## Letter to the Editor

### t is illegal to post this copyrighted PDF on any website Zoom Dysmorphia and Body Dysmorphic Disorder: Clinical and research initiatives such as the LAMP (Learn,

# Regarding Technology Use in Psychiatry and Mental Health

**To the Editor:** I read with great interest Türk and Jafferany's report on the impact of increased use of videoconference applications on body dysmorphic disorder (BDD).<sup>1</sup> Zoom dysmorphia refers to an exaggerated preoccupation with perceived imperfections in physical appearance as evidenced by prolonged exposure to our own image through use of videoconference applications.<sup>2</sup> This syndrome emerged in the literature after the COVID-19 pandemic propelled the widespread use of these technologies.<sup>2</sup> The ripple effects of COVID-19 and the public health efforts to contain it had a major societal impact, affecting our everyday lives both directly and indirectly as well as several vulnerable groups in particular.<sup>3,4</sup> One example is the potential negative impact of the widespread implementation of remote work on sleep quality, anxiety, and depression symptoms.<sup>4</sup>

The concept of Zoom dysmorphia and its diagnostic framework are controversial issues.<sup>2,5</sup> Despite still lacking a thorough phenomenologic analysis, current descriptions largely overlap with the overall concept of BDD. BDD is a complex psychiatric disorder with an estimated prevalence of 2% in the general population, and patients often present to multiple medical specialties other than psychiatry.<sup>6</sup> Patients with BDD often initially present to dermatology clinics, and BDD was one of several conditions that contributed to the development of psychodermatology as a discipline.<sup>7</sup> Psychodermatology services may differ with several possible clinic models.<sup>7</sup> However, core principles include the need for a holistic approach to care with specific communication skills as well as careful history taking and clinical examination provided by a multidisciplinary team in close liaison with other specialties and primary care.<sup>8,9</sup>

Türk and Jafferany<sup>1</sup> explored the potential of using telehealth for BDD screening. Their work raises important questions and prompts further reflection on the complex relationship between telehealth and psychiatry.<sup>10</sup> Satisfaction with telehealth interventions in mental health and psychiatry varies, but these approaches are generally well accepted, as evidenced by a study<sup>11</sup> that reported a 92% overall satisfaction rate for caregivers and patients with intellectual disability. Regarding efficacy of specific psychotherapeutic interventions, there is also evidence suggesting that they may be effective in cognitive-behavioral therapy (CBT) for depression and dialectal-behavior therapy for suicidal patients.<sup>12–14</sup> As for the general population, smartphone app CBT has been effective in reducing negative affectivity and increasing self-efficacy in the management of negative emotions in college students.<sup>15</sup>

Although I do not oppose the suggested use of telehealth for screening patients with body dysmorphic concerns, the specificities of these patients requiring additional care in the way they are approached and managed should be stressed. A recent multicentric study<sup>16</sup> in 17 countries could provide answers to help define high-risk patient groups. Not surprisingly, this study<sup>16</sup> identified a 5-fold higher prevalence of BDD in patients presenting with skin conditions in comparison to controls. Conditions most associated with an 11-fold higher chance of developing BDD symptoms included hyperhidrosis, alopecia, and vitiligo.<sup>16</sup> Schut et al<sup>16</sup> also found symptoms correlated with younger age, female sex, psychological stress, and stigmatization experiences. Assess, Manage, and Prevent) Consortium have been created with the goal of improving clinical care in digital mental health interventions.<sup>17</sup> Raising awareness for specific presentations of BDD is essential for referral to appropriate services for assessment and treatment.

Drs Türk and Jafferany thank the authors for the comments and endorsing their idea about Zoom dysmorphophobia, as this condition needs more attention, particularly in this era of multiple virtual platforms for meetings and interviews.

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