Dear Editor,

Obsessive-compulsive disorder (OCD) and body dysmorphic disorder (BDD), although described in different sections of psychiatric classifications, present with many phenomenological similarities\(^1\)\(^,\)\(^2\)\(^,\)\(^3\) and the latter is included in the obsessive-compulsive (OC) spectrum.\(^4\)

BDD is characterized by irrational preoccupations with nonexistent or minimal physical defects, which interfere in the individual’s activities. Patients usually show mirror checking, avoidant and reassurance seeking behaviors that resemble OCD; both usually present early onset, chronic and fluctuating course and are frequently comorbid.\(^2\)\(^,\)\(^3\)

Herein we report a clinical case that raised considerable debate regarding the diagnostic boundaries between these disorders.

Case report: S.P.O., a 50 year-old married woman, presented excessive preoccupation with her hair for six years, after she lightened it believing that dark hair made her look older. She began to ask blond women the type and name of products they used on their hair, writing down the information “so as not to forget it”, using the same pen and with “perfect” letters, in a ritualized manner. She went to beauty and cosmetic shops several times a day, checked product catalogues and when at home, phoned to recheck the information. She admitted that “this was absurd”, but could not control herself, otherwise she would become extremely anxious. She noted that attendants avoided her and was ashamed to think they were making fun of her. Sometimes they would call her family members, because she spent hours in the stores asking the same questions and bothering other clients. She developed depressive mood, insomnia, appetite and weight loss, hopelessness, apathy, self-depreciation, isolation, and suicidal ideation.

Since adolescence she avoided going out during daylight, because she was ashamed of her “big and tortuous” nose and “enormous” hands and feet. She also believed her skin had many spots and used excessive sun protection measures. These thoughts continuously made her suffer and interfered considerably in her life and relationships.

She also presented cleaning and ordering compulsions, which led to frequent quarrels with her husband and children.

Family history: one sister with OC symptoms and excessive worries about her low weight, another sister with panic attacks, father and one brother with alcoholism and one aunt with depression, who committed suicide.

In the Structured Clinical Interview for Axis I DSM-IV Disorders she met diagnostic criteria for OCD, BDD, and recurrent depressive disorder. Initially, she scored 28 in the Yale-Brown Scale (OCD severity, maximum: 40) and 41 in the Beck Depression Inventory, obtaining global improvement with paroxetine 40mg/day and cognitive-behavior techniques directed to her dysmorphic and OC symptoms (cognitive restructuring and exposure with response prevention).

Family studies suggest common etiological factors for OCD and BDD and treatment approaches are similar, including serotonin reuptake inhibitors and cognitive-behavior therapy.\(^2\)

The most consistent difference between these disorders is the level of insight, typically worse in BDD patients.\(^2\)\(^,\)\(^5\) Esthetic preoccupations are overvalued (egosyntonic) and not obsessive (egodystonic) ideas;\(^6\) however, critical appraisal is not an “all or nothing” phenomenon, but a continuum or dimensional construct, with different degrees of impairment in both conditions.\(^2\)\(^,\)\(^5\)\(^,\)\(^6\)

This case demonstrates the overlap between OCD and BDD, and the difficulties in their differential diagnosis. These phenomenological similarities may have not only theoretical or nosological implications, but involve etiological and therapeutic aspects of importance.\(^3\)\(^,\)\(^6\)

Further studies are required to determine whether BDD would be better conceptualized as an OC spectrum disorder\(^4\), or even an OCD subtype.\(^2\)\(^,\)\(^6\)

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**References**

Dear Editor,

Factor analysis (FA) is a statistical procedure widely used in psychological research, especially in evaluating latent variables. Despite its widespread popularity, in our milieu FA has an incipient use. FA is consistent with data reduction, as to determine the number and nature of factors represented by a pool of items and their correlation. Each factor captures items of the questionnaire with a similar pattern of variation among the studied individuals, hence having a probable common cause; for example, symptoms of depression. FA allows establishing which items belong to each factor and its influence on the construct that is being assessed with the test. Therefore, it is important to conduct FA before the Cronbach’s alpha test (method concerned about the homogeneity of the scale items -internal consistency), because the latter assumes that there are correlations between items of the test. Psychometrically tested instruments can add information for a more precise clinical judgment. When an instrument is adapted for another culture, it is crucial to re-test its factorial structure as it may vary, and results could become imprecise. In this regard, the article by Pereira et al. entitled “Factor structure of the Rutter Teacher Questionnaire in Portuguese children”, which examined psychometric properties of this Questionnaire (Rutter B2), is timely.2 They found good psychometric properties, conducting both FA and internal consistency, assuring reliability. However, comparing to original and other versions, some items were associated with different factors and all three factors explained just 38.88% of the total variance.2

One can say that Pereira et al. could have found more expressive results if they had based some of the FA methodological steps on recent recommendations.1,3,4 FA was conducted using the Kaiser criteria (K1) and the scree test for determining the number of factors to retain. There is robust evidence that K1 overestimates the number of factors, because factor retention is based on an arbitrary rule (eigenvalues greater than 1).1,4,5 Scree test, which involves examining the plot of the eigenvalues for breaks or bends, may work better than K1,3 mainly with strong factors, nevertheless it can show variation in interrater reliability, because the decision is subjective.1,3-5 Recently, several studies that compared methods of factor retention have been evaluated. Parallel analyses (PA) are based on a FA with random data similar to the original test, and resulted factors with eigenvalues lower than the delivered through the PA are not considered. There is evidence that PA is one of the most accurate methods,4-6 being scree test used as an adjunct, but not by itself.1,4,5

Of note also, Pereira et al. have chosen to use varimax (orthogonal) rotation, the most common choice, but this kind of rotation is based on the supposition of non-correlation among the factors. In social sciences, however, some correlation among factors is expected, therefore the orthogonal rotation can lose valuable information.1,3 Oblique rotation examines the pattern matrix for the loadings of the factor/items and the factors of the correlation matrix, revealing any correlation between factors, and consequently could offer a more accurate and reproducible solution.1,3

Each of these issues has a deep effect on the factor structure result. Aiming at contributing to better solutions using FA for

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### Disclosures

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* Modest
** Significant
*** Significant. Amounts given to the author's institution or to a colleague for research in which the author has participation, not directly to the author.

Note: UNESP = Universidade Estadual de São Paulo.

For more information, see Instructions for authors.

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### References