An Ethical Psychological Assessment Tool for Use in Anti-Ageing Cosmetic Treatments

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Australians spending $1 billion a year on cosmetic treatments

Anti-wrinkle injections most popular - $350 million in 2017
Major vs. Minor Cosmetic Treatments

• **Major cosmetic medical and surgical procedures** (‘cosmetic surgery’) involve cutting beneath the skin e.g. breast augmentation, breast reduction, rhinoplasty etc.

• **Minor (non-surgical) cosmetic procedures** do not involve cutting beneath the skin, but may involve piercing the skin e.g. cosmetic injections, laser skin treatments etc.
Psychological Factors

Risk of poor cosmetic treatment outcomes increased by:

- Relationship dissatisfaction
- Younger age
- Males
- Extrinsic treatment motivations
- History of depression and/or anxiety
- Body Dysmorphic Disorder

(Honigman et al., 2004; Sobanko et al., 2015)
Treatment Motivation

Intrinsic Motivation (from within)
- Improving appearance
- Slowing ageing
- Improving self-confidence

Extrinsic Motivation (from outside)
- Compensation, punishment, reward
- Relationships
- Job prospects/performance

(Crerand & Phillips, 2017)
Body Dysmorphic Disorder (BDD)

- Preoccupation with perceived defects/flaws in physical appearance that are **not observable or appear slight to others** (American Psychiatric Association, 2013).

- Affects approximately 1.7-2.5% of general population, and **6-53% of individuals in cosmetic settings** (Kelly et al., 2016).

- BDD is associated with a high incidence of suicidal ideation and behaviour, and a **high rate of unnecessary or harmful cosmetic surgery** (Phillips, Grant, Siniscalchi, & Albertini, 2001).
Medical Board of Australia Guidelines (2016)

The practitioner carrying out the cosmetic procedure should:

1. Assess the patient’s motivations and expectations to ensure they are realistic prior to treatment.
2. Refer to psych/GP for assessment if signs that patient may be unsuitable.
3. 7 day cooling off period for major surgeries, no time for minor.
4. Discuss other options with the client including not having treatment.
5. **Decline** the procedure if not in clients’ best interests.
Problems?

• No guidelines for how to assess patients.

• 84% of a sample of plastic surgeons had operated on someone with BDD unknowingly (Joseph et al., 2017)

• When using their intuition, plastic surgeons correctly identified only 2 out of 43 (4.7%) of individuals who screened positive for BDD on an established screening tool (Joseph et al., 2017)
AIM:
Develop a screening tool to identify individuals who may have BDD or other psychological contraindications in a cosmetic setting.

Stage 1
• Literature review and consultation with experts/consumers to identify variables of importance

Stage 2
• Develop online survey

Stage 3
• Pilot survey with a minimum of N = 100 existing/prospective clients from CPD Institute’s client database

Stage 4
• Further refine survey
  • Determine referral pathways depending on final scores

Stage 5
• Distribute to professionals within cosmetic industry
Measures

• Demographics
• Treatment motivation
• Cosmetic treatment history
• Satisfaction with most recent procedure – visible change, decision to seek treatment, outcome of treatment and informed consent process.
• Assessment of BDD symptoms (BDDQ-DV)
• Presence of appearance-related psychosocial distress
• Presence of general psychological distress (anxiety and depression) over last month
• Expectations for next cosmetic procedure
Key Findings - Demographics

• Final sample included 104 individuals
  • 99 females, 5 males
  • Average age = 42.22 years
  • 83% Caucasian
  • Highly educated (58% with undergraduate degree or higher)
  • 37% had only had a minor procedure, 35% had a major procedure, 30% had never had any procedure before.
  • 71% married/in a relationship.
  • 16% single – these individuals reported *higher expectations* for cosmetic treatment.
Figure 1. *Self-reported treatment motivations*
Treatment Motivations

- Increase self-confidence, 26%
- Improve appearance, 25%
- Sufficient finances, 5%
- Maintain treatment plan, 4%
- Job/work reasons, 2%
- Find relationship, 1%
- Not currently seeking treatment, 13%
- Other, 14%

Figure 2. Participants’ reasons for seeking treatment at present (Why now?)
Treatment Motivations

• Only 3% reported “extrinsic motivators”
• Individuals over the age of 40 were mostly motivated by ageing, individuals under the age of 40 were motivated by improving confidence.
• Younger individuals experienced more psychological distress and higher expectations for treatment, but similar levels of BDD symptoms.
  • With age, appearance dissatisfaction persists, but becomes less salient (Clarke & Bennett, 2015)
• Younger individuals may be seeking broader psychological change through appearance-altering procedures.
General Psychological Distress

• 42% of the sample scored as having *at least* a mild mental disorder over the previous month.
  • Much higher than general population (13%; Kessler et al., 2002)

• Greater distress related to higher expectations for cosmetic treatment.

• Combination of moderate/severe mental disorder and unrealistic expectations can be problematic → disappointed and angry clients.
BDD & Cosmetic Treatment

• 21.5% of the sample screened positive for a potential diagnosis of BDD.
• High levels of BDD associated with higher psychological distress, interference with social functioning and unrealistic expectations for treatment.
• Greater number of areas of concern leads to reduced satisfaction with treatment outcome.
• BDD showed greater discrepancy between satisfaction with decision to seek treatment (high) and satisfaction with outcome (lower).
  • Potentially explains polysurgical addiction and repeated surgery seeking.
  • Satisfaction with outcome decreases over time, whereas satisfaction with decision remains stable (Klassen et al., 2015)
Informed Consent

• Consent should cover what the procedure involves, risks and range of possible outcomes.

• Satisfaction with treatment outcome was predicted by BDD severity, satisfaction with the visible change in appearance and satisfaction with informed consent.

• Individuals with BDD were less satisfied with the informed consent process.

• Medical guidelines currently allow initial consent for minor procedures to be obtained on the day.
Consultation with Clients

How would you feel about receiving this information [that you might not be suitable for treatment]?

“Oh my god, that would be terrible. That would be terrible. They’re basically saying you can’t have that because you’re not stable. That would be very bad... If they told me after having the procedure I would think more about what they’re saying”

“I would want to know the outcome, and how you came to your conclusion, but I would still get it done. I would want to know what your findings were, but I’d still get it done.”

“You’d feel a bit well... If someone said to you, you need to go see a shrink, well that wouldn’t feel very good, would it?... You’d feel down and awful [to find out on the day].”
Consultation with Clients

Hypothetically, if the results of the survey suggested that you may need further psychological assessment prior to receiving your cosmetic treatment, how would you like to have this information communicated to you?

“I think by letter or mail. Then I’d have time to absorb going, “Hmm, what does that mean exactly? And then I could Google it and get it all in my head.”

“I’ll give you some information, I can send it to you in the mail about our procedures, probably give some resources, just have a think, you know, maybe go to your GP and discuss what procedure you’re having done?”
Limitations

• Retrospective study design
• Open-ended question probing motivation
• Need to consider how to convey this information sensitively to clients.
Summary

• The current project emphasised important factors to consider in minor cosmetic treatments.

• Younger age, single, general psychological distress and BDD symptoms all relate to heightened unrealistic expectations for treatment which need to be managed to avoid disappointment.

• Young people in particular may enter the industry seeking these procedures to obtain psychological change.

• Strong informed consent process will help increase treatment satisfaction.
Recommendations

Not enough concrete evidence exists to suggest minor cosmetic treatments are *harmful* but informed consent can help improve outcomes. Current recommendations:

1. Prospective clients complete assessment online *prior* to first treatment.
Recommendations

2. Clinician has a discussion with the client to discuss results of assessment.
3. Clinician that enters this ‘double’ informed consent process, offers resources to manage outcomes of assessment and time for patient to process.
Future Research

- Currently have refined screening tool and at completion phase of piloting again, for the purpose of assessing reliability and validity of the final tool.
- Currently completing acceptability study to assess how well-received the tool is by clinicians and clients, and any issues with implementation.
- Conducting prospective research with the final screening tool to assess whether it can detect changes in psychological outcomes before and after treatment.
Project Outputs

• Screening measure which can be used to detect clients who may require further education prior to treatment.
• Quantitative data from pilot study and qualitative data from interviews with clients, professionals and BDD experts.
• Mental health resources and list of body image clinicians to be found on CPD Institute’s website.
• Recommendations and scripts for how to conduct informed consent process.
• Future publications and presentations.
References


Thank you

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