

A Self-Test for BDD

The BDD Questionnaire (BDDQ) [2] is a “self-test” that an individual fills out him/herself. Only a trained mental health professional can diagnose BDD, but this test may serve as a helpful guide for whether you should seek help. You may consider bringing your responses on this test with you to your visit with a therapist or psychiatrist to discuss the results and what they mean.
BDD Questionnaire (BDDQ)

This questionnaire assesses concerns about physical appearance. Please read each question carefully and select the answer that best describes your experience.

1. Are you worried about how you look? Examples of areas of concern include: your skin (for example, acne, scars, wrinkles, paleness, redness); hair; the shape or size of your nose, mouth, jaw, lips, stomach, hips, etc.; or defects of your hands, genitals, breasts, or any other body part.

Yes / No

2. If yes: Do you think about your appearance problems a lot and wish you could think about them less? Yes / No

NOTE: If you answered “No” to either of the above questions, you are finished with this questionnaire. Otherwise continue.

2. Is your main concern with how you look that you aren’t thin enough or that you might get too fat? Yes / No

3. How has this problem with how you look affected your life?

- Has it often upset you a lot? Yes / No
- Has it often gotten in the way of doing things with friends, dating, your relationships with people, or your social activities? Yes / No
- Has it caused you any problems with school, work, or other activities? Yes / No
- Are there things you avoid because of how you look? Yes / No

4. On an average day, how much time do you usually spend thinking about how you look? (Add up all the time you spend in total in a day)

- a. Less than 1 hour a day
- b. 1-3 hours a day
- c. More than 3 hours a day

You’re likely to have BDD if you give the following answers on the BDDQ:

- Question 1: Yes to both parts
- Question 3: Yes to any of the questions
- Question 4: Answer b or c

By Katharine Phillips, MD

**Listing for Surgery
Patient Discussion Checklist
(Tick if done)**

Patient ID

Date:

Body Dysmorphia: BDDQ Completed?
BDDQ Passed & Safe for Surgery?

Confirmation of discussion with patient about the following:

1. Problem:

2. Anatomical concepts discussed with patient:

Uppers

- Primary Upper Lid dermatochalasis due to elongation of lid fold due to loss of elasticity
- Secondary Dermatochalasis due to brow ptosis
- Skin crease configuration anatomy
- Skin crease asymmetry due to levator aponeurosis dehiscence causing high skin crease
- Skin Crease dehiscence and anterior lamellar descent causing apparent low skin crease
- Aponeurotic Ptosis
- Hering's Law and contralateral consecutive ptosis risks
- Fat herniation through weakened septum
- Superior sulcus deformities due to overaction of levator muscle in the presence of levator aponeurosis dehiscence causing retraction of septum and fat pads- ptosis surgery may result in anterior restoration of structures and therefore dermatochalasis- hence blepharoplasty recommended

Preexisting superior sulcus deformity hidden by dermatochalasis- therefore need to undercorrect as may unmask superior sulcus deformity leading to skeletal / hollow upper eyelid appearance

Lowers

- Fat herniation through weakened septum
- Horizontal laxity requiring tightening to prevent retraction/ ectropion
- Orbicularis laxity requiring orbicularis suspension

3. Other problems of note discussed with patient

Brow Instability / ptosis? - Specify:

LASIK/ Dry Eye?

Discussed with patient need to undercorrect upper eyelids?

Discussed with patient risk of unmasking and making dry worse even if no closure problems

Preexisting asymmetry. Specify e.g. superior sulcus deformity?

4. Alternate Treatment Options Discussed

Treatment Discussed	Risks/ Problems Discussed
Do Nothing? <input type="checkbox"/>	Safest Option. <input type="checkbox"/>
Uppers:	
Botox to depressors/ chemical brow lift? <input type="checkbox"/>	Needs repeating <input type="checkbox"/> Limited efficacy. <input type="checkbox"/> Temporary Double vision risk <input type="checkbox"/> Temporary Upper lid ptosis risk. <input type="checkbox"/> Worse brow ptosis risk. <input type="checkbox"/>
Fillers to temporal fossae/ non surgical filler brow lift? <input type="checkbox"/>	Needs repeating <input type="checkbox"/> Limited efficacy. <input type="checkbox"/>
Pretarsal Eyelid Tape? <input type="checkbox"/>	
Ptosis Props/ Lundi Loops? <input type="checkbox"/>	
Lowers:	
Skin resurfacing e.g. Plexr/ CO2? <input type="checkbox"/>	Recommended seeing a practitioner who offers this as I have limited experience e.g. Sabrina <input type="checkbox"/>
Tear Trough Fillers <input type="checkbox"/>	Good for tear trough deformity only <input type="checkbox"/> Needs repeating. <input type="checkbox"/> Potential vision loss <input type="checkbox"/>

5. Surgical Options Discussed with Patient

Upper Blepharoplasty?

Anterior approach ptosis correction

Anterior approach subciliary lower blepharoplasty?

Posterior approach transconjunctival lower blepharoplasty

Brow lifting/ Stabilisation?

If yes: brow lift techniques discussed

Technique Discussed	Risks
Direct Brow Lift <input type="checkbox"/>	Prominent cosmetically poor scarring <input type="checkbox"/> Facial Nerve Palsy. <input type="checkbox"/>
Endoscopic brow lifting <input type="checkbox"/>	DC unable to offer- recommended seeing a plastic surgeon <input type="checkbox"/>
Endotine Transblepharoplasty brow lifting. <input type="checkbox"/>	Prominence of implant and discomfort <input type="checkbox"/> Infection and possible need for implant removal <input type="checkbox"/> Possibly short lived effect of 5-7 years average. <input type="checkbox"/>
Internal Browpexy <input type="checkbox"/>	Only effective for small amount of brow instability or lift. <input type="checkbox"/>

Other Operations discussed with patient?

Specify:

6. Previous example cases discussed? Specify

7. Proposed Surgical Plan Details

8. Surgical Risks Discussed

Vision Loss	<input type="checkbox"/>	Diplopia	<input type="checkbox"/>
Poor Cosmetic Outcome	<input type="checkbox"/>	Worse Ptosis	<input type="checkbox"/>
Permanent Dry Eye	<input type="checkbox"/>	Temporary Dry Eye	<input type="checkbox"/>
Permanent asymmetry of lid height, lid fold, lid appearance, lid contour	<input type="checkbox"/>	Hypertrophic cosmetically poor scarring	<input type="checkbox"/>
Overcorrection/ Undercorrection	<input type="checkbox"/>	New surgically created skin creases forming too strongly or not strongly enough	<input type="checkbox"/>
Wound Infection	<input type="checkbox"/>	Need to stay out of contact lenses	<input type="checkbox"/>
Aim to take 2 weeks off from work and social commitments but may potentially be much longer	<input type="checkbox"/>	Possible need for further surgery e.g. brow lift surgery or treatments e.g. fillers Specify:	<input type="checkbox"/>
Recurrence/ Failure/ Non permanence	<input type="checkbox"/>	Multiple Skin Creases	<input type="checkbox"/>
Previous Example Cases Discussed	<input type="checkbox"/>	Consecutive contralateral ptosis	<input type="checkbox"/>
Eyelid Ectropion/ Retraction	<input type="checkbox"/>	Trichiasis/ Ingrowing Lashes	<input type="checkbox"/>

Other Specific risks discussed:- Specify:

STATEMENT OF PATIENT

I can confirm that Mr Cheung did discuss with me the ticked items as above

Signature

Print Name

Date

9. Quoted Costs and Possible Dates for Surgery

Westbourne:

BMI:

Signature and Date of DC

10. Paper consent completed?

11. Paper handouts received by patient:

Readme
Blepharoplasty PreOp
Blepharoplasty PostOp
Ptosis
Oriental Blepharoplasty
MGD and Chalazia
Tear trough filler

Entropion
Ectropion

10. Explicit consent email sent to patient and responded to?

Signature and Date of DC

10. Further Notes