UNDERSTANDING YOUR DIAGNOSIS

Body Dysmorphia

Also called Body Dysmorphic Disorder

You get stuck on a flaw in how you look - one others can barely see - and it takes over hours of your day.

HOW COMMON	OFTEN STARTS	TREATABLE	YOU ARE NOT ALONE
About 1 in 40 adults	Around age 16	Yes - therapy and medicine	Millions of US adults

What this is

- This is not vanity. It is a painful, treatable condition where your brain gets stuck on how one part of you looks.
- What you see in the mirror is not what other people see. Your brain zooms in on details others never notice.
- The concern is most often skin, hair, or nose, but it can be any body part, including how muscular you look.
- Cosmetic procedures almost never fix it. The worry usually moves to a new spot on your body instead.

What it can look and feel like

- You check mirrors over and over, or you avoid them completely because looking is too upsetting.
- You spend hours on grooming, makeup, hair, or clothing chosen to hide the part of you that you hate.
- You compare your face or body with other people, in person and on your phone, for much of the day.
- You ask people if you look okay, and the relief from their answer wears off within a few minutes.
- You skip school, work, dates, or photos because you cannot stand the idea of being seen up close.
- You have looked into or already had cosmetic treatments, and you were still not satisfied afterward.
- You describe yourself as ugly or deformed, and no amount of reassurance changes that feeling.

What is happening in your brain and body

- Your visual system focuses on tiny details instead of the whole face, so small things start to look huge.
- The brain circuits involved overlap with OCD, which is one reason similar treatments work for both.
- The amygdala, your brain's fear center, fires strongly when you look at pictures of your own face.
- Serotonin, a brain chemical that helps steady mood and worry, is involved, which is why SSRIs help here.
- Long mirror sessions train your brain to find more flaws. Shorter, whole-face looking retrains it back.

What can make it more likely

- It runs in families, and relatives often have OCD. Genes explain roughly **4 in 10** of the overall risk.
- Teasing or bullying about appearance, especially in childhood, raises the chance of this starting later.
- Growing up where looks were heavily praised or criticized can shape how much appearance comes to matter.
- This is not your fault and not a choice. Wanting to look okay is normal; this illness sits on top of that.

What to expect

- Left alone it tends to stick around. With treatment most people improve a lot, so this is worth treating.
- Therapy usually runs **18 to 24 weekly sessions**. Medicine can take **12 to 16 weeks** to work fully.
- Even if you are certain the flaw is real, treatment still works. Being certain does not block your recovery.
- Progress looks like less mirror time, more hours back in your day, and doing things you had stopped doing.

What helps

Treatment works. Most people get better.

Talking therapies

- **Cognitive behavioral therapy** built for this condition is the first choice. It targets mirror habits and avoiding.
- Mirror retraining teaches you to look at your whole self, plainly and briefly, instead of zooming in on one spot.
- You practice going out without your cover-ups, one step at a time, and learn the feared reaction rarely comes.
- Therapy works on the belief that your worth depends on how you look, which is where most of the pain lives.
- If you also pick your skin or pull your hair, **habit reversal** is added so those habits do not carry on.

Medicines

- **SSRI antidepressants** are the medicine of choice. They act on serotonin, a brain chemical tied to worry.
- Fluoxetine, escitalopram, and sertraline are commonly used. Your prescriber sets the right dose with you.
- This condition needs higher doses and more patience than depression. Give it **12 to 16 weeks** before judging.
- Around **half to two-thirds** of people respond well, with far less of the day lost to appearance worry.
- Keep going for at least a year after you feel better. Stopping early makes the symptoms come back.

Everyday things that help

- Set a timer for mirror checks and shrink it slowly. Going cold turkey on mirrors rarely sticks for long.
- Limit filtered selfies and appearance-focused social media. They quietly feed the comparing habit.
- Hold off on cosmetic procedures while you are in treatment. Decisions made now rarely satisfy you later.
- Sleep, regular meals, and movement steady your mood, which makes appearance worry easier to resist.
- Tell one person you trust. Secrecy is what keeps this strong and what keeps you feeling alone with it.

Get help right away if

- Call or text **988** (Suicide and Crisis Lifeline) if you are thinking about ending your life.
- Go to the nearest emergency room if you cannot keep yourself safe tonight or you have a plan.
- Call your care team before booking any surgery or procedure while you are feeling this distressed.

Questions to ask your care team

- *Do you offer CBT designed for this condition, or can you refer me to someone who does?*
- *How long should I stay on this medicine before we decide it is working?*
- *What should I do with the urge to book a cosmetic procedure?*
- *Can my family come in and learn how to answer when I ask if I look okay?*

Where this information comes from

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NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.