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Effect of Body Image on Health Outcomes in Individuals with Weight-related Disorders

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# Effect of Body Image on Health Outcomes in Individuals with Weight-Related Disorders

## An Integrative Review

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## Background

- Obesity and anorexia nervosa are two growing health concerns in the United States.
  - Prevalence rate for obesity: 20%
  - Prevalence rate for anorexia nervosa: 0.6%
- Body image is the combined perception of how one feels about their appearance with how others perceive them.
- Distortions of body image contribute to the rising rates of weight-related disorders.

## Research Questions

1. What is the role of cognitive distortion in males and females with anorexia nervosa and obesity?
2. What are precursors to negative body image? In other words, how can these triggers be prevented?
3. What mechanisms underlie body dissatisfaction and its influence on anorexia nervosa and obesity?

## Problem Statement

Prevalence rates of body image distortion may be reduced through early intervention and recognition of the role body satisfaction has on one’s behavior, its mechanism, and its influence on one’s health.

## Conceptual Framework

![Epidemiological Triangle]

- Host
- Agent
- Environment

## Methodology

An integrative literature review was conducted using ProQuest Nursing and Allied Health Source Database, Cumulative Index to Nursing and Allied Health Literature (CINAHL) Complete, and DePaul University-Libraries Worldwide database. The following keywords were used: health outcomes, body image, misperception, anorexia, and obesity.

## Results

Fifteen studies were integrated into the literature review. The articles chosen comprised of quantitative research, qualitative research, or integrated review.

## Discussion

### Role of Cognitive Distortion in Males and Females

- Overweight and obese males and females experiencing cognitive distortion perceive their bodies to be smaller than actual, whereas underweight individuals with anorexia perceive themselves to be larger than actual.
- Males regard their bodies in regards to masculinity to reach ideal male form. Males focus on gaining muscle in their chest and abdomen region. Women focus on achieving an ideal feminine body as exploited by the media. Females focus on toning their lower body.  

### Precursors to Negative Body Image

- Emotional dysregulation plays a fundamental role in decreased body satisfaction. Emotional dysregulation is associated with low resilience and inadequate coping following continuous exposure of the ideal body form through visual stimuli.
- Physical exposure may cause underestimation or overestimation of body image if an individual is normalized to a population where overweight or underweight individuals are prevalent.
- Smoking, active lifestyle, family and peer support, and accurate perception of weight are factors that positively correlate to high body satisfaction, whereas long screen time, low socioeconomic status, skipping meals, drinking alcohol, being married, and frequent body checking associate with body dissatisfaction.

### Mechanisms Underlying Body Dissatisfaction

- The inability to disassociate oneself from intrusive thoughts is known as thought-shape fusion. Psychological distress causes hypothalamic–pituitary–adrenal axis dysregulation and increases levels of cortisol, ghrelin, insulin and pro-inflammatory cytokines.
- Negative emotion alters the makeup of amygdala and hippocampus. In addition, exposure to specific stimuli in the environment causes neural adaptation.

## Conclusion

Weight related disorders affect both males and females in the United States. Through understanding the impact that both anorexia nervosa and obesity have on cognitive distortion of body image in females and males and its precursors, healthcare providers can target specific questions to identify whether patients are at risk for developing either disease.

## Nursing Considerations

Nurses need to be vigilant in patient assessment for precursors affecting body image satisfaction. Nurses should promote regular physical activity, higher education, support groups, and positive image programs. Resources should be relayed to individuals who are socioeconomic disadvantage and are in need of psychological support.

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See attachment for references