Plastic Surgery: Review on Screening of Psychiatric Disorder

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ABSTRACT

Recently the popularity of plastic surgical procedure has been increased. Many people surgically alter their physical appearance with the intent of boosting their social and psychological well-being; however, the long-term effectiveness of aesthetic surgery on improving well-being is unconfirmed. To have successful cosmetic plastic surgery result, it is imperative to assess candidates for predictors of poor outcomes. These include the following factors: psychiatric disorder, demographic factors (male and younger age), relationship issues, unrealistic expectations, previous dissatisfied surgery, and minimal deformity. For psychiatric patients, despite having technically satisfactory cosmetic surgery, poor emotional adjustment and social functioning were seen post procedure. Proper screening and evaluation of these patients could save money and resources. In this brief review we discuss about psychiatric disorder screen on plastic surgery to prevent unwanted outcome. A literature review was conducted in the electronic database PubMed using keyword “Psychiatric Disorder”, “Plastic surgery”, “Prevention” and “Screening”. All type of studies were included for this study, such as controlled trials, systematic reviews, literature reviews, and pilot studies published between 2011 and 2021. Articles which not written in English were excluded from the study. This search resulted in 18 papers. Some patient who undergo cosmetic surgery suffer from underdiagnosed or untreated psychiatric disorder. To avoid unnecessary expense and resource it is advisable that all patient who seek cosmetic procedure undergo psychiatric screen such as PHQ-9, GAD-7, BDDQ and other test to avoid un-necessary expense and resource.

Introduction

The popularity of surgical and non-surgical cosmetic procedure continues to grow in popularity. Its popularity also grows in some developing countries such as Brazil, Russia, India, China and also Indonesia. This phenomenon happen were the Western world’s interest in the global marker, which led to its influence to third world country, a new trend of hyper-consumerism and the dominance of youth culture which focused on achieving modernity.

In 2011 the American Society for Aesthetic Plastic Surgery (ASAPS) noted more than 9 million surgical and non surgical procedure performed in the United State. This number were 197% increased since 1997. This increase were influenced by social acceptance of plastic surgery procedure and media coverage that show an excellent result to the public. Some advantage and motive to pursue astethic plastic surgery including to improve self confidence, self-esteem, and social interaction. Successful procedure with a clinically satisfactory outcome were shown in the most of patient. However a small group of patient were not satisfied and resulting some psychiatric disorder.

Psychiatric disorder can be found pre-existing in person who seek for plastic surgery or as an impact of unsatisfied result. Some research indicating that
many patients who seek for cosmetic procedure meet the criteria for body dysmorphic disorder, narcissistic personality disorder, or histrionic personality disorder. Those who undergo a cosmetic procedure and remain dissatisfied despite a clinically satisfactory outcome may pursue additional aesthetic procedures and are at risk of experiencing further psychiatric symptoms, including depression, anxiety, social isolation, and self-destructive behavior. By treating these patients, the cosmetic surgeon is at risk of negatively affecting the patient. In addition, the surgeon assumes the risk of possible legal action because of a miscommunication regarding expectations for the outcome.

The use of a preoperative assessment tool to identify patients with underlying psychiatric issues, inappropriate motivations, or unrealistic expectations, as well as to provide reason for psychological referral, may be helpful to avoid such situations. Such a tool would not replace formal in-depth assessment but would alert the medical team of the need for further evaluation and possible psychological consultation. In this review, we discuss about the measure to screen and prevent psychological disorder in plastic surgery patient.

**Method**

The researcher searched for all studies published between 1st January 2011 and 1st August 2021, using the following database: PubMed. The following keywords were applied in the database during the literature search: “Plastic Surgery” AND “Psychological Disorder” AND “Screening” OR “Prevention”. The research was limited to studies published in the English language. Additional studies were identified through a manual search of the bibliographic references of the relevant articles and existing reviews. The inclusion criteria were as follows: studies were published in English; elective plastic surgery; studies that included health (physical or psychological) or social outcomes of plastic procedure in the results; studies about screening method of psychological disorder in plastic surgery. The exclusion criteria were as follows: studies that included trauma patient. Two hundred and eighty eight articles were identified. Abstracts were reviewed by researcher and 234 did not meet inclusion criteria and were eliminated. The researcher then reviewed full text of the remaining 54 articles, and reference sections of these articles were cross-checked for additional material. After full-text review, an additional 36 articles did not meet inclusion criteria. A total of 18 articles were identified that met inclusion and exclusion criteria.

**Result**

The demographic data for the total and subset patient populations and the subset of patients with BDD. The cosmetic and reconstructive surgery populations were similar in all measured demographic domains except for sex, with more women than men seeking cosmetic procedures. Compared with the total patient population, the patients with BDD were younger and more likely to be single or divorced. Parity by sex was found in the BDD population, with the ratio of women to men reflecting that of the total patient population; this is consistent with the literature finding that BDD affects men and women with equal frequency.
Overall, most patients were women, Caucasian, single, or divorced, with secondary education. The distribution of some characteristics of the participants according to the type of procedure requested. For patients in the three groups, the most common previous plastic surgery procedures, in descending order, were blepharoplasty, mammaplasty (including breast reduction, augmentation, and mastopexy), rhinoplasty, mini-facelift, abdominoplasty, liposuction, face lift, and otoplasty. Patients in the rhytidectomy group had undergone more plastic surgery procedures of the face, such as blepharoplasty, and fewer other plastic surgery procedures than those in the rhinoplasty and abdominoplasty groups.

<table>
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<th>Author</th>
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Table 1: Characteristics of 2 universal screening

Discussion

Cosmetic procedures for the enhancement of physical appearance are increased to be popular. However, as many as half of patients who seek elective cosmetic surgery may have important psychiatric health issues. To achieve the goal of cosmetic treatments, it is necessary to preidentify patients with psychological issues and those with inappropriate expectations and/or motivations for surgery, because many patients are at risk of experiencing increased psychological distress related to their appearance, regardless of the outcome of cosmetic procedures.

Body dysmorphic disorder is underdetected in patients presenting for cosmetic surgery, and patients with BDD are highly likely to seek cosmetic surgery. Valid and useful screening and diagnostic instruments for BDD are available. We found a simple screening questionnaire (BDDQ) followed by administration of the BDD SCID for the fraction of patients with a BDDQ-positive screen result to be useful tools to identify these patients, and we also found that administration of these instruments is feasible in a busy
practice.

Health-care professionals providing cosmetic procedures to the public are challenged to “first, do no harm” and give informed consent to the patients about procedure before. The evidence assessed in this SREA suggests that some patients may be more at risk of harm than others, but that more research is needed to confirm this. The findings from this review support previous work which suggested that preoperative screening for psychosocial and psychological risks be routinely undertaken. This review’s findings also highlight the ways in which informed consent in cosmetic surgery is important, i.e., for reasons of shared decision-making, which presumably should lead to higher patient satisfaction, reduced litigation risk, and meet professional standards.

Conclusion

This literature review provides an update of published literature on psychiatric screening in plastic surgery. There was variable psychiatric screening prior plastic procedure. Some adaptational screening method will help if there’s no proper guideline in the country. This measure will help underdiagnosed psychiatric patient and also the doctor to avoid unnecessary expense and procedure.

References