DYSMORPHIC DISORDER

Sir, we were very interested to read the article by Brown *et al.* (*BDJ* 2010; 209: 11-16) outlining the relevance of many psychiatric conditions to general dentistry. We encounter patients with all of the conditions listed most weeks in clinical practice, namely dental anxiety and phobia, obsessive compulsive disorder, hypochondriasis, psychogenic facial pain, eating disorders, drug and alcohol misuse, depression, schizophrenia and bipolar disorder.

One important psychiatric disorder is, however, missing from the classification: body dysmorphic disorder (BDD). This is described in the DSM¹ (a handbook for mental health professionals) as a condition marked by excessive preoccupation with an imaginary or minor defect in a (facial) feature or localised part of the body. There is an exaggerated degree of worry or concern about a specific part of the face or body, rather than the general size or shape of the body. It is distinguished from anorexia nervosa and bulimia nervosa, where the patients with these disorders are preoccupied with their overall weight and body shape.

From a dental point of view, patients present with disproportionate concerns about relatively minor cosmetic or aesthetic lesions, or the delusion that a normal part of their body is abnormal. A delusion is a fixed, false belief out of keeping with normal cultural and educational values. It is absolutely unshakable. For example, one patient seeking genioplasty after being turned down in another hospital reported that he was £40,000 in debt, because of his chin. His delusion was that he believed that he was never offered overtime by colleagues who disliked his chin, and as a consequence he could not pay off his debts. He would not consider any alternative reason why he might be in debt.

Such patients are more common than perhaps realised, and are very difficult to treat successfully as their visions of the anticipated results are not always realistic. They often display narcissistic personality traits, and there is a link with depression and anxiety. Often they have had multiple interventions, such as repeated osteotomies, or cosmetic surgical procedures, often performed in different places by different surgeons. Patients

with BDD may seek conventional dental treatment, for example cosmetic dentistry, implant surgery, tooth whitening, or procedures such as treatment with botulinum toxin or facial fillers.

Recognition of patients with BDD can be difficult, and even experience does not guarantee that dental surgeons can recognise such individuals, who can be very well prepared for the consultations, manipulative and difficult to dissuade. There are now precedents about doctors and dentists being successfully sued for failing to diagnose BDD before embarking on interventions.

All dentists encounter patients with BDD; it is just matter of whether or not the condition is recognised at the time, or in retrospect.

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1. American Psychiatric Association. *Diagnostic and statistical manual of mental disorders*, 4th ed, text revised. Washington, DC: American Psychiatric Association, 2000.

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WHOLLY APPROPRIATE

Sir, your editorial (*BDJ* 2010; 209: 103) offered a reasoned and sensible contribution to the GDC's latest consultation on the principles of ethical advertising.

This is a continuation of the debate that the dental profession has been having for many years, fuelled by an influx of overseas graduates styling themselves as 'Doctor', and by the development of the role of dentists from 'toothwrights' to practitioners with a more holistic approach encompassing the oral health and well-being of those in their care. Under these circumstances the courtesy title doctor seems wholly appropriate.

All of us, physicians, surgeons, general practitioners and dentists have one thing in common - patients. Patients are those receiving care, who are given care, are listened to and treated with sympathy, understanding and expertise. They know us and trust our judgement. There is no confusion about what each of us offers.

How we are titled may well be of little consequence; far more important is how we look after and protect those in our care.

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