



Obsessive-Compulsive Disorder (OCD)  
and Body Dysmorphic Disorder (BDD)

**O**bsessive-Compulsive Disorder (OCD) and Body Dysmorphic Disorder (BDD) are both anxiety related disorders that revolve around intrusive thoughts and compulsive behaviours. Due to their similarities we will discuss these two disorders together. Unfortunately, media representation has often led to a distortion in what people believe these disorders to be and as such we will attempt to correct these mistaken views.

If you are currently suffering with one of these disorders then it is important to remember that you are not alone. Research has shown that OCD and BDD are fairly commonly occurring disorders and more importantly, the treatments for these disorders do work! We do understand that these disorders are often concealed by the sufferer, which also impedes estimates of prevalence, but we implore anybody who is suffering to seek help as soon as possible.

## What is OCD and what is not OCD?

It is important to remember that OCD is not a positive in a person's life. There are numerous instances in media where a person benefits from having what is referred to as OCD. However, in reality OCD is a debilitating disorder. Any sufferer of OCD will tell you that their life would be better without OCD. OCD is also not all about turning on light switches and cleaning excessively. Whilst these are some commonly seen compulsions, there is a great deal more complexity in what is seen in OCD presentations and as such we should be mindful not to reduce OCD to media stereotypes.



Obsessive-Compulsive Disorder (OCD) is an anxiety related disorder that involves the presence of obsessions and/or compulsions. Obsessions are frequent thoughts or images that cause a great deal of distress to the sufferer. Some common obsessions include fear of contamination and fear of having caused harm. Compulsions are actions that a sufferer completes in response to the obsessions, in order to reduce the likelihood of harm occurring. Some common compulsions include checking and ritualising. Unfortunately these compulsions perpetuate the symptoms of OCD by causing the sufferer to believe that, if they do not complete the compulsions then the obsessive thoughts will become reality and thus they will cause harm to themselves or others. The clinical features of OCD have been found to be consistent in both Western and Non-Western cultures, although in some cultures, religious beliefs can impact the content of the obsessions or compulsions.

## How common is OCD worldwide?

There has been a great deal of research worldwide into the prevalence of OCD. Unfortunately, as OCD is quite a secretive condition it is generally agreed that these prevalence estimates are under-representative of the true burden of OCD worldwide. Estimates vary from country to country but we can be confident in saying that approximately 1-3% of the global population will be affected by OCD during their lifetimes. Below is a short table that summarises some OCD estimates from around the globe. We acknowledge that there are limitations to some of the studies used, including the use of student samples and smaller sample sizes. However this table gives you an idea of the scale of the problem that OCD is causing worldwide. Where specified we have broken the numbers down into lifetime prevalence and 12 month prevalence, (which is the number of people who are thought to experience OCD in a year).

| Country          | Lifetime Prevalence | 12-Month Prevalence |
|------------------|---------------------|---------------------|
| Japan            | 1.7%                | -                   |
| China (Mainland) | 3.17%               | -                   |
| South Korea      | 2.14-2.29%          | 1.1%                |
| USA              | 2.0-3.0%            | 1.0-1.2%            |
| New Zealand      | 2.0-3.0%            | 0.6-1.8%            |
| India            | 0.6-2.0%            | -                   |
| Pakistan         | 3.0%                | -                   |
| Iran             | 1.8%                | -                   |
| Australia        | 3.0%                | 2.0%                |
| UK               | 1.2-2.0%            | -                   |
| South Africa     | 1.0-3.3%            | -                   |

These percentages paint a picture of OCD as a global problem that transcends cultural boundaries. However, percentages can sometimes be hard to visualise. To put these in to some perspective, it is estimated that over 740,000 people in the UK are currently living with OCD, with estimates suggesting half meet diagnostic criteria of severe OCD. In the USA the number of OCD sufferers reaches a staggering 5-7 million people! Unfortunately, estimates suggest that only half of these people are receiving treatment and it takes the average OCD sufferer ten years to seek help.

It is important to remember that if you come from a country with a lower prevalence percentage, this is not a bad reflection on you as a person. As we have said, OCD is a very secretive illness and as such, estimates in your region are likely to be higher. Regardless of how common OCD is in your region we implore you to seek treatment as soon as possible.

## How is OCD treated?

There is a great deal of evidence and consensus in the field of OCD that Cognitive Behavioural Therapy (CBT) with Exposure-Response Prevention (ERP) is the ideal form of therapy for dealing with OCD. This treatment involves exposure to situations that increase OCD anxiety without the use of compulsions or 'safety behaviours'. Exposure is conducted gradually over time and this is shown to lead to a depletion in OCD symptoms due to gradually decreasing levels of anxiety with each exposure. The cognitive aspect of CBT looks at identifying alternative ways to deal with the anxiety instead of using compulsions. There are also suitable medications to use independently, or in conjunction with therapy, and these fall into the Selective Serotonin Reuptake Inhibitor (SSRI) category of medication. Some commonly used drug treatments are Sertraline, Fluoxetine and Citalopram.



## The problem with co-occurring depression

As with many psychological conditions, there is a problem with comorbidity. Comorbidity is the term used when a person is suffering from more than one mental health problem. Whilst those with OCD are susceptible to other anxiety related disorders, they are exceptionally vulnerable to depression. In fact, depression is so commonly occurring amongst anxiety disorders, there are suggestions to make anxiety occurring with depression its own diagnosis. Studies have found that the prevalence of co-morbid depression can range from 17% to 33%; seen in Indian and American studies respectively. When looking at anxiety disorders as a whole it is thought comorbidity raises to between 50% and 60%, seen in American and British studies respectively. It is not surprising that depression is a problem in conditions as debilitating as OCD, as it is only natural to be negatively affected by the limitations OCD and anxiety can put onto your life. What is important to remember is that both OCD and depression are highly treatable conditions. In fact, improvements in your OCD symptoms are likely to reduce the depression you are feeling. If you are suffering from OCD and also believe you are suffering from depression then it is important to raise this issue with your clinician.



## What is BDD and what is not BDD?

BDD is often mistaken as vanity, as in many instances, a person suffering from BDD will spend extended time focused on their features. However, this is the opposite of the truth. People who are vain are focused on the idea that they are good looking and want to have attention for this. Those suffering from BDD do not feel this way, they are disgusted by a feature of their appearance and spend a great deal of energy trying to conceal this perceived issue from those around them. They do not want attention for their appearance.

BDD is a body image problem that relates to a preoccupation with perceived deficits in one's appearance.

BDD is a body image problem that relates to a preoccupation with perceived deficits in one's appearance. Whilst this perceived deficit may not be noticeable to others, the sufferer experiences extreme distress and anxiety due to the perceived deficit. BDD can occur in relation to any body part and commonly is associated with facial features and genitals. Certain manifestations may occur more frequently due to cultural

differences, but the clinical aspects of the disorder are the same across cultures. People with BDD will often check their appearance regularly by touch and in reflective surfaces. They will also avoid social situations in fear of being judged on their appearance and may resort to covering their perceived deficit when in public. BDD can often result in sufferers pursuing cosmetic surgery but due to the nature of the illness this does not relieve symptoms.

## How common is BDD worldwide?

Estimates for BDD globally are not always clear due to the secretive nature of BDD, as well as problems with misdiagnoses that have been prevalent in cases of BDD. There are however, some estimates of BDD in various countries around the globe. Below is a table that shows some of the findings from these studies. We acknowledge there are limitations to the use of a table that incorporates multiple studies to come up with a range, however this table is meant to be a snapshot into the problems of BDD worldwide. Studies with student populations were often, but not always, excluded from this table as they are likely to skew the population estimates. This is due to the finding that university students seem to have higher levels of BDD, in many cases exceeding a prevalence of 10%. This is also the case for many psychiatric inpatient studies and as such they too were excluded from these estimates.

| Country      | Lifetime prevalence |
|--------------|---------------------|
| China        | 1.3%                |
| Pakistan     | 5.8%                |
| Australia    | 1.0-2.3%            |
| South Africa | 5.1%                |
| Canada       | 2.3-4.8%            |
| USA          | 1.7-2.4%            |
| UK           | 0.5-2.0%            |

Unsurprisingly, the prevalence of BDD is greatly increased in those who seek out cosmetic surgery. In fact prevalence estimates in countries worldwide, such as the UK and USA, can range between 3% and 53%. This does not mean that all people who seek cosmetic surgery are mentally ill, it just means that those with BDD are more likely to seek this treatment. They are likely to be repeat users of services as, due to symptoms of BDD, physical surgery will not fix the problem.

## How is BDD treated?

The most effective psychological treatment for BDD is Cognitive Behavioural Therapy (CBT) which aims to change the way a sufferer thinks about, and acts toward their appearance. A medication-based approach can also be used in conjunction with therapy.

The drugs used to treat BDD fall into the Selective Serotonin Reuptake Inhibitor (SSRI) category and include drugs such as Sertraline and Fluoxetine.



## What to do if you are suffering

Firstly, do not feel ashamed that you are suffering. Suffering in silence often makes these conditions worse and leads to extended periods of suffering. As we have mentioned, you are not alone and there are treatments available that are able to treat these disorders. The first step is often the most difficult, but once you take this first step you will be able to get your life back. You may choose to disclose your feelings to a general doctor or to a close family member or friend. Sharing your problem with somebody will give you an outlet to discuss your feelings to help avoid the isolating feeling that these disorders cause. Support groups and helplines are also available worldwide in many areas of the world. Whilst we have some of these on our website, you may find there are more local groups available to you. Many OCD groups will also cater for those suffering from BDD. You may not feel you want to attend a support group, and whilst we can respect your decision, it can often be beneficial to attend groups to gain moral support from those who are also going through, or have already gone through, treatment.

Once you have spoken with your doctor they will be able to suggest treatments for you, in line with those suggested above. If the above options are not immediately offered then you should enquire about their availability as they are proven to be successful methods for the treatment of OCD and BDD. Remember, there is a road to recovery from OCD and BDD!

For more information on living with mental illness please visit our website:  
[www.shawmind.org](http://www.shawmind.org)





The Foundation Centre, Navigation House  
48 Millgate, Newark, Nottinghamshire  
NG24 4TS, United Kingdom

**[contact@shawmind.org](mailto:contact@shawmind.org)**

**[www.shawmind.org](http://www.shawmind.org)**

**Follow the conversation:**



Registered charity in England (no. 1167947), and a registered charitable company (no. 09921207) in the UK

**Registered Office**

The Foundation Centre, Navigation House, 48 Millgate, Newark, Nottinghamshire, NG24 4TS, UK