This disparity could be explained by a number of variables. First, in our study, roughly 16% of the patients declined to participate; this could have influenced the results, although it was impossible to determine the likelihood of this happening. Second, we conducted this study because, according to numerous studies, societal differences may have a significant impact on how people see their bodies. The social disparities between the inhabitants of Turkey and the west may be to blame for this discrepancy in results because the current study was conducted in the small city of Afyonkarahisar in western Turkey. The likelihood that the methods employed for diagnosis are different is the third factor. There are various BDD screening tools available, many of which were created primarily for CD contexts. In this investigation, one such verified tool was employed [4,5].

Conclusion

The doctors most likely to encounter BDD are dermatologists. Patients with BDD are likely to visit hospitals more frequently as less invasive cosmetic procedures gain popularity, although it is unclear whether these operations actually improve BDD sufferers. There is currently no prospective study evaluating the satisfaction of patients with BDD with the results of these treatments because the existence of BDD is a contraindication for aesthetic procedures. Physicians who practise CD should be qualified in terms of training and experience, and they

should be aware of any potential issues and how to handle them. Additionally, it is vital that the doctor be knowledgeable with BDD symptoms and the best ways to treat these disorders. Due to population-specific factors, there may be regional differences in the prevalence of BDD and BDD-related problems. The prevalence of BDD was consistent with the findings of earlier investigations, however unlike those earlier studies, the most prevalent worry was about the body. Additional cross-cultural research is needed to examine the significance of elements like gender, age, culture, beliefs, and media influence on BDD patients.

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