



Guideline for Cosmetic Clinique’s, -surgeons and -specialists:

How to use and work with the

Plast-IQ™ Psychological Pre-Screening tool (PPS)

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1. Intro and background

As a cosmetic surgeon/specialist/Clinique you are expected to apply a *holistic approach* when assessing your customers/patients. That is easier said than done, since cosmetic surgeons and cosmetic specialists are not (seldom) specialists in psychiatry and mental health.

Nevertheless, the mental part of pre-assessment prior to cosmetic procedures seems to be as important as the physical part – ref. scientists and best available evidence in this field (see Appendix 1 below).

Some countries have started to introduce guidelines/standards for the mental part of pre-assessment of patients undergoing cosmetic procedures (e.g.: Australia), even introducing some mandatory elements.

Patient safety is obviously the starting point for this. However, there is also great scope for increased safety and efficiency for the cosmetic Clinique's, -surgeons and -specialists involved - if handled correctly.

PPS: What it is, and what it is not.

The Plast-IQ™ Psychological Pre-Screening tool (PPS) is a tool that helps to assess and address *mental preparedness* of people who are considering cosmetic surgery or cosmetic treatment. It does so in a holistic and comprehensive way based on best available evidence (see Appendix 1 below).

The PPS is a tool for you to use as part of your pre-assessment of your customers and patients.

The PPS is *not diagnostic* – i.e.: it does not establish any mental diagnosis. It does not offer any kind of treatment. And it does not provide any rigid conclusions or mandatory demands for the user or the cosmetic professional.

The PPS assesses and suggests “indications” of BDD (body-dysmorphic disorder) and impulsivity.

And it assists in identifying signs of other mental conditions. When appropriate, the PPS provides a referral to a mental specialist, which you (your Clinique) are advised to respect and follow-through on. See copy of the Referral Form in Appendix 2 below.

Furthermore, the PPS address *softer aspects of preparedness* – such as quality of life, balanced thinking, and general well-being.

The PPS helps you to identify “good candidates” and “bad candidates” for cosmetic procedures, and it provides specific recommendations.

Maybe you (your Clinique) already have a pre-assessment questionnaire regarding physical aspects – such as smoking, weight, etc. The PPS is a similar questionnaire – but for the mental aspects relevant as part of pre-assessment prior to surgery/treatment.

The PPS provides recommendations – for you and your patient to discuss and agree about together, towards making final decision about the wish for cosmetic procedure.

2. Some key principles, and boundary conditions

As a cosmetic surgeon or cosmetic specialist, you cannot be expected to be an expert on psychiatry and mental health. However, you are expected to perform a *holistic pre-assessment* of your customers/patents – including the mental part.

The PPS is a tool for you (your Clinique) in this regard. It provides you with a standardized approach, which allows you to reduce the number of assumptions and strengthen evidenced base practice.

At the same time, it reduces and optimizes the time you (your Clinique) spend on the mental part of your pre-assessments.

In other words: The PPS helps you to reduce risks for your patient as well as for yourself (your Clinique). Simultaneously, it helps you save and optimize your time, and it provides you with a standardized approach and framework.

Psychological conditions and mental challenges can prevent the individual from thinking clearly and having the necessary capacity when considering and deciding on cosmetic surgery.

As mentioned, the PPS does not establish any mental diagnosis. Establishing and communicating mental diagnoses to an individual should only be done following face-to-face or online consultations with a psychiatrist. The PPS only provides indications and recommendations.

Also, the PPS does not provide any treatment.

Furthermore, the PPS does not ask for or collect any kind of personally identifiable information. This means that the patient-confidentiality stays between you (your Clinique) and your customer/patient.

Another separate guideline (User-manual) exists for the administrative and IT-technical part of using the PPS (e.g.: how you log on as a Clinique, how you create an end-user, etc.).

A third separate guideline has been developed for mental specialists to whom the patient is referred.

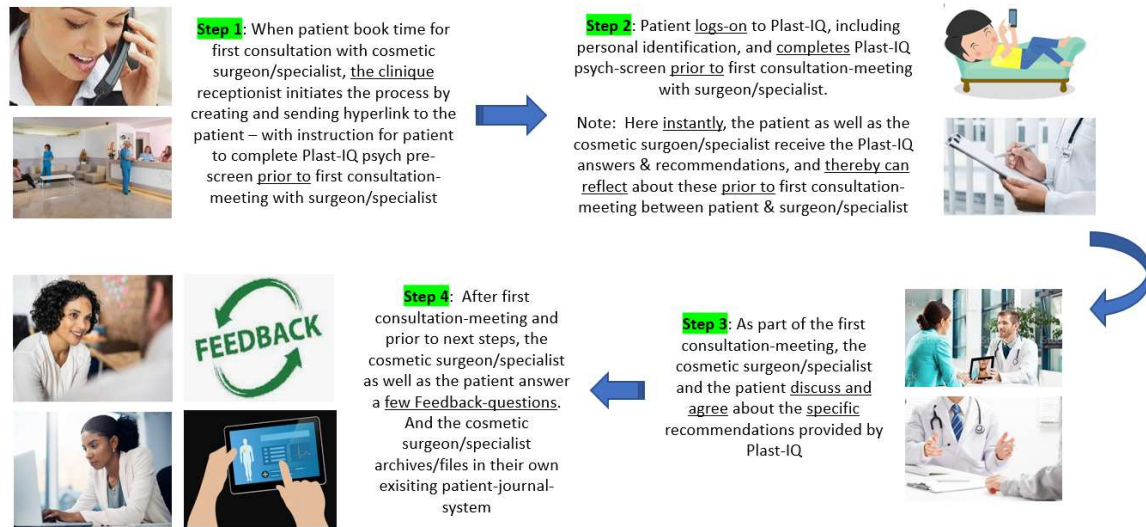
3. Work context and work process

You (your Clinique) decide how you use the PPS.

Here below, Figure 1 illustrates how PPS is typically used in a cosmetic Clinique.

Depending on the size of your Clinique and number of employees, you (your Clinique) can decide your own detailed workflow and number of people to be involved in the use of PPS in your Clinique.

Figure 1: Typical workflow, when using PPS in a cosmetic Clinique.



For example – and as illustrated in Figure 1 – your Clinique might have administrative staff that you want to be involved in the administrative part of using the PPS (e.g.: sending the PPS questionnaire to the end-user, monitoring that it gets completed, etc.).

You (your Clinique) might even have designated nurses or other members of staff that you (your Clinique) decide to get involved in reviewing the PPS final report and recommendations.

4. Confidentiality and personal data

As a WebApp and tool, the PPS itself is *completely “anonymous”* – in the sense that it does not ask for, contain, or store any personally identifiable information (PII).

Nevertheless, the PPS Full Report is obviously personal – but without containing any information that actually/uniquely identifies the person itself.

This means that confidentiality and personal data is kept where it belongs – between you and your customer/patient.

And you should be aware, that the way the PPS Full Report is communicated/transported can make it personally identifiable information (PII). For example, when it is sent via e-mail - since the e-mail address itself can then make it personally identifiable information (PII).

5. “Duty of care”

“Duty of care” is an expression that can have several meanings – dependent on where it is applied (countries/jurisdiction/context). For example - within healthcare, ref. Google:

“A duty of care is a legal duty to provide a reasonable standard of care to your patients and to act in ways that protect their safety. A duty of care exists when it could reasonably be expected that a person’s actions, or failure to act, might cause injury to another person.”

As an example, within healthcare: In some countries/jurisdictions, doctors and other health-personnel are obliged to act, intervene, and report in case of urgent risk to a person’s health or the health of others.

In this context it is important to mention that the PPS – including its Full Report and recommendations – does not in itself create or impose any further “Duty of Care” obligations for you (your Clinique).

As a cosmetic surgeon/specialist/Clinique it is of course important that you and your employees are aware what “Duty of Care” obligations apply to you. You are advised to ask your employer and manager if you are in any doubt. You may also ask any professional associations or authorities that govern your area of work.

Appendixes

Appendix 1: Summary of some existing science

Existing science

Here some examples of the existing science*, that have served as part of the foundation and motivation for development of the **Plast-IQ™ Psychological Pre-screening tool**:

1. Overall psychological characteristics of cosmetic patients

- A. 50% of all people seeking cosmetic surgery have a diagnosable mental disorder versus background population where 4-16% have a **mental disorder** (Malick et al. 2008 and Golshani et al., 2016)
- B. 55% of all the people that have had cosmetic surgery done suffer from **depression or anxiety** after they have had the cosmetic surgery done. Versus background population where 4-16% have a mental disorder. Various degrees, severity and durations of such depression or anxiety (Gruber et al., 2009)
- C. People seeking plastic surgery are more likely to be emotionally unstable and have **poor interpersonal relationships** (Milothridis et al., 2016)

2. Examples of psychological conditions causing problems for cosmetic patients

- A. **Depression** is 5-6 times more common in people seeking cosmetic surgery than in the background population (Gruber et al., 2009)
- B. **BDD**, Body-Dysmorphic-Disorder:
 - People suffering from BDD are more likely to feel dissatisfied and complain about result of surgery (Mulken et al., 2012, and Wang et al., 2016)
 - BDD patients can constitute legal and physical threat for cosmetic surgeons/specialists (Sweis et al., 2017)
 - 84% of plastic surgeons reported that they had unknowingly operated on patients with BDD. (Higgins et al., 2017)
 - Magnitude of the issue: Up to 19,2 % of people requesting cosmetic surgery suffer from BDD (Salari et al., 2022)

3. Suicide risk for cosmetic patients

- A. Women that have had breast augmentation are subsequently at 200-300% increased risk of **suicide** (Sarwer et al, 2007)
- B. Four out of five suffering from BDD (Body-Dysmorphic-Disorder) will have suicidal thoughts, and one in four suffering from BDD will attempt suicide (Phillips et al., 2007)

4. Mentally well patients recover better from surgical procedures than others

- A. Ghoneim et al., 2016
- B. von Soest T et al., 2009

5. Need for effective, useful and standardised psychological pre-screening

- A. List of some of the scientists who conclude that this is needed:
 - Salari et al., 2022
 - von Soest T et al., 2012
 - Higgins et al., 2017
- B. Existing pre-screens neither effective nor useful (Wildgoose et al., 2013)

6. Dissatisfaction among cosmetic patients

- A. More psychological problems pre-intervention lead to lower satisfaction post-intervention (von Soest T et al., 2009)
- B. Cosmetic patients who suffer from BDD, Body-Dysmorphic-Disorder: Only 1% of patients with BDD are satisfied following cosmetic surgery, and 82% of cosmetic surgeons believed that BDD patients had a poor outcome following cosmetic surgery (David B. Sarwer, 2002)

Appendix 2: Copy of Referral Form

“As mentioned, one or more of your answers indicate that you would benefit from seeing a mental health professional before potentially proceeding to the cosmetic surgery/treatment you have in mind. The suggested next steps for you in this context are the following:

- Consult a mental health professional of your choosing (psychiatrist or psychologist), and bring this report, with special focus on the "Referral Form" included at the end*
- Whatever feedback you get from such consultation, you are advised to share it with your trusted family and friends*
- Also bring such feedback if or when you decide to consult a cosmetic surgeon/specialist*
- Importantly, let this feedback guide you in your personal decision-making about cosmetic surgery/treatment”*

REFERRAL FORM:

Please bring this form to the mental health specialist you consult (psychiatrist/psychologist) in order to maximise your benefit from this consultation.

You have completed the “Plast-IQ™ Psychological Pre-Screening” as part of your consideration about having cosmetic surgery/treatment. As part of your recommendations from this Pre-screening, you are recommended to consult a mental health specialist.

The mental health specialist will now be assessing and addressing the following:

- Rule out severe psychopathology (mental illness) that would interfere with sound decision-making
- Personality characteristics that could interfere with sound decision-process
- Consider whether you could benefit from further psychological or psychiatric intervention
- Your overall safety - based on your specific, personal situation

To optimise your engagement with the mental health specialist, you are advised to share your full report from the Plast-IQ™ Psychological Pre-Screening with him/her.

Best Regards Plast-IQ™

