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## Screening of Psychiatric Disorder on Plastic Surgery Patients

Angeline Fenisenda<sup>1\*</sup>

<sup>1</sup>Department of General Surgery, Faculty of Medicine, Universitas Sriwijaya/Dr. Mohammad Hoesin General Hospital, Palembang, Indonesia

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#### \*Corresponding author:

Angeline Fenisenda

#### E-mail address:

[angeline.fenisenda@gmail.com](mailto:angeline.fenisenda@gmail.com)

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### ABSTRACT

Psychiatric disorders can be found pre-existing in people who seek plastic surgery or due to unsatisfied results. This literature review aimed to describe the screening of psychiatric disorders in plastic surgery patients. Using a preoperative assessment tool to identify patients with underlying psychiatric issues, inappropriate motivations, or unrealistic expectations, as well as to provide a reason for psychological referral, may help avoid such situations. Such a tool would not replace formal in-depth assessment but would alert the medical team of needing further evaluation and possible psychological consultation. Body dysmorphic disorder (BDD) is under-detected in patients presenting for cosmetic surgery, and patients with BDD are highly likely to seek cosmetic surgery. Valid and valuable screening and diagnostic instruments for BDD are available. A simple screening questionnaire (BDDQ) should be used, followed by administration of the BDD SCID for a fraction of patients with a BDDQ-positive screen result to be valuable tools to identify these patients. In conclusion, there was variable psychiatric screenings prior plastic procedure. Some adaptational screening methods will help if there is no proper guideline in the country.

## 1. Introduction

Psychiatric disorders can be found pre-existing in people who seek plastic surgery or due to unsatisfied results.<sup>1</sup> Some research indicates that many patients who seek cosmetic procedures meet the criteria for body dysmorphic disorder, narcissistic personality disorder, or histrionic personality disorder.<sup>2-4</sup> Those who undergo a cosmetic procedure and remain dissatisfied although a clinically satisfactory outcome, may pursue additional aesthetic procedures and risk 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. Using a preoperative assessment tool to identify patients with

underlying psychiatric issues, inappropriate motivations, or unrealistic expectations, as well as to provide a reason for psychological referral, may help avoid such situations.<sup>5,6</sup> Such a tool would not replace formal in-depth assessment but would alert the medical team of needing further evaluation and possible psychological consultation.<sup>7</sup> This literature review aimed to describe the screening of psychiatric disorders in plastic surgery patients.

### Plastic surgery and psychiatric comorbidities

The popularity of surgical and nonsurgical cosmetic procedures continues to grow in popularity. Its popularity also grows in some developing countries such as Brazil, Russia, India, China, and Indonesia. This phenomenon happened was the Western world's interest in the global market, which led to its influence on third-world countries, a new trend of hyper-

consumerism, and the dominance of youth culture, which focused on achieving modernity.<sup>8</sup>

In 2011 the American Society for Aesthetic Plastic Surgery (ASAPS) noted more than 9 million surgical and nonsurgical procedures in the United States. This number was a 197% increase since 1997. This increase was influenced by social acceptance of plastic surgery procedures and media coverage that showed an excellent result to the public. Some advantages and motives to pursue aesthetic plastic surgery include improving self-confidence, self-esteem, and social interaction. Successful procedures with clinically satisfactory outcomes were shown in most patients. However, a small group of the patients was unsatisfied, resulting in some psychiatric disorders.<sup>9,10</sup>

### **Screening of psychiatric disorders in preoperative patients**

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 crucial psychiatric health issues. It is necessary to identify patients with psychological issues and those with inappropriate expectations and 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.<sup>11</sup>

Body dysmorphic disorder is under-detected in patients presenting for cosmetic surgery, and patients with BDD are highly likely to seek cosmetic surgery. Valid and valuable screening and diagnostic instruments for BDD are available. A simple screening questionnaire (BDDQ) should be used, followed by administration of the BDD SCID for a fraction of patients with a BDDQ-positive screen result to be valuable tools to identify these patients. The administration of these instruments is feasible in a busy practice.<sup>3,12</sup>

Healthcare professionals providing cosmetic procedures to the public are challenged to “first, do no harm” and give informed consent to the patients about

the procedure before. The evidence assessed in this SREA suggests that some patients may be more at risk of harm than others, but more research is needed to confirm this.<sup>13</sup> 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 how informed consent in cosmetic surgery is essential, i.e., for shared decision-making, which presumably should lead to higher patient satisfaction, reduced litigation risk, and meet professional standards.

## **2. Conclusion**

There was variable psychiatric screenings prior plastic procedure. Some adaptational screening methods will help if there are no proper guidelines in the country. This measure will help underdiagnosed psychiatric patients and also help the doctor avoid unnecessary expenses and procedures.

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