



### 18 Forensic Aspects of Body Dysmorphic Disorder in the Context of Informed Consent

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After attending this presentation, attendees will Those who practice cosmetic, bariatric, dermatological surgery that alter body image with their procedures would include informed consent for possible Body Dysmorphic Disorder as well as screen for it using the three questions:

(1) Does the individual spend excessive time concerned over this defect where it interferes with normal activities on the job, school, or home? (2) Is the defect exaggerated when in fact, to most persons, only minimal? (3) Does the individual constantly check the defect and experience emotional pain from the defect and avoids mirrors, shiny surfaces, and tries to camouflage the defect? If it is answered, "yes" to any one of these three questions, then there is cause for concern that the individual may have BDD and be referred to a mental health professional. Since the 1995 Norman Hugo appellate decision, it is incumbent that surgeons screen for this possibility.

This presentation will impact the forensic community and/or humanity by demonstrating how disorder with a high rate of depression, suicidal ideation, and suicide attempts. Most informed consent for surgeries that modify body image such as cosmetic, dermatological, bariatric procedures that add three questions that would service both the surgeon's informed consent requirement and screen for a serious comorbid disorder, BDD with prompt referral for mental health assessment and treatment.

Body Dysmorphic Disorder (BDD) is an uncommonly discussed psychiatric illness in cosmetic, bariatric, dermatological surgical settings. For patients who are seeking such procedures, the BDD diagnosis can be more easily ascertained if three questions are added to the informed consent document: 1) does the individual spend excessive time concerned over this defect to the point where it interferes with normal activities on the job, school or home?; 2) is the defect exaggerated and in reality only minimal in appearance to most people?; 3) does this individual constantly checks the defect and experience emotional pain, and avoids mirrors or deliberately camouflages the defect? If the patient answers "yes" to one of these questions he may have BDD and a referral to a mental health professional should be considered for further interview, psycho education, psychotherapy (Cognitive Behavioral Therapy), and possible pharmacotherapy.

The well-publicized case of Dr. Norman Hugo leads to an appellate decision in 1995 stimulated professional attention to a formerly less discussed disorder. The original contention of the malpractice lawsuit was a lack of informed consent, specifically with regard to identifying possible BDD in his cosmetic surgery patient.

The incident rate of BDD in the DSM (Diagnostic and Statistical Manual) varies by the context of the sample and the expertise of the data collector. The prevalence rate of BDD may be as high as 1 to 2 % in the general population, to as high as 10 to 20% in an average dermatological practice.

In individuals suffering from BDD, they show increased co morbidity for various psychiatric disorders including a high rate of suicidal behavior. As high as 20% of patients with BDD, experience suicidal ideation, and a reported 7 to 23% have attempted suicide in their lifetime. Other serious psychiatric disorders that are co morbid with BDD include Major Depression, which is recurrent, with and without suicidal ideation, acute delusional disorder, or delusions of reference. These co morbidities add to the postoperative dissatisfaction, and repeated procedures such as in the Norman Hugo case, that lead to increased dissatisfaction and despair.

The problem cosmetic, bariatric, and dermatologic surgeons are presented with is how to obtain meaningful informed consent from a pathologically disordered patient who believes his/her perceived defect is "real" but in fact minimal. Thus anytime body image is being altered surgically, and then the possibility of BDD should be part of the informed consent. The three above added questions could help complete informed consent and also identify the BDD patient who will not benefit from the proposed procedures.

**Informed Consent, Body Dysmorphic Disorder, Body Image Modification Procedures**