Aesth Plast Surg (2019) 43:1111–1114
https://doi.org/10.1007/s00266-019-01378-6

LETTER TO THE EDITOR

Body Dysmorphic Disorder: Is There an "Ideal" Strategy?

Paolo G. Morselli[1] · **Federico A. Giorgini**[1]

Received: 7 April 2019 / Accepted: 11 April 2019 / Published online: 22 April 2019
© Springer Science+Business Media, LLC, part of Springer Nature and International Society of Aesthetic Plastic Surgery 2019

Level of Evidence V This journal requires that authors assign a level of evidence to each article. For a full description of these Evidence-Based Medicine ratings, please refer to the Table of Contents or the online Instructions to Authors www.springer.com/00266.

Dear Editor,

We read with interest the recently published article authored by Tatiana Dalpasquale Ramos et al. "High Prevalence of Body Dysmorphic Disorder and Moderate to Severe Appearance-Related Obsessive–Compulsive Symptoms Among Rhinoplasty Candidates" (Aesthetic Plastic Surgery 2019 Jan 3. https://doi.org/10.1007/s00266-018-1300-1) describing the prevalence of BDD among patients seeking rhinoplasty and the use of the Body Dysmorphic Symptoms Scale (BDSS) as a simple and reliable screening tool for detecting them. We are glad to congratulate the authors for conducting such thorough and rigorous research for this challenging scenario.

Patient satisfaction is the priority for surgeons performing rhinoplasty: is there an ideal strategy in order to avoid disappointed patients?

The first issue that we have to deal with is the choice of the proper indicator of satisfaction. According to Domansky and Cavale [1], aesthetic surgeons should be aware that satisfaction scores reported in the literature might not correlate with commonly achieved results, while the views of aesthetic procedures patients expressed in social media provide unique insight into patient satisfaction.

✉ Federico A. Giorgini
Federico.giorgini3@gmail.com

[1] Alma Mater Studiorum - University of Bologna, Policlinico di Sant'Orsola, Bologna, Italy

Patient dissatisfaction after technically satisfactory surgery is an old but still current topic. Macgregor [2] stated that "Like architects who go on building buildings that have no relation to the people who live in them, some surgeons, in their zeal to achieve anatomic perfection, go on building noses and faces that may bear no relationship to the persons who must live with them."

Thirty-seven years later, Tanna et al. [3] in their in-depth and comprehensive review identified poor patient selection and management of expectation as a main cause of patient dissatisfaction.

Constantian and Lin [4] found a close correlation between disappointment after a correctly performed rhinoplasty and history of abuse or neglect and body dysmorphic disorder, pinpointing again the importance of proper patient selection.

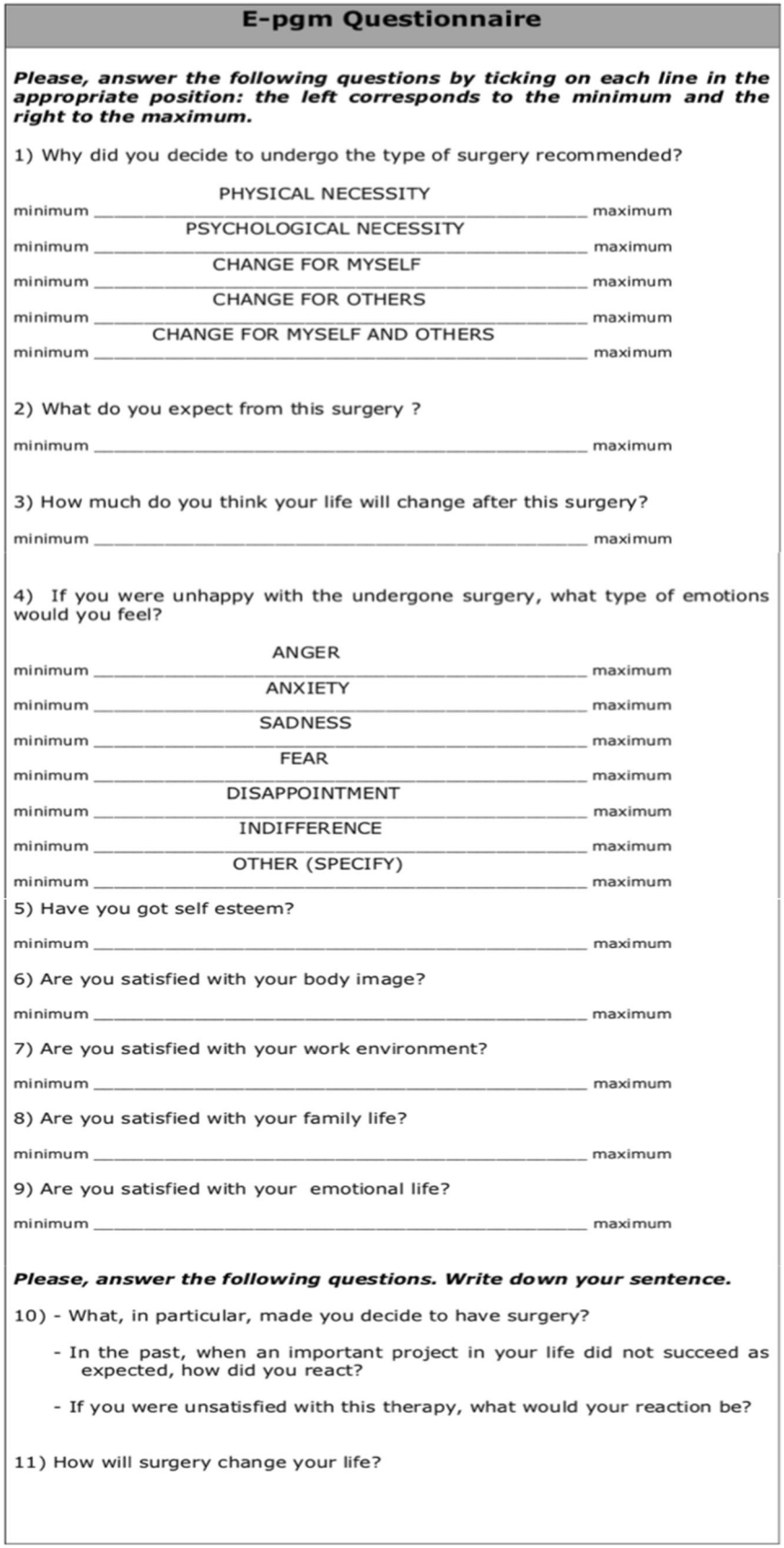
The path which leads to patient satisfaction is composed of four milestones: patient evaluation and selection, surgeon–patient relationship [5], expectation management and informed consent. Proper patient selection demands a wide and deep evaluation, because the most challenging psychological aspects can not be perceived through superficial observation. It is a surgeon's duty to investigate the deep motivations that bring the patient to seek surgery.

In fact, in plastic surgery, improving the patient–medical relationship by understanding the patient's emotions and expectations leads to better therapeutic strategy, which may also include non-suitability for surgery.

In-depth study of the patient is important because no plastic surgery operation is limited to restoring function to a part of the body, but always acts on an introspective subjective plane.

Eumorphics plastic surgery(8) is defined as "the plastic surgery that operates transformations getting good form of the body and good form of the mind. It is a surgery that has

Fig. 1 E-pgm questionnaire



E-pgm Questionnaire

Please, answer the following questions by ticking on each line in the appropriate position: the left corresponds to the minimum and the right to the maximum.

1) Why did you decide to undergo the type of surgery recommended?

PHYSICAL NECESSITY
minimum _____ maximum

PSYCHOLOGICAL NECESSITY
minimum _____ maximum

CHANGE FOR MYSELF
minimum _____ maximum

CHANGE FOR OTHERS
minimum _____ maximum

CHANGE FOR MYSELF AND OTHERS
minimum _____ maximum

2) What do you expect from this surgery ?

minimum _____ maximum

3) How much do you think your life will change after this surgery?

minimum _____ maximum

4) If you were unhappy with the undergone surgery, what type of emotions would you feel?

ANGER
minimum _____ maximum

ANXIETY
minimum _____ maximum

SADNESS
minimum _____ maximum

FEAR
minimum _____ maximum

DISAPPOINTMENT
minimum _____ maximum

INDIFFERENCE
minimum _____ maximum

OTHER (SPECIFY)
minimum _____ maximum

5) Have you got self esteem?

minimum _____ maximum

6) Are you satisfied with your body image?

minimum _____ maximum

7) Are you satisfied with your work environment?

minimum _____ maximum

8) Are you satisfied with your family life?

minimum _____ maximum

9) Are you satisfied with your emotional life?

minimum _____ maximum

Please, answer the following questions. Write down your sentence.

10) - What, in particular, made you decide to have surgery?

- In the past, when an important project in your life did not succeed as expected, how did you react?

- If you were unsatisfied with this therapy, what would your reaction be?

11) How will surgery change your life?

Fig. 2 S-pgm questionnaire

Satisfaction-pgm Questionnaire

Please, answer the following questions by ticking on each line in the appropriate position: the left corresponds to the minimum and the right to the maximum.

1) Have your expectations relating to the **motivation** for surgery been satisfied?

minimum _____ maximum

2) Have your expectations relating to the **surgical outcome** been satisfied?

minimum _____ maximum

3) Has your life changed after surgery?

minimum _____ maximum

4) In case you have been dissatisfied with the surgical outcome, what emotions do you feel?

ANGER
minimum _____ maximum

ANXIETY
minimum _____ maximum

SADNESS
minimum _____ maximum

FEAR
minimum _____ maximum

DISAPPOINTMENT
minimum _____ maximum

INDIFFERENCE
minimum _____ maximum

OTHER (SPECIFY)
minimum _____ maximum

5) Have you got self esteem?

minimum _____ maximum

6) Are you satisfied with your body image?

minimum _____ maximum

7) Are you satisfied with your work environment?

minimum _____ maximum

8) Are you satisfied with your family life?

minimum _____ maximum

9) Are you satisfied with your emotional life?

minimum _____ maximum

10) Have you been satisfied with the outcome of surgery and the relationship created with the surgeon?

minimum _____ maximum

Please, answer the following questions. Write down your sentence.

11) How did surgery change your life?

psychotherapeutic and psychosomatic abilities entering the deep person."

Moreover, without an adequate patient–medical relationship, a pathological condition known as "Body Dysmorphic Disorder" may arise, which is one of the most common psychosomatic dysmorphopathology conditions in plastic surgery and one of the most complexes to identify.

When surgeons operate on patients affected by body dysmorphic disorder, as a medical doctor, they have the responsibility for the patient's health and have the duty to identify BDD patients and not operate on them [6], even if, according to some authors [7], body dysmorphic disorder should not be considered an exclusion criterion for cosmetic surgery. The key point is to properly identify what BBD includes and represents [8].

To properly understand and evaluate patients' expectations, we developed a survey Expectation-pgm (pgm-E) focused on the patient's most relevant psychological aspect (Fig. 1). Our questionnaire takes only a few minutes to be filled in and can be useful for every surgeon.

The pgm-E is born of the need to have a quick and effective method for assessing patient expectations and reasons for wanting to undergo surgery [9].

It is divided into two parts: a first one consisting of questions on a VAS scale inquiring into the patient's motivation for undergoing surgery, his/her feelings about possible failure of the surgery and his/her current satisfaction with body image, emotional and family life.

The second part of the questionnaire presents open questions, which are very similar and complementary to the questions already posed in the first part for content and aspects investigated, but this time allowing the patient to express him/herself freely and not only on a set scale of values.

Once the doctor has read the Pgm-questionnaire, (s)he meets the patient and proceeds with the examination and clinical interview based on Shared Decision Making. The informed consent form to be signed is then given to the patient.

The questionnaire Satisfaction-pgm (pgm-S) is submitted to the patient after the surgery, to complete the psychological overview (Fig. 2).

This tool was initially conceived for rhinoplasty candidates, but after some updates, it is applicable to any patient seeking aesthetic procedures.

Last but not least, the informed consent should not be seen as a piece of paper to sign, but rather as a great opportunity to build a better medical doctor–patient relationship.

Compliance with Ethical Standards

Conflict of interest The authors declare that they have no conflicts of interest to disclose.The authors declare that they have no conflicts of interest to disclose.

Human and Animal Rights This article does not contain any studies with human participants or animals performed by any of the authors.

Informed Consent For this type of study informed consent is not required.

References

1. Domanski MC, Cavale N (2012) Self-reported, "worth it" rating of aesthetic surgery in social media. Aesthetic Plast Surg 36(6):1292–1295
2. Macgregor FC (1981) Patient dissatisfaction with results of technically satisfactory surgery. Aesthetic Plast Surg 5(1):27–32
3. Tanna N, Nguyen KT, Ghavami A, Calvert JW, Guyuron B, Rohrich RJ, Gruber RP (2018) Evidence-based medicine: current practices in rhinoplasty. Plast Reconstr Surg 141(1):137e–151e
4. Constantian MB, Lin CP (2014) Why some patients are unhappy: part 1. Relationship of preoperative nasal deformity to number of operations and a history of abuse or neglect. Plast Reconstr Surg 134(4):823–835
5. Morselli PG (2003) Plastic surgery and psychomorphology: a new tool for improving communication between physician and dysmorphopathic patient and for perfecting appropriate patient selection. Aesthetic Plast Surg 27(6):485–492
6. Morselli PG, Boriani F (2012) Should plastic surgeons operate on patients diagnosed with body dysmorphic disorders? Plast Reconstr Surg 130(4):620e–622e
7. de Brito MJ, de Almeida-Arruda-Felix G, Nahas FX, Tavares H, Cordás TA, Dini GM, Ferreira LM (2015) Body dysmorphic disorder should not be considered an exclusion criterion for cosmetic surgery. J Plast Reconstr Aesthet Surg 68(2):270–272
8. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), published by the American Psychiatric Association (APA)
9. Morselli PG, Micai A, Boriani F (2016) Eumorphic plastic surgery: expectation versus satisfaction in body dysmorphic disorder. Aesthetic Plast Surg 40(4):592–601

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.