Journal of Population Therapeutics & Clinical Pharmacology

RESEARCH ARTICLE
DOI: 10.53555/jptcp.v31i4.5972

ROLE OF MODIFIED ECT IN PATIENTS WITH BODY DYSMORPHIC DISORDER WITH SUICIDAL IDEATION AND DEPRESSIVE EPISODE : A CASE REPORT

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Abstract
Body dysmorphic disorder (BDD) is a distressing condition often comorbid with major depressive disorder (MDD), posing significant challenges for treatment. While selective serotonin reuptake inhibitors (SSRIs) are commonly used, managing refractory cases remains difficult. Electroconvulsive therapy (ECT), typically effective for medication-resistant depression, has not been considered an alternative for treatment-refractory BDD. Here, we present a case of a 19-year-old woman with BDD and comorbid MDD, unresponsive to SSRIs and antipsychotic medication. After experiencing incapacitation and suicidal ideation, her symptoms appeared to resolve with ECT, with remission sustained for two months. This case highlights the potential efficacy of ECT in managing treatment-resistant depression associated with BDD and, in select cases, addressing dysmorphic symptoms as well.

Keywords : Body dysmorphic disorder, suicidal , ECT.

Introduction
Body dysmorphic disorder (BDD) is a relatively common and distressing condition characterized by excessive concerns about perceived defects in physical appearance, often leading to avoidance behaviors and functional impairment. It is frequently comorbid with major depressive disorder (MDD), complicating treatment and increasing the risk of suicide. While selective serotonin reuptake inhibitors (SSRIs) are considered first-line pharmacological interventions for BDD, managing refractory cases remains challenging. Electroconvulsive therapy (ECT), effective for medication-resistant depression, has not been widely considered as a therapeutic option for BDD. Here, we present a case of a patient with refractory BDD and comorbid MDD who experienced significant improvement with ECT.

Case Description
The index patient, a 19-year-old Muslim single female from a middle socioeconomic background residing in a rural area, presented to the psychiatric outpatient department with symptoms indicative of severe depression and suicidal ideation. Educated up to the 10th grade, she lived in a nuclear family

and was accompanied by her mother, who provided reliable information about her condition. The patient reported experiencing low mood, decreased interest in previously enjoyable activities (anhedonia), decreased sleep, decreased attention-concentration, and suicidal thoughts over the past two months. These symptoms had a gradual onset and were progressively worsening.

Of particular concern were the patient's preoccupations with the perceived ugliness of her facial appearance, which she believed to be distorted. Despite multiple visits to dermatologists, no physical defects were found upon examination. This preoccupation with her facial features led her to avoid mirrors and social interactions, disrupting her work and social life. Despite seeking reassurance from family members about her appearance, the patient's beliefs about her physical flaws persisted at a delusional level, contributing to her distress.

The patient's clinical history revealed a series of unsuccessful treatment attempts, including trials with selective serotonin reuptake inhibitors (SSRIs) such as fluoxetine and fluvoxamine, along with olanzapine, an antipsychotic medication. Despite receiving these treatments at adequate therapeutic doses, her symptoms persisted, indicating a poor response. Additionally, the patient had a history of six suicide attempts, two of which required medical intervention due to their severity. Her suicidal intent, as measured by the Suicide Intent Scale (SIS), was notably high, indicating a significant risk of self-harm.

Upon psychiatric evaluation, the patient exhibited a dysphoric mood and delusional beliefs regarding her appearance, with poor insight into her condition. She met the diagnostic criteria for body dysmorphic disorder (BDD) as per the International Classification of Diseases, 11th Revision (ICD-11). The persistent preoccupation with her perceived defects, excessive self-consciousness, and delusional beliefs about her appearance aligned with the diagnostic criteria for BDD.

Treatment and Outcome

After obtaining consent, the patient underwent a course of six sessions of modified electroconvulsive therapy (mECT) along with cognitive-behavioral therapy (CBT) and continued SSRIs. Significant improvement in suicidal ideation was observed following the mECT sessions, with a reduction in depressive symptoms as measured by the Hamilton Rating Scale for Depression (HAM-D). While cognitive distortions related to BDD did not show significant improvement, the patient experienced a notable decrease in depressive symptoms.

Discussion

The diagnosis of BDD in this case is supported by the patient's excessive preoccupation with perceived defects in appearance, delusional beliefs, and poor insight. BDD is often characterized by an intense focus on perceived flaws in physical appearance, leading to significant distress and impairment in social and occupational functioning. The presence of dysmorphic beliefs at a delusional level further complicates the clinical presentation, indicating a severe form of the disorder.

Comorbid major depressive disorder (MDD) exacerbates the patient's symptoms, contributing to the severity of her condition. The overlap between BDD and MDD is well-documented, with shared features such as anhedonia, hopelessness, and suicidal ideation. The co-occurrence of these disorders presents a clinical challenge, as treatment strategies must address both the depressive symptoms and the underlying dysmorphic beliefs.

Despite multiple treatment attempts with SSRIs and antipsychotic medication, the patient's symptoms remained refractory, highlighting the difficulty in managing BDD, particularly in cases with comorbid depression. In such cases, alternative treatment modalities, such as electroconvulsive therapy (ECT), may be considered. While ECT is typically indicated for medication-resistant depression, its efficacy in treating BDD is less established.

In this case, the patient showed significant improvement in suicidal ideation following a course of modified electroconvulsive therapy (mECT), along with cognitive-behavioral therapy (CBT) and continued SSRIs. While the depressive symptoms responded favorably to treatment, the dysmorphic beliefs did not show significant improvement. This discrepancy underscores the complexity of

treating BDD and highlights the need for further research into effective interventions for this challenging condition.

Overall, this case underscores the importance of considering alternative treatment modalities for refractory BDD, particularly in cases with comorbid depression. Screening for BDD in patients presenting with mood symptoms is essential for accurate diagnosis and timely intervention. A comprehensive treatment approach, including pharmacotherapy, psychotherapy, and somatic interventions like ECT, may be necessary for optimal management of refractory cases of BDD. Further research is warranted to elucidate the role of ECT in treating BDD and its potential impact on dysmorphic symptoms.

Conclusion

This case highlights the challenges in managing refractory BDD and comorbid MDD, emphasizing the importance of considering alternative treatment modalities such as ECT. Screening for BDD in patients presenting with mood symptoms, particularly in the adolescent age group, can facilitate early diagnosis and appropriate intervention. Further research is warranted to elucidate the role of ECT in the treatment of BDD and its potential impact on dysmorphic symptoms.

Recommendations for Practice

Clinicians should consider screening for BDD in patients presenting with mood symptoms, especially in the adolescent age group.

When faced with treatment-resistant depression and comorbid BDD, ECT may be considered as a therapeutic option after failed trials with SSRIs.

Comprehensive treatment approaches, including pharmacotherapy, psychotherapy, and somatic interventions such as ECT, may be necessary for optimal management of refractory BDD.

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