

# Commentary on: Preoccupation with one's appearance: a motivating factor for cosmetic dental treatment?

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## IN BRIEF

- Tooth whitening seems to have become the most popular cosmetic dental treatment in recent years.
- There is no reason to assume that Body Dysmorphic Disorder (BDD) plays a significant role in the majority of people who seek cosmetic dental care.
- Dentists should be aware that being dissatisfied with one's own appearance seems to be an important reason to seek cosmetic dental treatment.

**Background** It has been estimated that among patients presenting for cosmetic treatments up to 15% suffer from Body Dysmorphic Disorder (BDD), a psychiatric condition characterised by a preoccupation with an imagined defect in appearance. **Objectives** The main purpose of the current study was to establish the relationship between presence of BDD characteristics and interest in aesthetically motivated dental treatments. **Methods** Data were obtained by means of a survey within a sample of 879 Dutch citizens of 16 years and older. Characteristics of BDD were assessed based on DSM-IV criteria. **Results** Only one of the BDD features (ie a preoccupation with a defect of appearance) emerged as a significant predictor of undergoing cosmetic dental treatments. Patients with such preoccupation were nine times more likely to consider tooth whitening, and six times more likely to consider orthodontic treatment. They were also five times more likely to be dissatisfied about their most recent treatment. **Conclusions** The results suggest that preoccupation with one's physical appearance is a motivating factor for undergoing certain types of cosmetic dental procedures.

## COMMENTARY

This fascinating piece of work addresses the concern that individuals with the symptoms of Body Dysmorphic Disorder (BDD) will be attracted to aesthetic dental treatment with potentially poor outcomes. As I have argued elsewhere there is a need for caution in assigning psychiatric labels.<sup>1</sup> There are two central diagnostic features of BDD; the first is preoccupation with appearance, and the second is clinically significant distress or impairment in social, occupational, or other important areas of functioning arising from the preoccupation. Such impairment may be significant. In individuals with diagnosed BDD, 27% have been housebound at some point in the disorder, some 78% have thoughts of suicide, and one sixth and one third of cases have attempted suicide.<sup>2</sup>

There is a danger in arguing that a desire to seek treatment in individuals with preoccupations with their appearance is irrational. Whilst a preoccupation with appearance may not be

rational (either in an individual with BDD or a person with no psychological difficulties), it is rational to seek treatment if you think you have a problem. The individual is simply arguing from a false tenet.

Finally there is a debate about the likelihood of an individual with BDD attending for cosmetic treatment. A recent review of BDD suggested that in patients attending for cosmetic or reconstructive surgery or dermatology, the prevalence is likely to be between 7 to 15%<sup>3</sup> For dentistry there are very few data, but it has been suggested that since the level of intervention in dentistry is minimal compared to surgical treatment that it may not be perceived as sufficiently 'dramatic' to attract individuals with BDD. Clearly more research is needed and careful consideration of how to assess and manage individuals with BDD in dentistry. An excellent introduction to this is provided by Cunningham and Feinman.<sup>4</sup>

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