

Acne May Be Sign of Body Dysmorphic Disorder

BY SHERRY BOSCHERT
San Francisco Bureau

LOS ANGELES — Significant numbers of patients with acne have debilitating symptoms normally associated with body dysmorphic disorder, Dr. Whitney P. Bowe said at the annual meeting of the Society for Investigational Dermatology.

In her screening study, 14%-21% of the 128 patients met objective and subjective criteria for a diagnosis of body dysmorphic disorder. The range varied depending on the definition of acne severity.

Body dysmorphic disorder, a preoccupation with a slight or imagined defect in appearance, causes significant disruption in daily functioning. In the general population, 0.7%-3.0% of people are thought to have body dysmorphic disorder, which usually begins in adolescence. The preoccupation typically leads to behaviors such as skin picking and mirror checking.

Patients with body dysmorphic disorder are among the toughest patients to treat, said Dr. Bowe, who conducted the study with associates at the University of Pennsylvania, Philadelphia, while she was a medical student there. She is now an intern at Albert Einstein College of Medicine, New York. Patients with body dys-

morphic disorder commonly respond poorly to treatments that do not include psychiatric medications, she explained. They are at increased risk for suicide and are more likely to threaten health care providers both legally and physically, previous reports suggest.

In the current study, the investigators categorized physician assessments of acne severity as clinically significant (which automatically precluded a diagnosis of body dysmorphic disorder) or as clinically insignificant using a stringent or less stringent set of criteria. All patients completed the Body Dysmorphic Disorder Questionnaire-Dermatology Version (BDDQ-DV), which has 100% sensitivity and 92% specificity in surgical settings for detecting preoccupation with defects and at least moderate distress or impairment in functioning.

Only patients with clinically insignificant acne and a positive BDDQ-DV were considered to have body dysmorphic disorder, Dr. Bowe noted.



A total of 49 patients met stringent objective criteria for "minimal or nonexistent acne" (defined as zero or only a few scattered comedones or papules, five or fewer postinflammatory macules, and no scars). Of these, 18 scored positive on the BDDQ-DV, suggesting that 18 (14%) of all 128 patients had the disorder under the stringent criteria.

The BDDQ-DV should not be used in place of a thorough psychiatric examination.

DR. BOWE

Using less stringent objective criteria that allowed up to 25% of facial involvement with small papules and comedones, 82 patients were deemed to have "mild acne," and 27 of these scored positive on the BDDQ-DV. With the less stringent criteria, 27 (21%) of all patients had body dysmorphic disorder.

On the other end of the severity spectrum, among 11 patients who presented with nearly full facial involvement with highly inflammatory lesions and thus were disqualified from a diagnosis of body dysmorphic disorder, nearly half reported levels of preoccupation, distress, and impairment that were commensurate with

patients suffering from the disorder. The investigators wondered whether acne patients who screened positive for body dysmorphic disorder are similar to other patients with the disorder, with higher rates of suicide or likelihood to threaten their physicians.

"I don't think so," Dr. Bowe said. "I think that's a great question that we should look into."

In particular, patients who have had severe acne that cleared suddenly with treatment like tretinoin can "vividly recall their lives with severe acne, and upon the appearance of even a few papules, are really frightened," she said. "Are these patients the same as your typical patients with body dysmorphic disorder who have never experienced a severe physical defect that might indeed recur?"

Patients were aged 16-35 years. They were recruited from a general dermatology clinic and a specialty acne clinic at the university, and from a cosmetic outpatient practice in the community.

"Keep in mind that the BDDQ-DV is really meant to be a screening tool, and should not be used in place of a thorough psychiatric examination to ultimately make the diagnosis of body dysmorphic disorder," Dr. Bowe said. ■

Mental Impairments Found Among MS Patients Who Use Cannabis

BY DENISE NAPOLI
Assistant Editor

Multiple sclerosis patients who smoke marijuana were more likely to have a history of a mental illness and also performed worse on a test of their mental processing speed and working memory, according to results of a community-based study.

The data "provide the first evidence of the injurious effect of inhaled cannabis on the mentation of patients with MS," the authors wrote in *Neurology*.

Ascertaining the effect of cannabis use in MS patients is important because cannabis often is used as a therapeutic agent in the disease, and MS is "by itself a cause of neuropsychological impairment in 40%-65% of patients," wrote Dr. Omar Ghaffar and his colleague, Dr. Anthony Feinstein, both of the Sunnybrook Health Sciences Centre, Toronto, and the University of Toronto.

The researchers looked at 140 consecutive, community-dwelling MS patients seen at an outpatient clinic in Toronto. Three-fourths were women. The disease was relapse-remitting in 82 patients, secondary progressive in 49 patients, and primary progressive in 9 patients (*Neurology* 2008 [Epub doi:10.1212/01.wnl.0000304046.23960.25]).

Overall, 10 subjects reported current cannabis use (use of inhaled marijuana purchased on the street in the past month). Users and nonusers differed significantly in age (users had a mean age of about 36 years, vs. nonusers, whose mean age was 44.5 years, $P = .001$). There were no other differences with respect to disease, duration, disability, education, or gender.

"Since age is a factor that could potentially affect cognition independent of cannabis use, the 10 current cannabis users were each age-matched to 4 subjects who did not use cannabis [total control sam-

ple $n = 40$]," wrote the authors. Subjects were then evaluated using the Structured Clinical Interview for DSM-IV Axis I Disorders; the Hospital Anxiety and Depression Scale; and several cognitive assessments.

Overall, the 10 cannabis users were not more likely to have a specific DSM-IV diagnosis (depression, anxiety disorders, alcohol use disorders, etc.), but they were more likely to have had one of those diagnoses in general ($P = .04$).

There were no differences on the four cognitive measures included in the Neuropsychological Battery for MS. However, on the Symbol Digit Modalities Test (SDMT), cannabis users displayed a significantly slower mean performance time ($P = .006$). "In the SDMT, nine different symbols, each associated with a number, were presented visually to the subject. Nine symbols at a time were shown to the subject in various orders and the subject had to respond by naming the number that corresponded to each symbol according to the original code," wrote the authors.

"This test, an index of information processing speed and working memory, has emerged as one of the most sensitive markers of cognitive impairment in MS," they wrote.

A small sample size was one important limitation to this study. The authors also noted that their reliance on self-reports of cannabis use was not confirmed by urinary toxicology. Finally, cannabis users and nonusers differed slightly in their treatment regimens: More nonusers took disease-modifying treatments while more cannabis users took antidepressants. However, neither of these differences was significant. Furthermore, wrote the authors, "the relation between disease-modifying treatments and cognition remains equivocal, and data [suggest] that patients with MS taking antidepressants are not more impaired on tests such as the SDMT." ■

Mood Disorder Symptoms Prevalent in Epilepsy

PHILADELPHIA — Symptoms of bipolar disorder are prevalent among patients with epilepsy, and are highly associated with depressive symptoms in these patients, an analysis of 54 epilepsy patients at a tertiary care center shows.

Patients with epilepsy and both bipolar and depressive symptoms may have the mood instability of interictal dysphoric disorder, Dr. Alan B. Ettinger and his associates reported in a poster at the annual meeting of the American Epilepsy Society.

They evaluated adult patients who were managed at the Comprehensive Epilepsy Center of Long Island Jewish Hospital in New Hyde Park, N.Y. Using the Mood Disorders Questionnaire (MDQ), they identified bipolar symptoms in seven patients (13%), a prevalence rate that closely matched the 12% rate the researchers had previously reported in a community-based cohort of epilepsy patients.

Six of the seven MDQ-positive patients also had a positive diagnosis on the Bipolar Spectrum Diagnostic Scale, as did another seven of the remaining 47 patients (15%) with epilepsy who were negative on the MDQ. The MDQ-positive patients also showed evidence of increased functional impairment, documented by their scores on the Sheehan Disability Scale, and they perceived themselves as having a reduced quality of life, based on their scores on the Quality of Life in Epilepsy-89 Patient Inventory.

The researchers found a high association between a positive MDQ score and depressive symptoms, measured on the Center for Epidemiologic Studies-Depression Scale. Among the seven patients with positive MDQ scores, six underwent assessment with the depression scale and all six were positive for depressive symptoms, reported Dr. Ettinger, director of the Comprehensive Epilepsy Center at Long Island Jewish Hospital.

But only two of these six patients were also positive on the Neurological Disorders Depression Inventory for Epilepsy. This finding suggests that the type of depression seen in the MDQ-positive patients, with its apparent link to bipolar symptoms, is not the same as the depression that's identified in many other patients with epilepsy.

Interictal dysphoric disorder may affect a minority of epilepsy patients, Dr. Ettinger and his associates concluded.

—Mitchel L. Zoler