

How effective are pharmacotherapy and psychotherapy for treatment of body dysmorphic disorder (BDD)?

Clinical question	How effective are pharmacotherapy and psychotherapy for treatment of body dysmorphic disorder (BDD)?
Bottom line	The trials reviewed showed symptoms became less severe after treatment with medication (fluoxetine or clomipramine) or psychotherapy (cognitive behavioural therapy [CBT]). A single placebo-controlled trial of fluoxetine showed a positive response rate of 56%, compared to 18% with placebo (NNT* 2.7). Adverse events were mild to moderate in severity, and none of the people in the active treatment groups were reported to have withdrawn from the studies because of treatment-emergent adverse events. There is preliminary evidence from one trial of CBT that the effects may persist once treatment has ended. *NNT = number needed to treat to benefit one individual.
Caveat	The review contained only 2 pharmacotherapy and 3 psychotherapy trials, and the number of participants in each trial was small (10-67). Inadequacies of reporting (and possibly trial methodology) limit the strength of the conclusions that can be drawn.
Context	Body dysmorphic disorder is a condition characterised by a distressing and disabling preoccupation with an imagined or slight defect in appearance, causing significant illness and disruption to daily functioning. Preliminary evidence from surveys indicates that approximately a quarter of patients with BDD may have attempted suicide in their lifetimes.
Cochrane Systematic Review	Ipser JC et al. Pharmacotherapy and psychotherapy for body dysmorphic disorder. Cochrane Reviews 2009, Issue 1. Article No. CD005332. DOI: 10.1002/14651858.CD005332.pub2. This review contains 5 trials involving 190 participants.
PEARLS No. 167, June 2009, written by Brian R McAvoy	

[References]

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1. Phillips KA, Diaz SF. J Nerv Ment Dis 1997;185:570-77.



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