

Occurrence of Body Dysmorphic Disorder among Undergraduate Nursing Students and their Socio-Demographic Correlates: A Cross Sectional Survey

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Abstract: *Presence of psychological and psychiatric morbidities among medical and nursing students has been reported in various studies conducted across the world. Indian scenarios amenable to these studies are very few or not reported much. Therefore, the presence of disorders which are not much interested by researchers must be put in front of light. Aim: To identify the presence of Body Dysmorphic Disorder (BDD) among undergraduate nursing students in SreeGokulam Nursing College, Trivandrum, using previously tested and validated instruments BDD-YBOCS and their socio demographic correlates. Materials and Methods: In this cross sectional survey using quantitative approach, a previously tested standardized instrument BDD-YBOCS and a socio demographic proforma was used to collect information from 195 nursing undergraduates in SreeGokulam Nursing College, Trivandrum in the year 2015. The subjects available on the day of survey were asked to complete the questionnaire after getting the informed written consent. Findings: Around 7.7 % were affected with Body dysmorphic disorder, 60% of them were distressed at some point of time due to any sort of body defects related to skin, hair and appearance. No association was found with BDD and selected socio demographic variables. Comparing to previously conducted studies in western countries this study revealed an increasing percentage of occurrences of Body dysmorphic disorder among students. BDD is a disorder that doesn't grabbed attention of researchers yet.*

Keywords: Body dysmorphic disorders, BDD-YBOCS, nursing students, Cross sectional survey

1. Introduction

Humans are visual beings, with a long history of self-adornment and attempts to change appearance to conform to social or religious ideals, to try to stand out from the crowd, or simply to look "good". Indeed, few could deny some degree of preoccupation with appearance. For some, however dissatisfaction with appearance reaches intensity that is pathologic in that. It causes significant distress or impairs functioning in vocational or social domains. This psychiatric disorder, initially termed "dysmorphia" was described by the Italian physician Morselli in the late nineteenth century has subsequently been labeled, "inter alia", "dermatologic hypochondriasis", "beauty hypochondria" and "worry about being ugly"[1].

Body dysmorphic disorder is classified as a somatoform disorder, which has three diagnostic criteria. A preoccupation with an imagined defect in appearance, if a slight physical anomaly is present, the persons concern is markedly excessive. The preoccupation causes clinically significant distress or impairment in social, occupational and other important areas of functioning. The preoccupation is not better for by another mental disorder (i.e. dissatisfaction with overall body shape and size, as in anorexia nervosa) [2].

The condition was described as a subjective feeling of ugliness coupled with shame, despite a normal appearance. Similar symptoms have been categorized under a variety of names [3]. Janet in 1903 reported cases of "l'obsession de la honte du corps" (obsession with shame of the body) [4]. Later, in 1909, Kraepelin described a "dysmorphophobic

syndrome", and urged that this syndrome be classified as a compulsive neurosis [5].

In the psychoanalytic literature, the case of the Wolf Man, who was so obsessed with his nose that he neglected all else, was described by Freud as "hypochondriacal paranoia [6].

In addition to the concerns about appearance, BDD is marked by time consuming repetitive compulsive behaviours' like spending an inappropriately large amount of time in front of mirrors, excessive grooming behaviour's, measuring or comparing the perceived defect etc., and avoiding social contacts posing for photographs and bright light [2,7]. Patients with BDD have markedly high levels of distress, are highly symptomatic and have poor well-being in the domains of depression, anxiety, somatic symptoms and anger-hostility [3].

2. Need for the Study

Nursing is a profession that requires constant social interaction. Nurses should be able to develop therapeutic interaction with patients. This would be possible only when they are confident and concerned for others and are free of dysmorphic concerns.

Studies show that dysmorphic concerns and body image dissatisfaction is increasing in the general population. BDD has been found to be more prevalent in student population when compared to community samples [9]. Since social functioning may be particularly affected in patients with BDD and since nurses have to constantly interact with others, it is important to study whether nursing students have any element of body image disturbance. Because of the

chronic nature of BDD and the early age of onset of this disorder during adolescence [10,5], it is highly likely that many nursing students develop this disorder. It is also possible that they will retain this disorder when they start their professional career. However, there have been no systematic studies on the occurrence of BDD among nursing students. So it is proposed to conduct a systematic study of the occurrence of BDD among the nursing students of selected nursing college in Trivandrum.

3. Review of Literature

A descriptive study was conducted on the prevalence of body dysmorphic disorder among university students in Adelaide, South Australia in 2007. The purpose of the study was to determine the prevalence of BDD. It also assessed the dysmorphic concern, self-esteem, depression, life satisfaction, and self-oriented and socially prescribed perfectionisms. The sample size was 970 students, but there was a refusal rate of approximately 34.1%. The tool used was the body dysmorphic disorder questionnaire, BDDQ, DCQ, RSES. The study result revealed that 62% of participants were very concerned with the appearance of parts of their body, 2.3% met the criteria for BDD [8].

4. Materials and Methods

This study was conducted in the SreeGokulam Nursing College attached to SreeGokulam Medical College and Research Foundation, Venjarammoodu, Trivandrum, Kerala, India, during July to August 2015. Nursing students (both male and female) enrolled for atleast three months prior to the study were requested for participation. The study protocols and methods were approved by institutional ethical committee.

In this cross-sectional survey, a self-administered, pre designed, pre-tested, anonymous questionnaire in English language was given to participants after obtaining a written informed consent. Informed consent was obtained from each participant ensuring the confidentiality of the data.

Tool I was the Demographic Data proforma which consists of items for obtaining baseline information from the study participants. It includes age in years, gender, religion, marital status, type of family, total family income per month in rupees, education of parents, area of living, year of the course and BMI.

Determination of Body Mass Index (BMI)

In demographic proforma provisions was made to measure and record weight and height of subjects and to calculate the Body Mass Index.

Based on the findings Body Mass Index (BMI) will becalculated as per the formula

$$\text{Body Mass Index} = \text{Weight (Kg)} / \text{Height (m}^2\text{)}$$

Tool II is a rating scale modification of BDD-YBOCS; it was a modified version of YBOCS, by Dr. Katharine A. Phillips and reliability of the tool was established in the year 1997. This tool was published in the year 1997 which

measures Body Dysmorphic Disorder. In modified rating scale of BDD-YBOCS with 14 items was used to assess symptoms of BDD based on DSM criteria. Reliability of the tool was measured by test retest method and tool is found to be reliable (r=0.936). The average score of rating scale modification of BDD-Y-BOCS, more than 2.0 are considered as the presence of BDD.

Data was analysed using SPSS v19.0 trial version. Mean and standard deviation was assessed for continuous variables. Fisher Exact test was done to determine the association between symptoms and selected demographic variables.

5. Results

The socio demographic data reveals that majority of subjects (64.6%) were in the age group of 25 and (87.7%) were females belonging to Hindu religion (53.8%). More or less than (55.4%) subjects were single and doing their Bachelor of Science in Nursing and hailing from rural background. Regarding the education of parent's majority of subject's (50.8%) father had education of post-graduation or above and (36.9%) mothers had higher secondary education. Majority of subjects (72.3) belongs to nuclear family with normal BMI (53.8%).

5.1 Estimation of occurrence of Body Dysmorphic Disorder

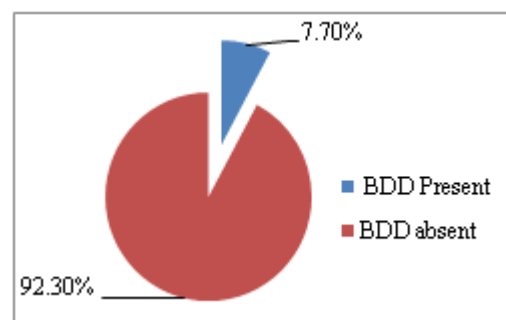


Figure 1: Pie diagram showing occurrence of Body dysmorphic disorder

Figure 1 reveals that the occurrence of BDD among nursing students is 7.7%

5.2 Degree of concern about appearance

Table 1
(n=195)

Concern	Frequency	Percentage
Not at all concerned	6	3.1
Somewhat concerned	66	33.8
Moderately concerned	108	55.4
Very concerned	3	1.5
Extremely concerned	12	6.2

Majority of subjects (55.4%) are moderately concerned about their appearance and 3.1% are not at all concerned

5.3 Area of Concern

Table 2
(n=195)

Area of concern	Frequency	Percentage
Skin	105	53.8
Hair	102	52.3
Acne	66	33.8
Teeth	18	9.2
Body size	57	29.2
Lips	6	3.1
Stomach	18	9.2
Paleness	36	18.5

Majority of subjects are concerned about skin (53.8%), hair (52.3%) and 3.1% are concerned about lips.

5.4 Time occupied by thoughts about body defects

Table 3
(n=195)

Time occupied	frequency	Percentage
Never	33	16.9
Less than 1 hour/day	147	75.4
1-3hr/day	13	7.7
Greater than 3 and upto 8 hours/day	0	0
Greater than 8 hours/day	0	0

Majority of subjects (75.4%) spend less than 1 hour per day thinking about their appearance and 7.7% took 1-3 hours per day thinking about their appearance

5.5 Distress produced because of the thoughts about body defect

Table 4
(n=195)

Distress	frequency	percentage
Not at all	48	40
Some times	147	60
Most of the times	0	0
Very disturbing	0	0
Disabling distress	0	0

Majority (60%) of subjects are sometimes distressed because of thoughts about body defect and none (0%) are very disturbed.

5.6 Association between Body Dysmorphic Disorder and selected demographic variables

Association with body dysmorphic disorder and demographic variables such as age, gender, marital status, education of father, habitat, BMI was calculated using Fisher Exact test, there was no significant association between Body Dysmorphic Disorder and the above said demographic variables.

6. Discussion

In this study the occurrence of Body dysmorphic disorder among nursing students were 7.7 % and this study findings were also supported by the study conducted in German college students 5.3%, American college students

4%, Turkish college students 4.8%, Australian university students 2.3%, American college students 2.5% and Pakistani medical college students 5.8% [11,12,13].

The symptoms of Body dysmorphic disorder are identified according to the rating of BDD Y BOCS scale. In the present study, 3.1% are not concerned of appearance of body part, which is in contradictory to the study (20.5%) in Pakistani medical student population. In Pakistani study, 56.4% were "occasionally to moderately often concern" but in present study, 33.8 % have somewhat concern and 55.4 % are "moderately concerned". In the present study the most concerned body part was skin (53.8%) which was consistent with the study conducted in Pakistan [12].

The association of Body dysmorphic disorder with selected demographic variables was analyzed by chi-square test and the hypothesis was tested at 0.05 levels. The result shows that there was no association between Body dysmorphic disorders and selected demographic variables.

The result of our study was contradictory to the findings in Australian university students [14], as it showed the association between the gender and body dysmorphic disorder. BDD is common among different population especially among student population. The present study results revealed that nursing students, being in their early adulthood, are having the symptoms of BDD. Proper management and treatment would help to reduce the BDD and will help to improve academic performance in college. Awareness programs can be conducted to make students as well as parents about this condition as well.

In conclusion considerably a lower number of nursing students are found to be affected with BDD; even though there is a need for counseling as well as remedial measures to be taken in-order to tackle and to attain a control over this morbidity.

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