Publications on Body Dysmorphic Disorder (BDD) and Olfactory Reference Syndrome (ORS) in Scientific Journals and Books

Overviews/Reviews on Body Dysmorphic Disorder (BDD)


Phillips KA. Body dysmorphic disorder: recognizing and treating imagined ugliness. World Psychiatry 2004; 3:12-17

Grant JE, Phillips KA. Captive of the mirror: “I pick at my face all day, every day.” Current Psychiatry 2003; 2:45-52


**Symptoms and Clinical Features of Body Dysmorphic Disorder (BDD)**


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Phillips KA, Menard W, Quinn E, Didie ER, Stout RL. A four-year prospective observational follow-up study of course and predictors of course in body dysmorphic disorder. *Psychological Medicine* 2013; 43:1109-1117


Didie ER, Reinecke MA, Case conceptualization and treatment of comorbid body dysmorphic disorder and bulimia nervosa. *Cognitive and Behavioral Practice* 2010; 17:259-269


Feusner JD, Phillips KA, Stein DJ. Olfactory reference syndrome: Issues for DSM-V. *Depression and Anxiety* 2010; 27:592-599


Phillips KA, Menard W, Didie E. Clinical features and correlates of major depressive disorder in individuals with body dysmorphic disorder. *Journal of Affective Disorders* 2007; 97:129-135


Phillips KA, Menard W, Fay C. Gender similarities and differences in 200 individuals with body dysmorphic disorder. *Comprehensive Psychiatry* 2006; 47:77-87


Phillips KA, Stout RL. Associations in the longitudinal course of body dysmorphic disorder with major depression, obsessive compulsive disorder, and social phobia. *Neuropsychopharmacology* 2005; 30:S231


Phillips KA, Siniscalchi JM, McElroy SL. Depression, anxiety, anger, and somatic symptoms in patients with body dysmorphic disorder. *Psychiatric Quarterly* 2004; 75; 309-320


Phillips KA. Quality of life for patients with body dysmorphic disorder. *Journal of Nervous and Mental Disease* 2000; 188:170-175


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Phillips KA, Diaz S. Gender differences in body dysmorphic disorder. *Journal of Nervous and Mental Disease* 1997; 185:570-577


**Medication Treatment for Body Dysmorphic Disorder (BDD)**


Phillips KA, Kelly MM. Suicidality in a placebo-controlled fluoxetine study of body dysmorphic disorder. *International Clinical Psychopharmacology* 2009; 24:26-28


Phillips KA, Rasmussen SA. Change in psychosocial functioning and quality of life of patients with body dysmorphic disorder treated with fluoxetine: a placebo-controlled study. *Psychosomatics* 2004; 45:438-444

Phillips KA, Najar F. An open-label study of citalopram in body dysmorphic disorder. *Journal of Clinical Psychiatry* 2003; 64:715-720

Cognitive-Behavioral Therapy for Body Dysmorphic Disorder (BDD)


Didie ER, Reinecke MA, Phillips KA. Case conceptualization and treatment of comorbid body dysmorphic disorder and bulimia nervosa. *Cognitive and Behavioral Practice* 2010; 17:259-269


Rosen JC. The nature of body dysmorphic disorder and treatment with cognitive behavior therapy. *Cognitive and Behavioral Practice* 1995; 2:143-166


Cosmetic Treatment for Body Dysmorphic Disorder (BDD)


Phillips KA, Grant J, Siniscalchi J, Albertini RS. Surgical and non-psychiatric medical treatment of patients with body dysmorphic disorder. *Psychosomatics* 2001; 42:504-510


**Prevalence of Body Dysmorphic Disorder (BDD)**


**Other Topics on Body Dysmorphic Disorder (BDD)**


Witte TK, Dide ER, Menard W, Phillips KA. The relationship between body dysmorphic disorder behaviors and the acquired capability for suicide. *Suicide and Life-Threatening Behavior* 2012; 42:318-331

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Feusner JD, Phillips KA, Stein DJ. Olfactory reference syndrome: Issues for DSM-V. *Depression and Anxiety* 2010; 27:592-599


Feusner JD, Moody T, Hembacher E, Townsend J, McKinley M, Moller H, Bookheimer S. Abnormalities of visual processing and frontostriatal systems in body dysmorphic disorder. *Archives of General Psychiatry* 2010; 67:197-205

Feusner J, Hembacher E, Phillips KA. The mouse who couldn’t stop washing: pathologic grooming in animals and humans. *CNS Spectrums* 2009; 14:503-513


The published literature on olfactory reference syndrome (ORS) spans more than a century and provides consistent descriptions of its clinical features. The core symptom is preoccupation with the belief that one emits a foul or offensive body odor, which is not perceived by others. This syndrome is associated with substantial distress and disability. DSM-IV and ICD-10 do not explicitly mention ORS, but note convictions about emitting a foul body odor in their description of delusional disorder, somatic type. However, the fact that such symptoms can be nondelusional poses a diagnostic conundrum. There also seems to be phenomenological overlap with body dysmorphic disorder, obsessive-compulsive disorder, and hypochondriasis.