To our knowledge, no associations between medication use and body dysmorphophobic symptoms has been reported in the literature. Here, we are presenting a case of a patient with schizophrenia who started to have body dysmorphophobic symptoms after her receiving clozapine.

Case Report

Ms. A, a 54-year-old single female patient, had suffered from schizophrenia for 30 years with unrelenting course and had repeated admissions to acute psychiatric wards. During the most recent inpatient treatment at a medical center, she started to receive clozapine for the first time in combination with fluphenazine depot injection. She showed partial response to clozapine 200 mg/day after an eight-week hospitalization. Then, she was transferred to a psychiatric center for further stabilization of her psychotic symptoms.

On admission to the psychiatric center, the patient presented herself with auditory hallucinations, loose association and fragmented delusions with grandiose, religious, and persecutory themes. Her fluphenazine depot injection was discontinued and clozapine was titrated gradually up to 400 mg/day over an eight-week period. As a result, she had less intensity in hallucinations, more relevant speech, less delusional contents in her thoughts, and could participate in group activities. But she gradually became preoccupied with her eye sizes. She felt that her eyes looked too small in size, and that she had to drink coffee to make her eye size bigger. She repeatedly checked her eyes in front of various mirrors, and asked for reassurance from staff and other patients, and avoided participating in group activities because she thought her eyes made her look ugly. Despite her somatic preoccupation, her overall clinical condition was relatively stable, and she was discharged to a nursing home after a 10-week hospitalization at the psychiatric center.

Preoccupation with patient’s eye sizes persisted, and her anxiety could not be managed at the nursing home where had less staffing and more structured daily schedule. Two weeks later, she was re-admitted to the psychiatric center. To further deal with her somatic preoccupation, I collected detailed information about development of the symptoms from the patient, her family and her psychiatrist from the medical center. She started to have a new onset of dysmorphophobia-like somatic preoccupation 3-4 months after her receiving clozapine at the psychiatric center. She was found to have no abnormality of her eyes after a referral examination by an ophthalmologist. Thus, clozapine was shifted to haloperidol 20 mg/day gradually over six weeks. Body dysmorphophobic symptoms were resolved quickly after discontinuation of clozapine. But her psychotic symptoms were relapsed with exacerbated hallucinations, delusions, and formal thought disorder. Hence,
olanzapine, and subsequently valproic acid, were added over another five-week period. Her mental status was stabilized with daily haloperidol 20 mg, olanzapine 20 mg, and valproic acid 1,000 mg. She remained free from body dysmorphic symptoms and could participate in group activities.

**Comment**

Body dysmorphophobia has been associated with psychotic disorders in various ways [1-3]. In this patient, the association between clozapine use and emergence of body dysmorphic symptoms merits discussion. Three to four months after receiving clozapine, Ms. A developed her imaginary ugliness of her eyes. This presentation is a typical presentation in body dysmorphic disorder [4]. The patient also had reassurance-seeking behaviors and social avoidance. These symptoms were resolved quickly after discontinuation of clozapine. Further studies are needed to clarify the associations between clozapine use and body dysmorphic symptoms in patients with schizophrenia.

**References**


Chi-Hua Yu, M.D.*
Bali Psychiatric Center, Department of Health
Received: January 14, 2013; revised: February 5, 2013; accepted: February 5, 2013
*Corresponding author. No. 33, Huafushan, Bali District, New Taipei City 249, Taiwan
E-mail: Chi-Hua Yu <ch_yu@bali.doh.gov.tw>