Rising dysmorphia among adolescents: A cause for concern

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Abstract

Introduction: Body dysmorphic disorder is defined as a preoccupation with apparent defects in patient’s appearance which causes significant distress and impairment. This study was conducted in 186 students who attended premedical preparation classes with the mean age of 16.81 years with the primary motive of determining body dysmorphia among adolescent age group. Aim: The main objective of this study is to assess body dysmorphia among teenage adolescents and young adults. Methods and Materials: This cross-sectional study was conducted in premedical preparation class in January 2019. The students’ ages range from 16 to 18 years with mean age being 16.81 years. Once verbal consent was obtained the students were asked to fill an anonymous predesigned questionnaire. Continuous variables were summarized as mean and standard deviations, whereas categorical variables were summarized as proportion (%). Statistical Analysis Used: All the data from the questionnaire were extracted and compiled in MS Excel and percentage and frequencies were applied as needed. Results: The mean age of the participants was 16.81 +/- 0.82 years with almost equal percentage of females (52.13%) and males (47.84%). Our study shows that in general females are more dissatisfied from their body than males. Both sexes have different areas of concerns. In females, there is more discontent about body fat, facial hair, height, and complexion. In comparison in males the frustration is more regarding muscular body, acne, height, weight, and hair thinning. Despite differences in areas of concern both males and females show dissatisfaction with their body image. Conclusions: It has been concluded that there is a rising surge of body dysmorphia in adolescents.

Keywords: Adolescents, body dysmorphia, DSM V, social media

Introductions

Body dysmorphic disorder, previously known as dysmorphophobia, is a psychiatric illness characterized by the obsessive thoughts that some aspect of one’s appearance is flawed and also warrants many time-consuming rituals such as constantly comparing and mirror gazing. Other factors like repetitive behaviors like skin picking, mirror gazing, excessive grooming, or mental acts such as constant comparison along with preoccupation causing significant distress or impairment in social, occupational, or other areas of functioning, are also needed for a diagnosis (DSM 5).

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concern, effect of the said concern on social life, school work, etc., and has the said concern ever caused avoidance of social gatherings.

All the data were entered in excel sheets and evaluated. Results have been presented in form of frequencies and percentages as applicable.

### Results

A total of 186 adolescents filled the questionnaire and the mean age was 16.81+/0.82 years with ages ranging from 16 to 18 years. The study had a nearly equal males and females with males being 47.84% and females being 52.13%. The various parameters studied are given in Table 1. The results obtained are depicted in Table 1, Figures 1 and 2.

### Discussion

In body dysmorphic disorder due to a distorted body image, patients experience social isolation, anxiety, increased depression, and suicide rates. The hidden nature of the disease makes it difficult to diagnose even in clinical setting. BDD has a heavy mental toll on the patient, plus it is very difficult to diagnose unless the clinician is aware about the nature of the disease, with the increasing incidence and influence of social media there needs to be increased awareness among caretakers as well as professionals working with adolescents like teachers to promote positive body image. BDD affects about 2.4% of the population affects both men and women and generally starts in adolescent age group. BDD most often develops in adolescent years and many patients also report early trauma, bullying, childhood abuse, and neglect. Patients with BDD often seek dermatological and surgical consult often with no resolution; on the contrary, patients also try self-treatment like skin picking, etc. Though there is high degree of overlap between BDD and anorexia in that both root in perfectionism and certain differences in the overall physical concerns, some researchers argue that both of these can be classified under “body image disorders.”

The present study consists of 186 students attending pre medical classes. Nearly, equal percentage of males (47.84%) and females (52.13%) were asked to fill out a predesigned questionnaire. The questionnaire was designed to determine the ranging body dysmorphia and the effect of said dysmorphia on everyday life.

Our current study revealed females participants to be more dissatisfied with their body in comparison to male counterparts, and various areas of concern mainly being fat, hirsutism, complexion, height, etc., Whereas in males the areas of concern were muscular build, height, acne, hair thinning, weight, etc..

Recent studies show emerging concern linked with increased social media use and decreased body image satisfaction. Studies show that Facebook use is directly linked with negative mood and increased body image dissatisfaction in women. Exposure to media images leaning toward thin body ideation is related to increased body image distress in women. Not only women but also men are engulfed by rising preoccupation with their outlook, there is a dynamic shift from thinness oriented to muscularity oriented eating disorders in adolescent males. Males in their adolescence are at risk for muscle dysmorphia and individuals who work with adolescent boys should be aware of harmful and compensatory behaviors.

Not only gender, but also sexual orientation has proven to be an indicator of perceived notions of physical attractiveness, media influence, and exposure and dissatisfaction with one’s body. Studies show that gay men tend to be more vulnerable to media influence and tend to have higher drive for thinness and increased body image concerns compared to their straight counterparts. Homosexual and bisexual men tend to be more vulnerable and prone to disordered eating and negatively impacted body image than straight men, though the reason stays unclear it has been hypothesized that social messages and their influence are partially linked with sexual orientation and vulnerability toward eating disorder and body image dissatisfaction.
Patients with body dysmorphia have increased eating disorders (32.5%) and also comparisons between groups with lifetime eating disorders and no eating disorders show that females are prone to significant body dysmorphia and body image dissatisfaction.[13]

Currently, growing body dysmorphia especially among adolescent age group is a cause of concern and interventions are being made to decrease the influence of media on young adults. Identification of superficiality of media images has shown to protect teenage girls from being negatively impacted by exposure of thin idealized body.[14] Briefer exposure to Facebook has shown that it does not negatively impact body image.[17]

Our study concludes that there is a rising body dysmorphia among adolescents and young adults and physicians, legal guardians, parents, and teachers must deem it important to nudge the youth in the right direction by intervening and helping to understand the shallowness and superficiality of body image representation in the media. Media library intervening via awareness videos, power point presentations, etc., can prove to be great sources to influence vulnerable adolescents in the right direction. Regular meetings with nutritionists and shifting the focus from being thin to being fit and healthy are of utmost importance to impact the students positively.

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**Conflicts of interest**
There are no conflicts of interest.

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### Table 1: Distribution of participants on basis of various variables

| Question | Category | Percentage |
|----------|----------|------------|
| Do you find some feature(s) of your body especially ugly or unattractive? | No concern | 27.42% |
| | Females | 47.06% |
| | Males | 52.94% |
| | A little concern | 34.95% |
| | Females | 46.15% |
| | Males | 53.84% |
| | Moderate concern | 23.12% |
| | Females | 67.44% |
| | Males | 32.55% |
| | Extreme concern | 14.52% |
| | Females | 51.85% |
| | Males | 48.15% |
| If you are a little concerned, how often do you find yourself thinking about said feature? | Maybe once in a while | 23.12% |
| | Females | 72.09% |
| | Males | 27.91% |
| | Less than 1-2 times a day but do not check in the mirror | 40.86% |
| | Females | 27.63% |
| | Males | 72.36% |
| | Less than 1-2 times a day but check in the mirror | 27.96% |
| | Females | 60.23% |
| | Males | 39.77% |
| | More than 1-2 times a day may check in the mirror | 8.06% |
| | Females | 69.23% |
| | Males | 30.77% |
| Does the said feature and the way you look cause you discomfort? | No discomfort | 22.04% |
| | Females | 34.14% |
| | Males | 65.86% |
| | A little discomfort | 56.45% |
| | Females | 58.09% |
| | Males | 41.90% |
| | Moderate discomfort but still manageable | 17.74% |
| | Females | 54.54% |
| | Males | 45.4% |
| | A lot of discomfort and has caused crying spells | 3.76% |
| | Females | 57.14% |
| | Males | 42.85% |
| | Never | 43.55% |
| | Females | 35.80% |
| | Males | 64.20% |
| | 2-12 incidents remembered | 46.77% |
| | Females | 66.67% |
| | Males | 33.33% |
| | More than two incidents remembered | 8.06% |
| | Females | 50% |
| | Males | 50% |
| | Many incidents | 1.08% |
| | Females | 50% |
| | Males | 50% |
| Has the said feature ever caused you to not attend social gatherings like birthday parties, annual functions, family gatherings etc.? | Never | 43.55% |
| | Females | 35.80% |
| | Males | 64.20% |
| | 1-2 incidents remembered | 46.77% |
| | Females | 66.67% |
| | Males | 33.33% |
| | More than two incidents remembered | 8.06% |
| | Females | 50% |
| | Males | 50% |
| | Many incidents | 1.08% |
| | Females | 100% |
| | Males | 0% |
| Has the said feature ever interfered with your schoolwork, tuition, and other everyday activities? | Never | 68.28% |
| | Females | 48.03% |
| | Males | 51.96% |
| | 2 Some days | 30.65% |
| | Females | 61.40% |
| | Males | 38.59% |
| | Don't want to go to school because of the said feature(s) | 1.08% |
| | Females | 50% |
| | Males | 50% |
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