

not every conference abstract will be followed by a full article, these numbers should be discussed. In 1996, Amadio and colleagues studied the rate of full article randomized controlled trials from volume 1 to volume 19 (1994) of *The Journal of Hand Surgery*. From 3107 articles, letters, and abstracts, they identified 25 controlled clinical trials and eight randomized controlled trials (0.26 percent).⁵ A 10-year analysis of publications in *Plastic and Reconstructive Surgery*, *Annals of Plastic Surgery*, and *Aesthetic Surgery Journal* revealed a randomized controlled trial publication rate of 3.2 percent.⁶ A 16-year analysis of all articles published in *Aesthetic Plastic Surgery* revealed only a 1 percent randomized controlled trial publication rate (11 of 1048 original articles).⁷ In *Plastic and Reconstructive Surgery*, the number of randomized controlled trials published increased from 1983 to 2003 from 0 percent to 7 percent.⁸ As far as reporting quality is concerned, all conference abstracts presented at American Society of Plastic Surgeons, American Burn Association, and American Society for Surgery of the Hand meetings have plenty of room for improvement, with the Consolidated Standards of Reporting Trials statement to be endorsed substantially.

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Narcissism, Perfectionism, and Interest in Cosmetic Surgery

Sir:

Cultural commentators argue that we live amid an “age of narcissism,” where narcissistic self-absorption and perfectionistic striving encourage interest in cosmetic surgery.¹ Case studies and media reports also suggest that narcissism (vanity, exhibitionism, superiority, and entitlement) and perfectionism (ceaselessly demanding perfection of oneself) foster interest in cosmetic surgery.² Such observations, although provocative, have yet to be subjected to empirical scrutiny.

To address this shortcoming, we recruited 305 undergraduate women (mean \pm SD age, 19.48 \pm 3.26 years) who completed reliable and valid self-report questionnaire measures of narcissism,³ perfectionism,⁴ and interest in cosmetic surgery.⁵ Our study was approved by an institutional ethics committee, and participants provided informed consent in writing. A moderated multiple regression analysis predicting interest in cosmetic surgery explained a moderate amount of variance ($R^2 = 0.05$, $p < 0.05$) and indicated that narcissism ($\beta = 0.07$, $p > 0.05$) and perfectionism ($\beta = 0.10$, $p > 0.05$) were unrelated to interest in cosmetic surgery. However, narcissism interacted with perfectionism ($\beta = 0.14$, $p < 0.05$) such that interest in cosmetic surgery was greatest among individuals with high levels of both narcissism and perfectionism (Fig. 1).

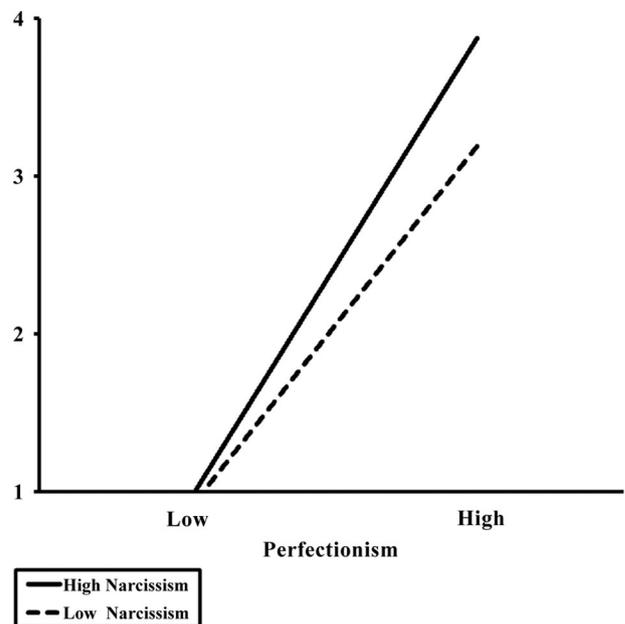


Fig. 1. Individuals characterized by high levels of both narcissism and perfectionism appear especially interested in cosmetic surgery.

Our results lend credence to observations implicating narcissism and perfectionism in cosmetic surgery^{1,2} and refine this literature by suggesting that a synergistic relation between narcissism and perfectionism may underlie and motivate interest in cosmetic surgery. Narcissistic perfectionists (individuals characterized by extreme levels of both narcissism and perfectionism) may strive to perfect their bodies through cosmetic surgery in an effort to garner attention, demonstrate superiority, or augment a grandiose but unstable sense of self.^{3,4}

Although not all cosmetic surgery patients are narcissistically pursuing bodily perfection, important implications for cosmetic surgeons nevertheless arise from our results. Narcissistic perfectionists may be particularly challenging and potentially hostile patients. Indeed, a vain, entitled, and grandiose patient demanding a perfect (and therefore unrealistic) outcome may be nearly impossible to satisfy—even if an objectively successful and aesthetically pleasing surgical outcome is obtained. Pairing surgical procedures with psychological interventions may assist narcissistic perfectionists in overcoming barriers to a satisfying surgical experience.

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