

HOW TO PROTECT MEDICAL PROFESSIONALS FROM UNREALISTIC EXPECTATIONS OF CLIENTS IN CORRECTIVE DERMATOLOGY?

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SUMMARY – Today's society is characterized by a desire to achieve and maintain youthful appearance, and both men and women are increasingly seeking for cosmetic enhancement. Corrective dermatology is one of the fields dealing with such clients. Corrective dermatology interventions include chemical peels, fillers, botulinum toxin, laser treatments, mesotherapy, etc. Although clients are usually satisfied with the outcome of these minimally invasive cosmetic interventions, there are some people that have unrealistic expectations of the outcome. Moreover, there is a particular subgroup of people that appear to respond poorly to cosmetic procedures and are never satisfied with the outcome. These are usually people with the psychiatric disorder known as 'body dysmorphic disorder'. The major challenge for the physician in corrective dermatology is detection of the clients with unrealistic expectations towards the aesthetic procedure they have decided to undergo. Therefore, medical professionals who practice corrective dermatology should have a serious, non-profitable approach and select their clients carefully. High quality training in aesthetic procedures, knowledge of the possible complications and the ability to address them properly, along with the obligatory informed consent including photodocumentation, should be the framework of good practice. This is also the best way to protect medical professionals from unrealistic expectations of their clients.

Key words: *corrective dermatology, aesthetic interventions, informed consent, body dysmorphic disorder*

Introduction

Today, there are many anti-aging, minimally invasive procedures in the outpatient corrective dermatology practice. These procedures include chemical peels, fillers, botulinum toxin, laser treatments, mesotherapy, etc¹. In the last decade, aesthetic procedures have dramatically increased. From the total of 10.2 million aesthetic treatments performed in 2008, 83% were minimally invasive procedures. Botulinum toxin and dermal filler injections, laser hair reduction, chemical peels, laser skin resurfacing, microdermabrasion, and

intense pulsed light photorejuvenation were the most commonly performed procedures in 2008². Figures provided by the American Society for Aesthetic Plastic Surgery reveal that corrective procedures (surgical and non-surgical) performed by plastic surgeons, dermatologists and otolaryngologists increased by 119% between 1997 and 1999. In 1999, more than 4.6 million such procedures were performed, with the top five being chemical peels (18.3% of the total), botulinum toxin A injection (10.8%), laser hair removal (10.5%), collagen injection (10.3%), and sclerotherapy (9.0%)^{3,4}. Croatian data are not available, as there is no central registry or reporting requirements.

As people generally seek for corrective procedures to feel better about themselves, one would expect that successful procedures would lead to the improvement

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of the client's quality of life and psychological status. However, clients who have unrealistic expectations of outcome are more likely to be dissatisfied. There are some people who are never satisfied with the intervention, no matter how good the results really are. These individuals often suffer from certain psychological problems. Physicians who practice corrective interventions should be aware of this and should be able to recognize such individuals.

Why do People Seek for Corrective Interventions?

According to the national procedural statistics report released in the spring 2009 by the American Society of Plastic Surgeons, minimally invasive procedures are still popular, which confirms the so-called 'lipstick effect' observed during economic downturns; the term was coined by Leonard Lauder, chairman of Estee Lauder, who witnessed a surge in lipstick sales following the events of 9/11. It seems that in times of economic and social instability, consumers substitute small, affordable luxuries for their bigger, more expensive aspirations. This concept translates to aesthetic medicine and surgical services in that patients are postponing pricier and more invasive procedures and opting for cheaper, less risky and more temporary interventions, such as injections and dermal fillers instead of facelifts. This is supported by statistics from the American Society for Aesthetic Plastic Surgery, which reports that non-surgical procedures show growth (laser skin resurfacing by up to 12%, calcium hydroxyapatite injections by up to 3% and chemical peels by up to 2.9%)⁵.

Both men and women are becoming increasingly concerned about their physical appearance. There are many reasons why people want to change their appearance; personal reasons (psychological wounds from childhood persiflage, the importance of body appearance, self-esteem improvement), the society influence (attitude towards aesthetic procedures within the society), various personality disorders (borderline, narcissistic, histrionic, obsessive-compulsive disorder), and other psychiatric or psychodermatologic disorders⁶. In some cases, concern with physical appearance may be severe, and can cause subjective distress to the individual and result in impairment of functioning in social and other domains⁷.

Factors Associated with an Unsatisfactory Psychosocial Outcome of Corrective Interventions

Castle *et al.* studied the influence of cosmetic surgery on psychological status. Patients appeared to be generally satisfied with the outcome of their procedures, although some exhibited transient and some longer-lasting psychological disturbance. Research has also shown that factors associated with unsatisfactory outcomes of aesthetic intervention include the following: being young, being male, having unrealistic expectations of the procedure, previous unsatisfactory cosmetic surgery, minimal deformity, motivation based on relationship issues, and suffering from depression, anxiety, or personality disorder². Most of the people who decide to have a corrective intervention appear as psychologically stable, but it is not always the real situation. Dissatisfaction with the results of the cosmetic procedure in a client with an underlying psychological disorder represents a problem for both the client and the physician. It commonly results in requests for repeat procedures, depression, inability to adjust to the changes in looks, isolation from friends and family, self-destructive behavior, and even rage towards the medical professional, which can lead to malpractice claims and negative referrals.

The patient's expectation of the procedure outcome is very important. Distinction can be made between expectations regarding the self (e.g., to improve body image) and expectations relating to external factors (e.g., enhancement of social network, establishing a relationship, getting a job)⁴. It seems that externally directed expectations are of more concern – if the person views the procedure as a solution for his or her life problems, the outcome is more likely to be poor⁸. Body dysmorphic disorder (BDD) or dysmorphophobia is a psychiatric disorder that was also recognized in some studies as a predictor of unsatisfactory outcome of the aesthetic intervention⁷.

This condition is also called 'dermatological non-disease', where the patient is rich in symptoms but poor in signs of organic skin disease⁹. It is a pathological preoccupation with body aesthetics where the patient is preoccupied with the looks of his entire body or with certain parts of the body, in particular the face in women, and the scalp and genitalia in men. Patients are preoccupied with slight or imaginary imperfections, which causes considerable distress or func-

tional impairment. Such individuals have unrealistic expectations about the outcome of corrective surgery³. BDD was found in 14% of dermatology outpatients and 10% of cosmetic surgery patients, with a gender ratio of 1^{10,11}. Patients with BDD perceive imagined physical defects and seek for cosmetic procedures to correct them. Since these procedures will not improve the underlying psychological condition, the patient will not be satisfied even with technically the most successful surgery. Moreover, research has shown that their symptoms even tend to worsen after corrective interventions¹². Therefore, BDD is considered a contraindication for cosmetic surgery. However, BDD is a treatable disorder, and pharmacological treatment with selective serotonin reuptake inhibitors and non-pharmacological treatment with cognitive behavior therapy have been shown to be effective¹³.

Physician's Engagements in Corrective Dermatology

The provider of corrective dermatological procedures should have the necessary medical education, the ability to diagnose the condition, and skills to perform the procedure or adequately address possible complications that may occur as the result of or in the course of the procedure.

Research results attributed clients' complications primarily to 'nonphysician operators' such as cosmetic technicians, aestheticians, and employees of medical/dental professionals who performed various invasive medical procedures outside of their scope of training or with inadequate or no physician supervision¹⁴. Therefore, physicians in the field of corrective dermatology should have a serious medical, non-profitable approach and estimate the justifiability of the requested corrective procedure as well as the possibility of the favorable outcome of the procedure.

The knowledge and the recognition of the risk factors for the client's negative psychological reaction are very important for the procedure outcome.

Approach to the Client with Unrealistic Expectations in Corrective Dermatology

One of the major challenges for medical professional in corrective dermatology is detection of clients with unrealistic expectations towards the aesthetic procedure they have decided to undergo. Thorough screening of a client is crucial to ensure that postop-

erative expectations are met and can be vital for identification of the patient who will become a management problem¹⁵.

Acquiring more knowledge about the client as well as the time spent with him builds a solid rapport, and the usual 30-minute consultation or even shorter is not enough to learn about the individual's psychosocial status.

One of the most difficult things in the screening is to determine whether the client has BDD. If the client reports being preoccupied with the perceived flaw (e.g., thinking about it for at least an hour a day), and if the concern with the flaw causes marked distress or impaired functioning, BDD is likely to be present³. Similarly, if the physician perceives the client's cosmetic problem to be much more trivial than the patient believes it to be, suspicion should be aroused³. It is useful to ask about previous corrective interventions, and their cosmetic and psychosocial outcome. One should be careful with the clients who have had numerous procedures performed by various practitioners, and particularly those who report the outcome of such procedures to be unsatisfactory.

A client's psychiatric history and current mental state should also be examined. Corrective procedures should probably not be performed on people who suffer from depression, psychosis or BDD. Referral of such patients to a psychiatrist is strongly recommended³.

Physician should provide enough time and patience to talk and listen to his client in order to achieve trustful and friendly relation. It is important to develop a conversational consultation style that focuses on listening to the clients' concerns, putting together a treatment plan that solves her/his concerns and then answering questions that arise⁵.

According to the psychological assessment, physician should advise the client on the optimal cosmetic procedure. Thorough medical documentation is crucial and medical professionals should always make written reports of each session with the client and obtain an informed consent before the intervention, including before-and-after photos of the client.

Informed Consent

The principle of informed consent, aimed at the lawfulness of health assistance, tends to reflect the

concept of autonomy and of decisional autodetermination of the person requiring and requesting medical and/or surgical interventions¹⁶. Generally, 'informed consent' requires that the patient is fully informed of the risks of treatment, the prognosis, and alternative treatments before consenting to treatment¹⁷. It is well known that the most common issue in the physician malpractice case is an appropriate informed consent. Consent can be either verbal or written, however, in court, signed client's document is mandatory in today's litigious society¹⁸.

Conclusion

As the demand for corrective interventions continues to rise, medical professionals involved in the field should be aware of the complications that may arise when dealing with the clients who have unrealistic expectations of the results. Therefore, physicians should be careful with the selection of their clients because not every person who seeks a corrective or minimally invasive procedure is an appropriate candidate for it. Potential clients should undergo prescreening with thorough history and physical examination to determine the suitability of the treatment proposed. Prior to the intervention, one should make sure that the client understands the procedure and that an informed consent is obtained. Clients should always be asked to clearly define their expectations of the procedure. Patients with medical contraindications or unrealistic expectations should not be accepted.

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Sažetak

KAKO ZAŠTITITI LIJEČNIKA OD NEREALNIH OČEKIVANJA POJEDINIH KLIJENATA U KOREKTIVNOJ DERMATOLOGIJI?

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U današnje vrijeme svi žele postići ili održati mladenački izgled, stoga se i žene i muškarci sve češće odlučuju za korektivne zahvate. Korektivna dermatologija jedno je od područja koje pruža usluge klijentima koji žele poboljšati vlastiti izgled. Postupci koji se primjenjuju u korektivnoj dermatologiji uključuju različite kemijske pilinge, filere, primjenu botulinum toksina, laserske tretmane, mezoterapiju itd. Iako se pokazalo da su klijenti uglavnom zadovoljni rezultatima takvih minimalno invazivnih kozmetičkih intervencija, ponekad se susrećemo s pojedincima koji imaju nerealna očekivanja od navedenih zahvata. Štoviše, određeni klijenti nikad nisu zadovoljni rezultatima, bez obzira koliko dobri oni objektivno jesu. Tada se najčešće radi o osobama koje boluju od psihijatrijskog poremećaja zvanog tjelesni dismorfični poremećaj ili dismorfofobija. Jedan od glavnih izazova za liječnika koji se bavi korektivnim zahvatima je prepoznavanje klijenata s nerealnim očekivanjima, jer posljedice nezadovoljstva takvih pojedinaca ponekad su početak neugodnih situacija, pa čak i sudskih tužba. Stoga je neobično važno da liječnici koji se bave tim područjem imaju ozbiljan i neprofitabilan stav pri odabiru svojih klijenata. Kvalitetna obuka u estetskim zahvatima, poznavanje mogućih komplikacija, kao i sposobnost da ih se tretira, zajedno s obveznim prikupljanjem obaviještenog pristanka (uz fotodokumentaciju klijenta prije i poslije zahvata) trebaju biti okosnice uspješnog rada. To je ujedno i najbolji način da se liječnik zaštiti od nerealnih očekivanja pojedinih klijenata u korektivnoj dermatologiji.

Ključne riječi: *korektivna dermatologija, estetski zahvati, obaviješteni pristanak, tjelesni dismorfični poremećaj*

