

Station Number

AFFIX CANDIDATE
LABEL HERE

CANDIDATE No:.....

Instructions for Candidates

Scenario

Matthew Strong is a 26-year-old man. His General Practitioner has referred him because he has been repeatedly presenting to his GP with requests for plastic surgery. His GP does not believe that there is any reason for referral for surgery, but Mr Strong has been persistent, and his GP has requested a psychiatric opinion.

Instructions

Interview Mr Strong and elicit symptoms of Body Dysmorphic Disorder.

**PLEASE REMEMBER TO HAND YOUR IDENTITY LABEL TO THE
EXAMINER**

Station Number

AFFIX CANDIDATE
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History Taking: Body Dysmorphic Disorder

CANDIDATE No:.....

Instructions for Patients

Answer questions based on the following scenario.

Do not volunteer information unless asked.

This station tests the candidate's ability to take a history from a patient.

You are Matthew Strong, a 26-year-old man.

Key Attributes

You are anxious, a little irritated at having to see a psychiatrist, and you often reply with answers such as, "But I've told my GP this, I only want to have the operation!"

Your main motivation is to see the psychiatrist so that you can progress to seeing the plastic surgeon, which is your main goal.

Key Dialogue

History of Presenting Problem

- For around four years, you have been concerned that your nose is too large, and bent to the left:
 - You believe it very strongly, to the extent that you think about it most of the time; however, you accept that some people might not see it as much as you do, but you are convinced that the defect is there
 - You constantly check your nose in the mirror all the time
 - Before you go out, you have a "routine" that you go through: you use some light make up in order to reduce the appearance of your nose; you then check yourself in the mirror, before putting on the rest of your clothes.
 - In social situations, you are very anxious about your appearance, and feel that people are looking at your nose. In the last year or so, you have avoided social situations as much as possible. You think that you have lost touch with some friends that you used to go about with because you have been reluctant to go out.
 - At work, you remain very self-conscious, feel that people are looking, and find every excuse not to give presentations or talk in front of people.
 - When meeting new people, you try to stand so that you are facing $\frac{3}{4}$ on to them, and you don't like being in highly-lit situations.

Presence of depressive symptoms

- Although it gets you down, you don't feel that your mood has been persistently low

- You have difficulty getting to sleep but no problems during the night
- Your appetite is okay and your weight is unchanged
- You continue to work; your energy levels are okay; you can enjoy most of your activities – as long as they are not too social; you are able to motivate yourself for work projects, although you have been increasingly keen to do work from home over the last few months

Anxiety Symptoms

- You get anxious in the presence of other people
- You don't get anxious in crowds or busy places, unless it seems that people are looking at you – this happens more in shops
- Although you are constantly checking your appearance, you don't feel tense or anxious all the time, and you don't have persistent sweating/ butterflies/ tremulousness/ etc.

Psychotic Symptoms

- You do not have any of the following:
 - A belief that your thoughts are influenced by other people
 - Fears that people are wishing you harm, or there is a conspiracy against you
 - Messages from the TV, the radio, or the newspapers
 - Hearing voices, or your own thoughts being spoken aloud

Obsessive-Compulsive Symptoms

- You have none of the following:
 - Intrusive thoughts or images, other than those detailed above
 - Fears of contamination or compulsive cleaning
 - Need for symmetry
- Your only compulsive behaviours are the checking above

Other symptoms

- Although you have not had any clear suicidal ideas, you have felt as though life hasn't been worth living sometimes. You don't wish that you were dead currently, and you have had no thoughts of ending your life
- You have been researching nose surgery on the internet
 - You have thought that if you can't get the surgery on the NHS, you would do it yourself
 - You have read about rhinoplasty online, and think that you might be able to do it yourself, using equipment bought on the internet

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History Taking: Body Dysmorphic Disorder

CANDIDATE No:.....

Instructions for Examiners

REMEMBER TO ASK THE STUDENT FOR THEIR IDENTITY LABEL AND AFFIX IT TO THE TOP OF THE MARK SHEET.

This station tests the following areas:

1. Knowledge of the symptoms of body dysmorphic disorder (BDD).
2. Ability to take a history of symptoms of body dysmorphic disorder.
3. Ability to test the strength of belief of such ideas, in order to differentiate BDD from delusional dysmorphophobia and other psychotic disorders.
4. Skill in ascertaining whether such symptoms are as a result of another psychiatric disorder. Whilst the full symptom list of each differential diagnosis is not expected, the candidate should attempt to exclude as many as possible. The differential to be explored should include:
 - a. Schizophrenia
 - b. Major Depression
 - c. Obsessive-compulsive disorder
 - d. Social phobia
5. Empathy when discussing a topic that the patient may be very defensive about.

Station Number

Examiner's Name:

.....

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CANDIDATE No:.....

History Taking: Body Dysmorphic Disorder

Marking Sheet

Please circle the appropriate mark for each criterion. The standard expected is that of a psychiatric Senior House Officer.

Criterion	Performed competently	Performed, but not fully competent	Not performed		
Approach to the patient – Rapport, empathy, and style	2	1	0		
Part/ aspect of the body affected					
<ul style="list-style-type: none"> • The nose 					
Establishes reasons for preoccupation (one point for each perceived defect):					
<ul style="list-style-type: none"> • Too large • Bent to the left 					
Establishes strength of belief					
<ul style="list-style-type: none"> • Overvalued idea 					
Avoidance of social situations/ anxiety when with other people					
Thoughts of actually performing surgery themselves					
Suicidal ideation					
Other behaviours (one point for each, up to a maximum of four):					
<ul style="list-style-type: none"> • ‘Mirror gazing’ • Repeated checking of the perceived defect • Elaborate grooming rituals • Seeking reassurance from other people 					
Excludes other psychiatric illnesses (one point for each area covered, up to a maximum of three):					
<ul style="list-style-type: none"> • Psychotic symptoms • Depressive symptoms • Anxiety symptoms • Obsessive-compulsive symptoms 					
Overall Approach to Task	4	3	2	1	0

Score (Max 20)

Overall Grading of station

Clear Pass

Borderline

Clear Fail