



Obsessive Compulsive Disorder (OCD)

And Related Disorders

What is Obsessive Compulsive Disorder (OCD)?

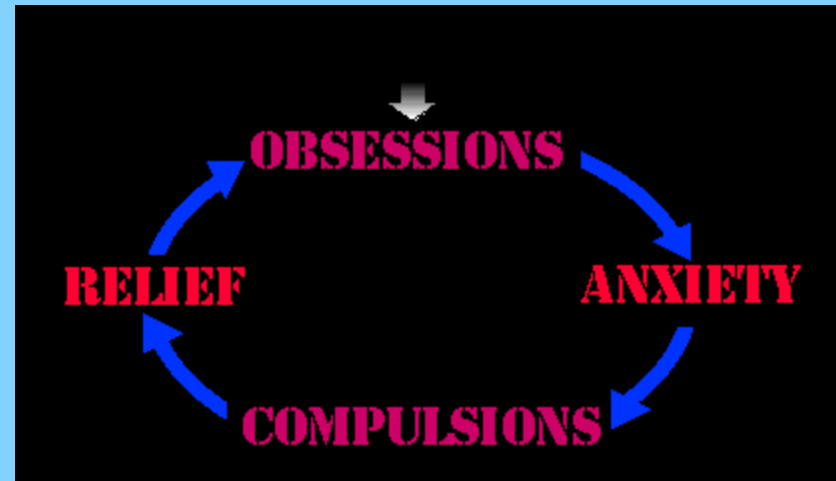
- Obsessive-compulsive disorder (OCD) is characterized by unreasonable thoughts and fears (obsessions) that lead you to do repetitive behaviors (compulsions).



They know it doesn't make sense, but can't stop.

With OCD, you may or may not realize that your obsessions aren't reasonable, and you may try to ignore them or stop them.

But that only increases your distress and anxiety. Ultimately, you feel driven to perform compulsive acts in an effort to ease your stressful feelings.



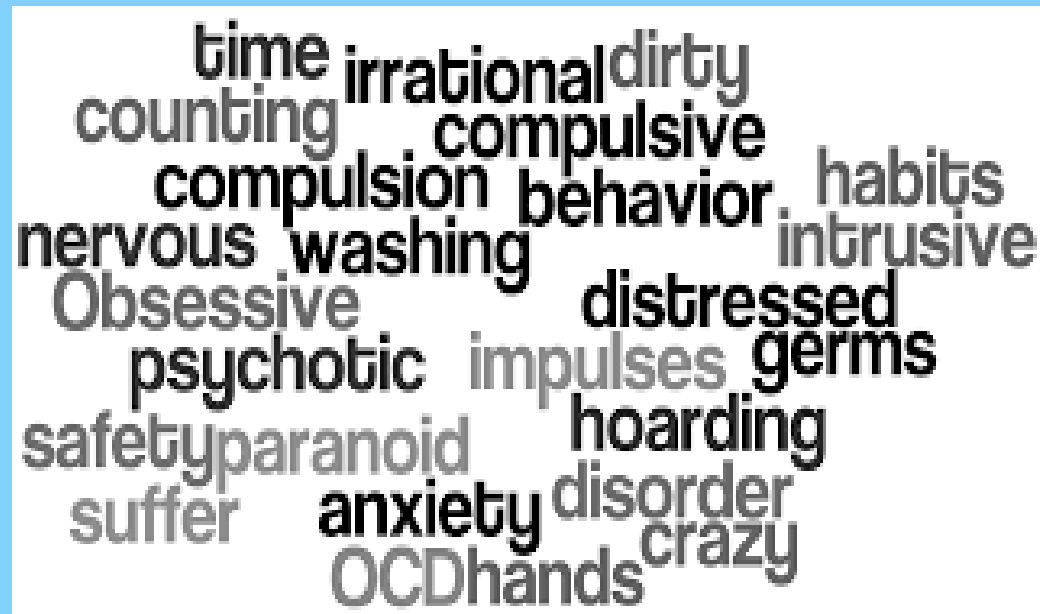
Overwhelming drive

- One woman spent hours each evening sifting through the household trash to ensure that nothing valuable was being discarded. When asked what she was looking for, she nervously admitted, "I have no idea, I don't own anything valuable."



Different types of obsessions

- OCD often centers around themes, such as a fear of getting contaminated by germs.
- To ease your contamination fears, you may compulsively wash your hands until they're sore and chapped



A word cloud of terms related to OCD and obsessions. The words are arranged in a roughly rectangular shape and vary in size and orientation. The most prominent words are 'irrational', 'dirty', 'compulsive', 'behavior', 'habits', 'intrusive', 'germs', 'anxiety', and 'disorder'. Other words include 'time', 'counting', 'compulsion', 'washing', 'nervous', 'Obsessive', 'psychotic', 'impulses', 'hoarding', 'safety', 'paranoid', 'suffer', 'OCD', 'hands', and 'crazy'.

Vicious Cycle

- Despite efforts to ignore or get rid of bothersome thoughts, the thoughts or urges keep coming back.
- This leads to more ritualistic behavior — and a vicious cycle that's characteristic of OCD.



Symptoms

- Obsessive-compulsive disorder symptoms usually include both obsessions and compulsions.
- But it's also possible to have only obsession symptoms or only compulsion symptoms.
- About one-third of people with OCD also have a disorder that includes sudden, brief, intermittent movements or sounds called tics (which we will discuss later this semester).



What are obsessions?

- **Obsessions** are persistent, uncontrollable and unwanted, exaggerated *thoughts*, worries, or that you can't get out of your head
- – *for example*, germs, repeated doubts, needing things arranged in a certain way, aggressive impulses, not being able to get images out of your head



Fear of Contamination or Germs

- Fear of being contaminated by shaking hands or by touching objects others have touched (doorknobs, etc.)



Fearful Doubts

- Doubts that you've locked the door or turned off the stove
- Can lead to fears that you'll be robbed or your house will burn down
- No matter how much someone reassures you, the doubts never fully go away



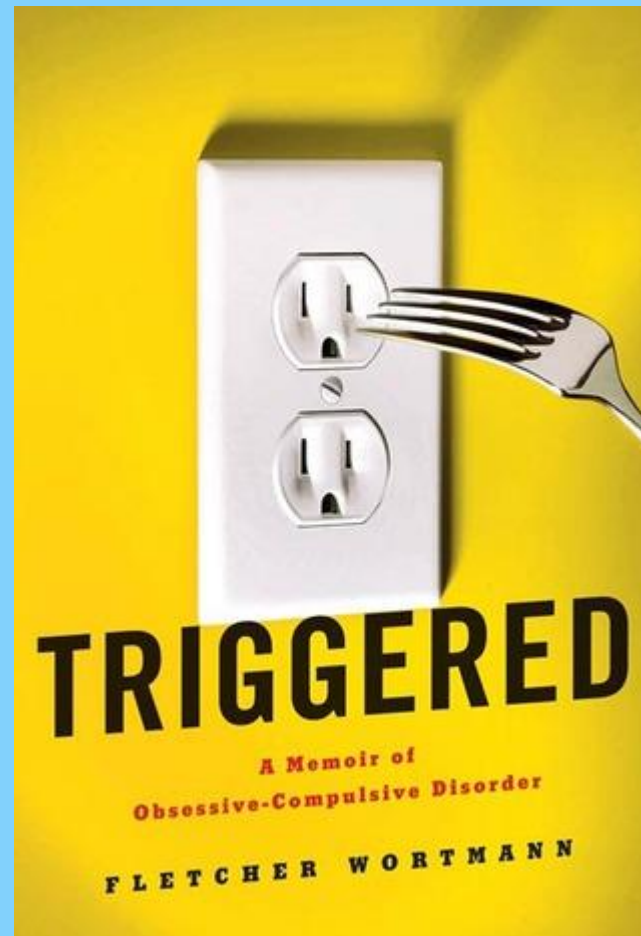
Order and Symmetry

- Experiencing intense stress when objects aren't orderly or facing a certain way (i.e., marker is upside down in the box)



Aggressive Thoughts or Images

- Though you know you would never act them out, you can't rid your mind of images of hurting yourself or someone else



Obscene Thoughts or Images

- Thoughts about shouting obscenities or acting inappropriately or
- Distress about unpleasant sexual images repeating in your mind
- Again, the person would never do it, but knowing the thought is terrible, is what keeps it in your head



What are Compulsions?

- **Compulsions** (also called rituals) are *actions* that are done to try to stop the obsessions
- – for example, repetitive washing/cleaning, checking/seeking reassurance, precisely arranging things



They Don't Work

- These repetitive behaviors are meant to prevent or reduce anxiety related to your obsessions or prevent something bad from happening.
- However, engaging in the compulsions brings no pleasure and may offer only a temporary relief from anxiety.



“Rules” You need to Follow

- You may also make up rules or rituals to follow that help control your anxiety when you're having obsessive thoughts.
- These compulsions are often not rationally connected to preventing the feared event.



I HAVE CDO
IT'S LIKE OCD
BUT ALL THE LETTERS ARE IN ALPHABETICAL ORDER
AS THEY SHOULD BE

As with obsessions, compulsions typically have themes, such as:

- Washing and cleaning
- Counting
- Checking
- Demanding reassurances
- Following a strict routine
- Orderliness



Washing and Cleaning

- Hand-washing until your skin becomes raw



Checking

- Checking doors repeatedly to make sure they're locked or the stove repeatedly to make sure it's off



Demanding Reassurances

- Having to ask the same question over and over again when anxious about something



Following a Strict Routine

- Often taking hours to do things because they need to be done in a very particular and meticulous way
- For example, showering, getting dressed, cleaning a room, or packing a suitcase
- Will experience extreme anxiety if the routine can not be followed precisely
- May try to get family to also follow your routines (though they will likely resist because they see them as bizarre and time-consuming)

Orderliness

- Needing to put things in a particular order (“the right way”)
- For example, arranging your canned goods to face the same way, books on a shelf may need to be alphabetical, or crayons in the box need to be in order of the rainbow or now upside down.



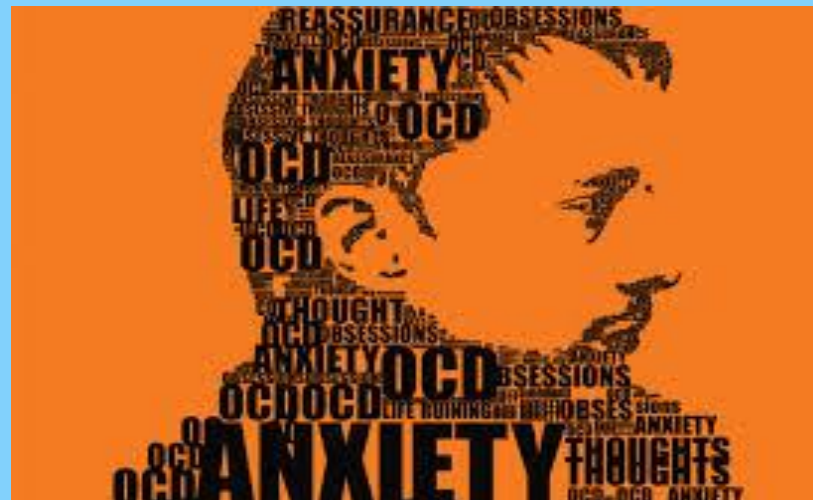
Repeating

- Silently repeating a prayer, word or phrase over and over again



Severity of Symptoms

- Symptoms usually begin gradually and tend to vary in severity throughout your life.
- Symptoms generally worsen when you're experiencing more stress.
- OCD, considered a lifelong disorder, can be so severe and time-consuming that it becomes disabling.



Do they know it doesn't make sense?

- Most adults recognize that their obsessions and compulsions don't make sense, but that's not always the case.
- Children may not understand what's wrong.



Isn't this just being a perfectionist?

- There's a difference between being a perfectionist and having OCD.
- OCD thoughts aren't simply excessive worries about real problems in your life.
- Perhaps you keep the floors in your house so clean that you could eat off them. Or you like your knickknacks arranged just so. That doesn't necessarily mean that you have OCD.



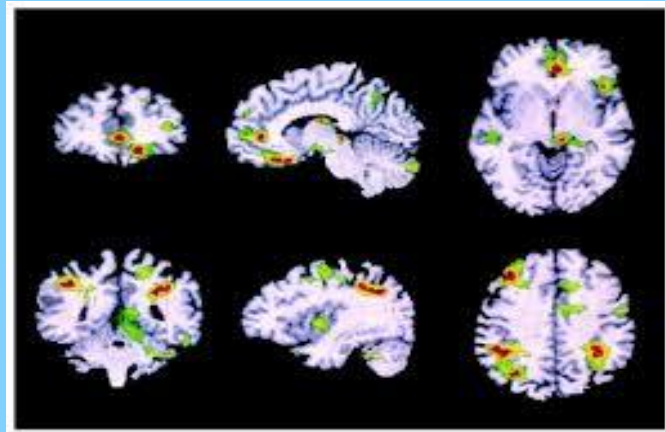
When does it become OCD?

- If your obsessions and compulsions are affecting your quality of life, then it is time to see your doctor.
- Unfortunately, people with OCD may be ashamed and embarrassed about the condition, so often don't seek out treatment even though it can help.



What causes OCD?

- The cause of obsessive-compulsive disorder *isn't fully understood*. Main theories include:
- **Biology.** OCD may be a result of changes in your body's own natural *chemistry* or *brain functions*. OCD may also have a *genetic* component, but specific genes have yet to be identified.
- Having parents or other family members with the disorder can increase your risk of developing OCD (predisposition)



Other causes or triggers?

- **Stressful life events.** If you've experienced traumatic or stressful events or you tend to react strongly to stress, your risk may increase. This reaction may, for some reason, trigger the intrusive thoughts, rituals and emotional distress characteristic of OCD.
- **Environment.** Some environmental factors such as *infections* are suggested as a trigger for OCD, but more research is needed to be sure (there has been suggestion of a link to strep throat)



What additional problems might you have?

- Some of the problems below may be associated with OCD — others may exist in addition to OCD but not be caused by it.
- Inability to attend work, school or social activities
- Troubled relationships
- Overall poor quality of life
- Anxiety disorders
- Depression
- Eating disorders
- Suicidal thoughts and behavior
- Alcohol or other substance abuse
- Contact dermatitis from frequent hand-washing



Treatment for OCD

- Obsessive-compulsive disorder treatment may not result in a cure, but it can help you *bring symptoms under control* so they don't rule your daily life. Some people need treatment for the rest of their lives.
- The two main treatments for OCD are *psychotherapy* and *medications*. Often, treatment is most effective with a combination of these.



Exposure Therapy

- This therapy involves *gradually exposing* you to a feared object or obsession, such as dirt, and having you learn healthy ways to cope with your anxiety.
- Exposure therapy takes effort and practice, but you may enjoy a better quality of life once you learn to manage your obsessions and compulsions.



Do Medications work?

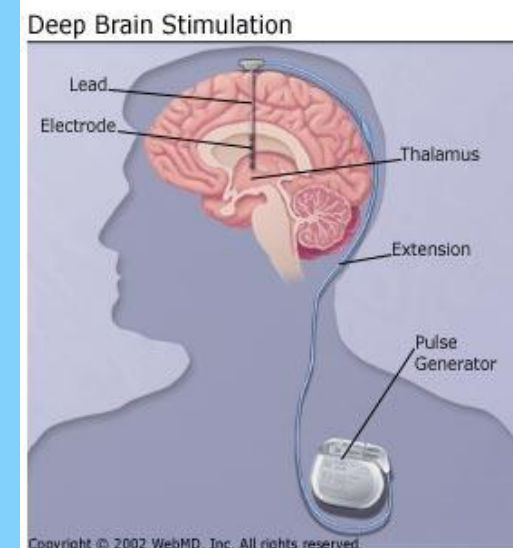
- Certain psychiatric medications can help control the obsessions and compulsions of OCD. Most commonly, *antidepressants* are tried first.
- Antidepressants that have been approved by the Food and Drug Administration (FDA) to treat OCD include Prozac, Paxil, and Zoloft.



- With OCD, it's not unusual to have to try several medications before finding one that works well to control your symptoms.
- It can take weeks to months after starting a medication to notice an improvement in your symptoms. Your doctor also might recommend combining medications to make them more effective in controlling your symptoms.
- Don't stop taking your medication without talking to your doctor, even if you're feeling better — you may have a relapse of OCD symptoms.
- As always, there could be side effects from these drugs.

What if those don't work?

- Sometimes, medications and psychotherapy aren't effective enough to control OCD symptoms.
- Research continues on the potential effectiveness of *deep brain stimulation (DBS)* for treating OCD that doesn't respond to traditional treatment approaches.
- Because DBS hasn't been thoroughly tested for use in treating OCD, make sure you understand all the pros and cons and possible health risks.



What is hoarding disorder?

- Hoarding disorder is a *persistent difficulty discarding or parting with possessions because of a perceived need to save them.*
- A person with hoarding disorder *experiences distress at the thought of getting rid of the items.* Excessive accumulation of items, regardless of actual value, occurs.



Cramped living conditions

- Hoarding ranges from mild to severe.
- In severe cases, hoarding often creates such cramped living conditions that homes may be filled to capacity, with only narrow pathways winding through stacks of clutter.



Often don't see a problem

- People with hoarding disorder often don't see it as a problem, making treatment challenging. But intensive treatment can help people with hoarding disorder understand their compulsions and live safer, more enjoyable lives.



When does it begin?

- Clutter and difficulty discarding things are usually the first signs and symptoms of hoarding disorder, which often surfaces during the *teenage years*.
- As the person grows older, he or she typically starts *acquiring things for which there is no need or space*. By middle age, symptoms are often severe and may be harder to treat.



What are the symptoms?

- In the homes of people who have hoarding disorder, the countertops, sinks, stoves, desks, stairways and virtually all other surfaces are usually stacked with stuff. And when there's no more room inside, the clutter may spread to the garage, vehicles and yard.



- Persistent inability to part with any possession, regardless of its value
- Excessive attachment to possessions, including discomfort letting others touch or borrow them or distress at the idea of letting an item go
- Cluttered living spaces, making areas of the home unusable for the intended purpose, such as not being able to cook in the kitchen or use the bathroom to bathe
- Keeping stacks of newspapers, magazines or junk mail
- Letting food or trash build up to unusually excessive, unsanitary levels



- Acquiring unneeded or seemingly useless items, such as trash or napkins from a restaurant
- Difficulty managing daily activities because of procrastination and trouble making decisions
- Moving items from one pile to another, without discarding anything
- Difficulty organizing items, sometimes losing important items in the clutter
- Shame or embarrassment
- Limited or no social interactions



Why do they save all this junk?

- They believe these items *will be needed* or have value in the future
- The items have important *emotional significance* — serving as a reminder of happier times or representing beloved people or pets
- They *feel safer* when surrounded by the things they save



What if you are a collector?

- Hoarding disorder is different from collecting.
- People who have collections, such as stamps or model cars, *deliberately search out specific items*, categorize them and carefully display their collections.
- Although collections can be large, *they aren't usually cluttered and they don't cause the distress and impairments* that are part of hoarding disorder.



Animal Hoarders

- People who hoard animals may collect dozens or even hundreds of pets.
- Animals may be confined inside or outside. Because of the large numbers, these animals often aren't cared for properly.



Isn't this animal cruelty?

- The health and safety of the person and the animals are at risk due to unsanitary conditions.
- Though this may look like, and even qualify as animal cruelty, animal hoarders usually care very much about their animals and don't intend them any harm even though they often end up doing just that. Many face animal cruelty charges.
- Taking their dozens of cats away from them is as painful, if not more so, as someone taking away your one cat.



What causes hoarding?

- Hoarding has many similarities to OCD and in fact, used to be considered a form of OCD (until the DSM-5)
- Like OCD, it's not clear what causes hoarding disorder. *Genetics, brain chemistry and stressful life events* are being studied as possible causes.



Who is at risk of becoming a hoarder?

- Hoarding disorder can affect anyone, regardless of age, sex or economic status.
- It's not clear, though, how common hoarding disorder is. That's partly because some people never seek treatment.

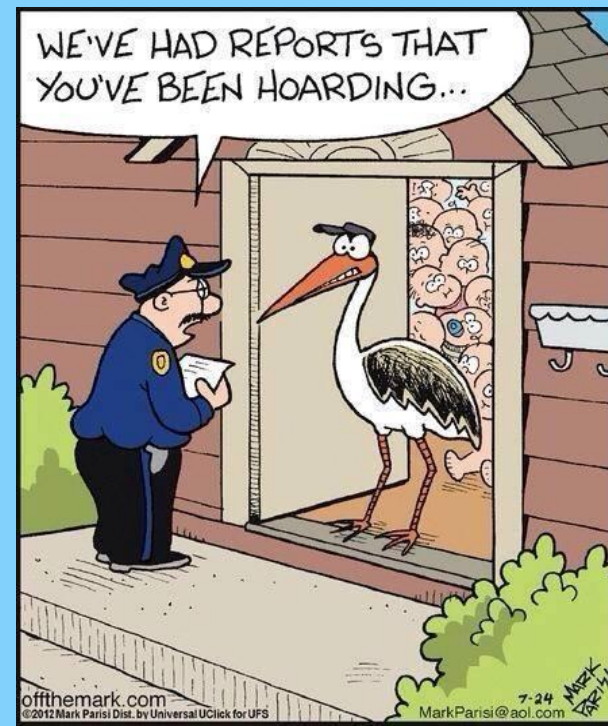


What are the risk factors?

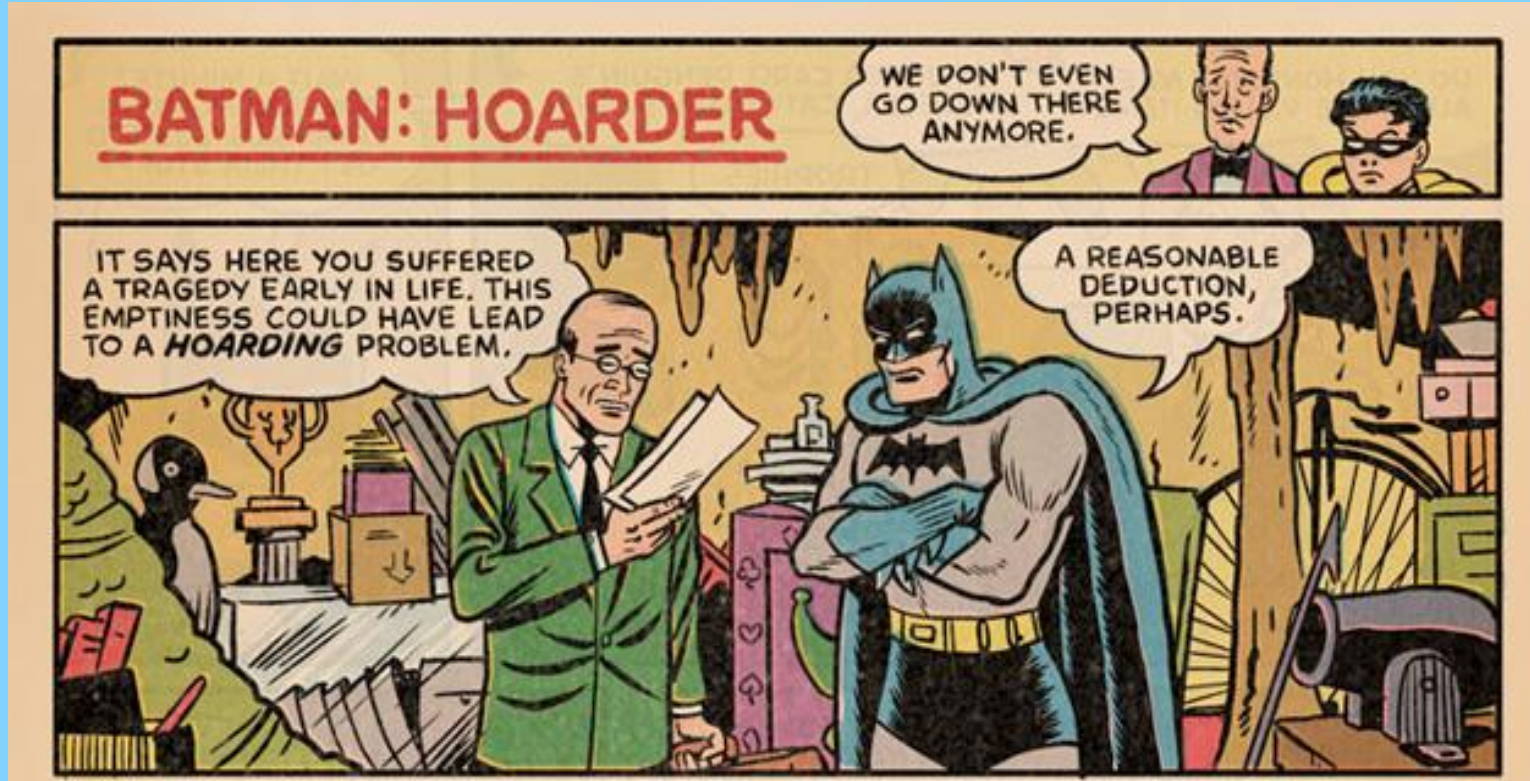
- **Age.** Hoarding usually starts around ages 11 to 15, and it tends to *get worse with age*. Younger children may start saving items, such as broken toys, pencil nubs, outdated school papers and broken appliances. Hoarding is more common in older adults than in younger adults.
- **Personality.** Many people who have hoarding disorder have a *temperament* that includes indecisiveness.



- **Family history.** There is a strong association between having a family member who has hoarding disorder and having the disorder yourself.
- **Social isolation.** People with hoarding disorder are typically *socially withdrawn* and isolated. In many cases, the hoarding leads to social isolation. But, on the other hand, some people may turn to the comfort of hoarding because they're lonely.



- **Stressful life events.** Some people develop hoarding disorder after experiencing *a stressful life event* that they had difficulty coping with, such as the death of a loved one, divorce, eviction or losing possessions in a fire.



Treatment

- Treatment of hoarding disorder can be challenging because many people don't recognize the negative impact of hoarding on their lives or don't believe they need treatment.
- This is especially true if their possessions or animals offer comfort. And people whose possessions or animals are taken away will often quickly collect more to help fulfill emotional needs.

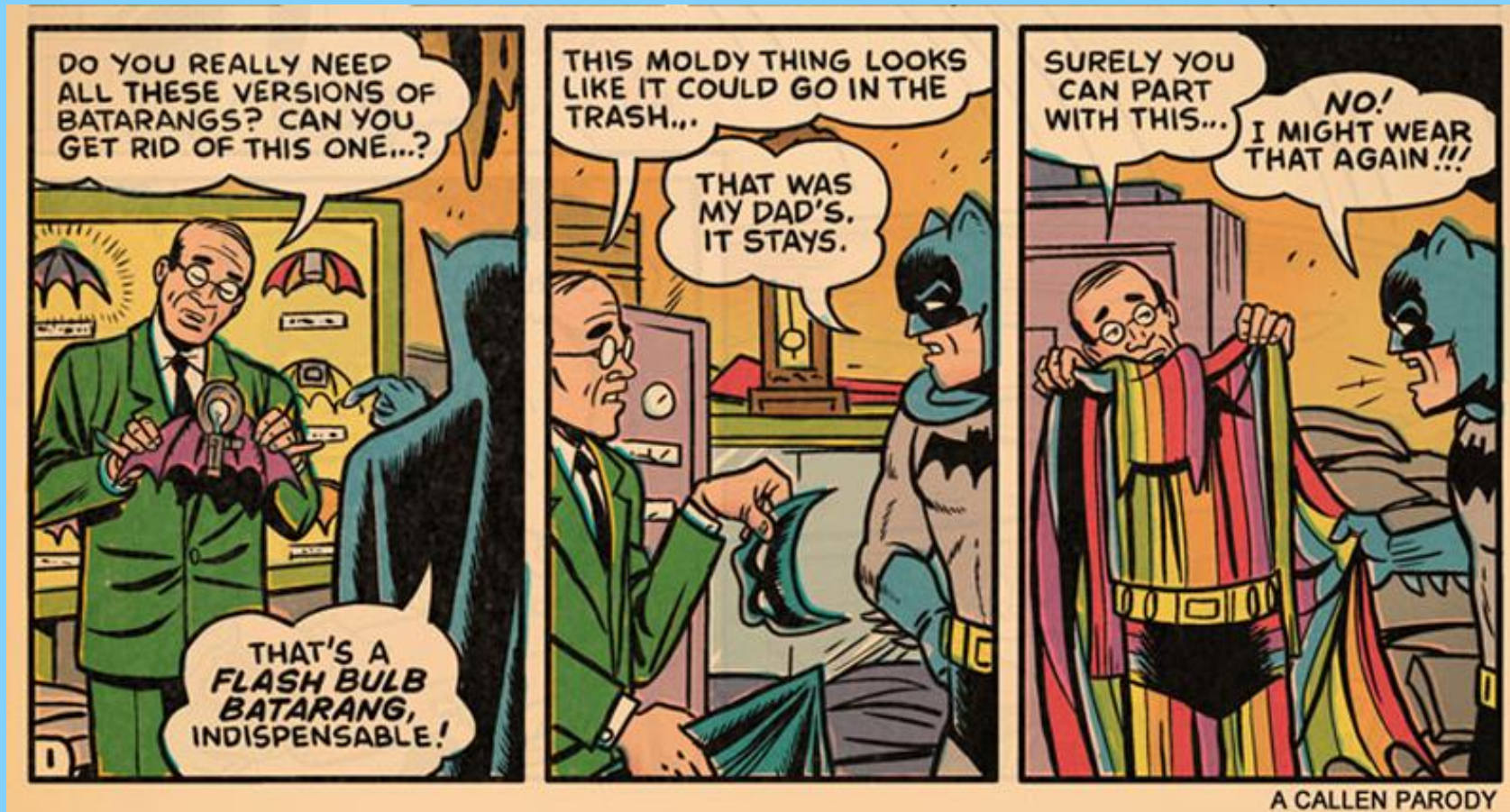


Cognitive Behavioral Therapy (CBT)

- Explore why you feel compelled to hoard
- Learn to organize and categorize possessions to help you decide which ones to discard
- Improve your decision-making and coping skills
- Learn and practice relaxation skills



- Declutter your home during in-home visits by a therapist or professional organizer



Does medication help?

- Although the primary intervention for hoarding disorder is psychotherapy, research continues on the most effective ways to use medications in the treatment of hoarding disorder.
- The medications most commonly used are a type of antidepressant called selective serotonin reuptake inhibitors (SSRIs).



Sources

- [MayoClinic.org](https://www.mayoclinic.org)
- [PsychCentral.com](https://www.psychcentral.com)

Trichotillomania (Hair-pulling Disorder)

- Trichotillomania (trik-o-til-o-MAY-nee-uh) is a disorder that involves ***recurrent, irresistible urges to pull out hair*** from **your scalp, eyebrows or other areas of your body, despite trying to stop.**



- Hair pulling from the scalp **often leaves patchy bald spots**, which **causes significant distress** and can interfere with social or work functioning.
- People with trichotillomania may **go to great lengths to disguise the loss of hair**.



- For some people, trichotillomania **may be mild** and generally manageable. For others, the compulsive urge to pull hair is **overwhelming**. Some **treatment** options have helped many people **reduce their hair pulling or stop entirely**.



What are the symptoms of trichotillomania?

- In addition to repeatedly pulling your hair out, the following symptoms are often also present:
- An ***increasing sense of tension before pulling, or when you try to resist pulling***
- A ***sense of pleasure or relief after the hair is pulled***
- Shortened hair or ***thinned or bald areas on the scalp*** or other areas of your body, including **sparse or missing eyelashes or eyebrows**



Other Symptoms

- **Preference for specific types of hair, *rituals* that accompany hair pulling or patterns of hair pulling**
- **Biting, chewing or eating pulled-out hair**
- **Playing with pulled-out hair or rubbing it across your lips or face**



Other behaviors



- Most people who have trichotillomania also will **pick their skin** (we'll talk about next), **bite their nails or chew their lips**.
- Sometimes **pulling hairs from pets or dolls or from materials, such as clothes or blankets**, may be a sign.
- Most people with trichotillomania pull hair **in private** and generally **try to hide** the disorder from others.

Focused vs. Automatic Pulling

- For people with trichotillomania, hair pulling can be:
- **Focused.** Some people pull their hair *intentionally* to relieve tension or distress — for example, pulling hair out to get relief from the overwhelming urge to pull hair. Some people may develop *elaborate rituals* for pulling hair, such as **finding just the right hair** or biting pulled hairs.
- **Automatic.** Some people pull their hair *without even realizing they're doing it*, such as **when they're bored, reading or watching TV.**

#67

I only pull out
the hairs
that feel different
from the rest.

- The same person **may do both** focused and automatic hair pulling, depending on the situation and mood. **Certain positions or rituals may trigger hair pulling, such as resting your head on your hand or brushing your hair.**
- Trichotillomania is a **long-term (chronic) disorder**. Without treatment, symptoms can vary in severity over time.



What causes Trichotillomania?

- The cause of trichotillomania is unclear. But like many complex disorders, trichotillomania probably results from a combination of ***genetic and environmental factors***. Also, **abnormalities in the natural brain chemicals *serotonin* and *dopamine*** may play a role in trichotillomania.



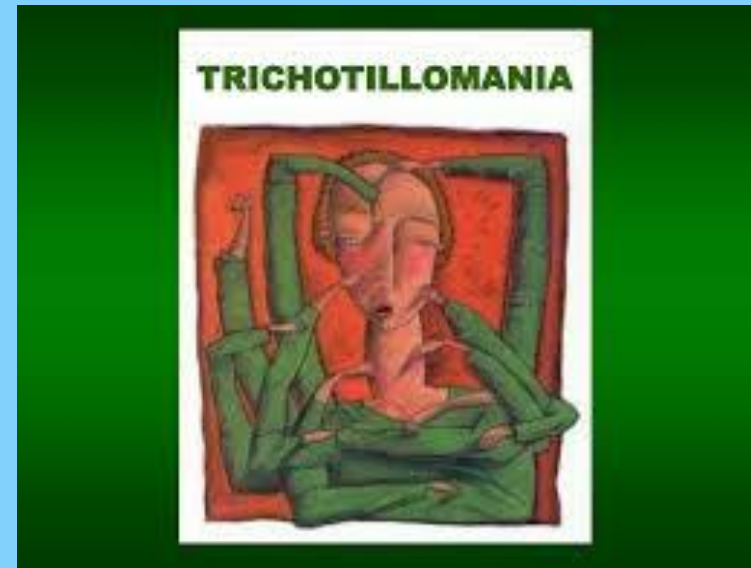
- **Positive reinforcement.** People with TTM often find that pulling out hair **feels satisfying and provides a measure of relief.** As a result, they **continue to pull their hair to maintain these positive feelings.**
- **Other disorders.** People who have TTM may also have other disorders, such as **depression, anxiety or obsessive-compulsive disorder (OCD).**
- **Gender.** Although **far more women than men are treated for TTM,** this may be because women are more likely to seek medical advice. **In early childhood, boys and girls appear to be equally affected.**



What are the risk factors?

- **Family history/Genetics.** The disorder may occur in those who have a **close relative** with the disorder.
- **Age.** Trichotillomania usually develops just before or during the early teens — most often **between the ages of 11 and 13** — and is often a lifelong problem. **Infants** also can be prone to hair pulling, but this is **usually mild and goes away on its own without treatment.**
- **Negative emotions.** For many people with trichotillomania, hair pulling is a **way of dealing with negative or uncomfortable feelings, such as stress, anxiety, tension, loneliness, fatigue or frustration.**

Negative effects



- Although it may not seem particularly serious, trichotillomania can have a great impact on your life. Complications may include:
- **Emotional distress.** Many people with trichotillomania report feeling shame, humiliation and embarrassment and experience low self-esteem, depression and anxiety because of their condition.

Embarrassment

- **Problems with social and job functioning.** Embarrassment because of hair loss may lead you to **avoid social activities** and occupational opportunities. People with trichotillomania **may wear wigs, style their hair to disguise bald patches or wear false eyelashes.** Some people may **avoid intimacy** for fear that their condition will be discovered.

939. That feeling of shame you get when your mom discovers a new bald spot.

Physical Effects

- **Skin and hair damage.** Constant hair pulling can cause abrasions and other damage, including ***infections***, to the **skin on your scalp** or the specific area where hair is pulled, and can ***affect hair growth***.
- **Hairballs.** Eating your hair may lead to a large, matted ***hair ball (trichobezoar) in your digestive tract***. Over a period of years, the hair ball can cause weight loss, vomiting, intestinal obstruction and even death.



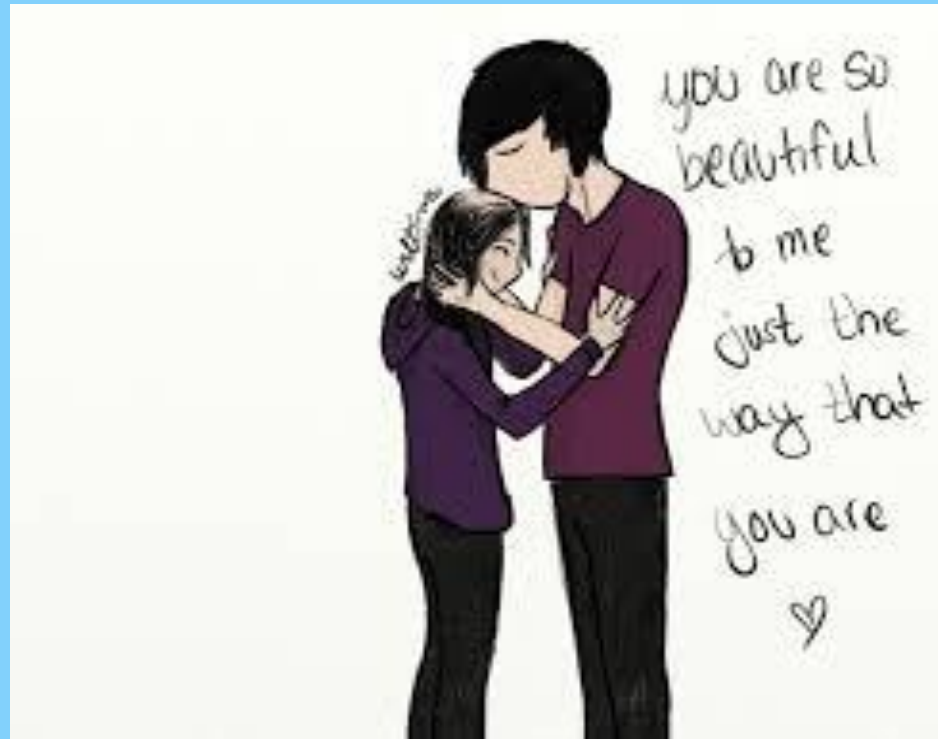
How do you treat TTM?

- **Habit reversal training** is the primary psychotherapy for trichotillomania. This type of therapy helps you learn how to *recognize situations where you're likely to pull hair* and how to *substitute other behaviors instead*. For example, you might **clench your fists for a period to "freeze" the urge**, or redirect your hand from your hair to your ear.
- **No medications** are approved by the FDA specifically for the treatment of trichotillomania. However, **antidepressants** may help control your symptoms.



Support

- Many people with trichotillomania report ***feeling alone*** in their experience of hair pulling. It may help to join a **support group** for people with trichotillomania so that you can meet others with similar experiences who can relate to your feelings.



Excoriation (Skin-Picking) Disorder

- Similar to Trichotillomania is another, recently added disorder called *Excoriation*.
- The essential feature of this disorder is ***recurrent picking at one's own skin***.
- The most commonly picked areas are the **face, arms, and hands**, but many individuals pick from multiple sites.



- In addition to skin picking, **skin rubbing, squeezing, and biting are also common.**
- Most individuals pick with their **fingernails**, although many use **tweezers, pins, or other objects.**
- Individuals with excoriation disorder often **spend significant amounts of time on their picking behavior**, sometimes several hours per day. Skin picking may endure for months or years.



Causes, Risks, & Treatment

- In order to qualify as Excoriation, the picking **can not be a form of self-injury** (which we'll discuss later in the semester)
- The **causes, risks, and treatment are similar to Trichotillomania**



Body Dysmorphic Disorder (BDD)

- Body dysmorphic disorder is a type of chronic mental illness in which ***you can't stop thinking about a flaw in your appearance - a flaw that is either minor or imagined.*** But to you, your appearance seems so shameful that you don't want to be seen by anyone.



- When you have body dysmorphic disorder, **you intensely obsess over your appearance and body image, often for many hours a day.**
- **Your perceived flaw causes you significant distress, and your obsession impacts your ability to function in your daily life.**



How many people are affected by BDD?

- 1-2% of population
- Equal among men and women



Body Dysmorphic Disorder: *By the Numbers*

BDD occurs in approximately:

- 1%** of the adult population
- 2.3-13%** of students
- 13%** of psychiatric inpatients
- 14-42%** of outpatients with atypical major depression
- 11-12%** of outpatients with social phobia
- 39%** of inpatients with anorexia nervosa
- 6-20%** of patients seeking cosmetic surgery

Why have I never heard of this?

- BDD has been around for at least 100 years.
- The impact of the **media** has brought greater attention to it.



Why don't I know anyone with this?

- People are **secretive** because they are **ashamed** or **don't want to seem superficial or vain** so they **rarely talk about it**.



Can't ever "fix" your flaws

- You may seek out numerous cosmetic procedures or excessively exercise to try to "fix" your perceived flaw, but you're never satisfied.
- Body dysmorphic disorder is also known as *dysmorphophobia*, the fear of having a deformity.



What are the symptoms of BDD?

- **Preoccupation with your physical appearance with extreme self-consciousness**
- **Frequent examination of yourself in the mirror, or the opposite, avoidance of mirrors altogether**
- **Strong belief that you have an abnormality or defect in your appearance that makes you ugly**



- **Avoidance of social situations**
- **Feeling the need to stay housebound**
- **The need to seek reassurance about your appearance from others**
- **Frequent cosmetic procedures with little satisfaction**
- **Belief that others take special notice of your appearance in a negative way**

People with BBD never believe the compliments they receive, instead they try to convince others of their ugliness.

- **Excessive grooming or excessive exercise** in an unsuccessful effort to improve the flaw
- The need to grow a beard or **wear excessive makeup or clothing to camouflage perceived flaws** (long sleeves)
- **Comparison** of your appearance **with** that of **others**
- **Reluctance to appear in pictures**



What do they obsess over?

- You may obsess over **any part of your body**, and the body feature you focus on **may change over time**. But common features people may obsess about include:
- **Face**, such as nose, complexion, wrinkles, acne and other blemishes
- **Hair**, such as appearance, thinning and baldness
- **Skin** and vein appearance
- **Muscle size** and tone



Delusional thinking

- You may be so convinced about your perceived flaws that **you imagine something negative about your body that's not true, no matter how much someone tries to convince you otherwise.**
- Concern over and **thinking about the perceived flaw can dominate your life, leading to absence from work, school or social situations due to extreme self-consciousness.**



What causes body dysmorphic disorder?

- It's not known specifically what causes body dysmorphic disorder. Like many other mental illnesses, BDD may result from a combination of causes, such as:
- **Brain differences.** *Abnormalities* in **brain structure** or **neurochemistry** may play a role.
- **Genes.** Some studies show that body dysmorphic disorder is more common in people whose **biological family members also have the condition.**
- **Environment.** Your environment, **life experiences** and **culture** may contribute to BDD, **especially if they involve negative experiences about your body or self-image.**

When does it start?

- Body dysmorphic disorder usually starts in **adolescence**.



What factors put you at risk?

- Like many disorders, the precise cause of body dysmorphic disorder isn't known, but certain factors seem to increase the risk of developing or triggering the condition, including:
- Having **biological relatives** with body dysmorphic disorder
- **Negative life experiences**, such as **childhood teasing**
- **Personality traits**, including *low self-esteem*
- **Societal pressure** or expectations of beauty
- Having **another psychiatric disorder**, such as anxiety or depression



The problem with Cosmetic Surgeries

- While it may seem that a **procedure to fix your perceived flaw** is a good option, skin (dermatologic) procedures, cosmetic surgery, dentistry or other approaches **usually don't relieve the stress and shame** of body dysmorphic disorder.



Never Satisfied

- You may not perceive the results you hoped for, or you may simply begin obsessing about another aspect of your appearance and seek out more procedures.
- 35% of those with BDD have cosmetic surgery
- 40% see a dermatologist



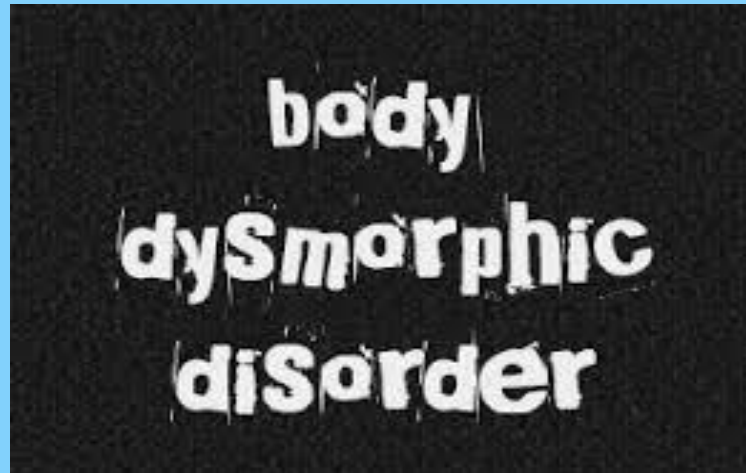
Treatment for Body Dysmorphic Disorder

- Treatment of body dysmorphic disorder can be difficult, especially if you aren't a willing and active participant in your care. But treatment can be successful.
- The two main treatments for body dysmorphic disorder are ***cognitive behavioral therapy*** and ***medications***. Often, treatment involves a combination of these.



Cognitive Behavioral Therapy

- **Helps you stop automatic negative thoughts** and to see yourself in a more realistic and positive way
- Helps you **learn healthy ways to handle urges or rituals**, such as mirror checking or skin picking
- **Teaches you other healthy behaviors**, such as how to socialize with others



Medication

- Although there are **no medications specifically approved** by the FDA to treat body dysmorphic disorder, **SSRIs** may be prescribed to help **balance serotonin levels** in the brains of those with BDD.



Is Hospitalization Necessary?

- Like with many other disorders, **in some cases**, your body dysmorphic disorder symptoms may be **so severe that you require psychiatric hospitalization**.
- Psychiatric hospitalization is generally recommended **only when you aren't able to care for yourself properly or when you're in immediate danger of harming yourself**.

