

RELATIONSHIPS BETWEEN DISORDERED EATING BEHAVIOURS AND BODY IMAGE IN PERIMENOPAUSAL WOMEN

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BACKGROUND

- **Disordered eating** (DE) refers to a range of unhealthy eating behaviours that can be detrimental to an individual's physical and psychosocial wellbeing.
- Although strong correlations have been established between DE and disrupted **body image** in younger populations [1], little is known about **middle-aged women's** experience of body image and DE behaviours.
- In particular, during the **menopausal transition**, this population experiences hormonal fluctuations, shifts in body composition [2], and an increased risk of psychological challenges [3], all of which could influence the role of body image perception in DE development.

OBJECTIVE

Investigate differences in **body image** perception among **perimenopausal women with higher** compared to **lower** levels of DE.

HYPOTHESIS

It was hypothesized that **body image** would be **poorer** in perimenopausal women who were experiencing more **DE behaviours**.

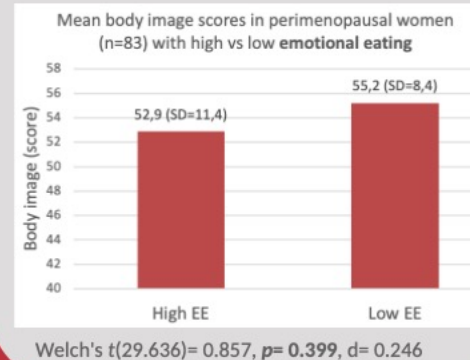
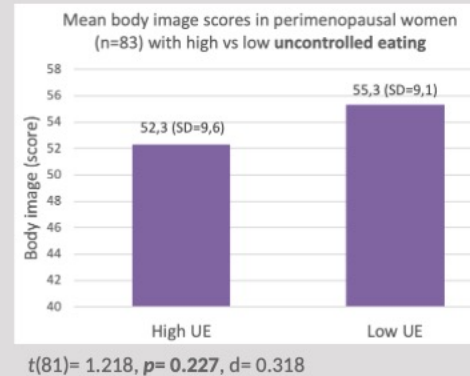
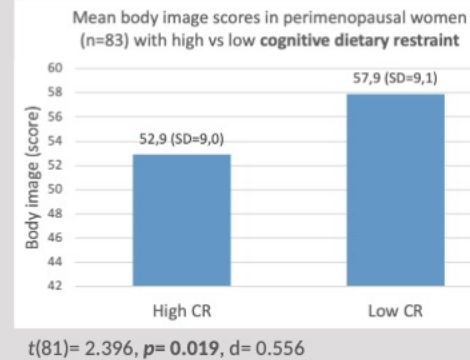
METHODS

- **Design and sample:** Cross-sectional analysis including data from 83 healthy and initially premenopausal women (47-55 years, BMI<30.0 kg/m²) who participated in the Montreal-Ottawa New Emerging Team (MONET) prospective cohort study.
- **Perimenopause:** menstrual cycle irregularities >3 months or amenorrhea <12 months.
- **Assessment of DE behaviours:** cognitive dietary restraint (CR), uncontrolled eating (UE), and emotional eating (EE) subscales of the Three-Factor Eating Questionnaire-R18 [4-5]. Participants reporting ≥3 behaviours from the CR or UE subscales, or ≥2 behaviours from the EE subscale, were assigned to the "high" group for a given behaviour, while the remaining participants were assigned to the "low" group.
- **Assessment of body image:** Total score from the Mendelson's Body Esteem Scale [6]. Higher scores are indicative of a more positive body image (score range: 0-96 points).
- **Statistical analyses:** Independent samples t-tests were used to compare body image scores in women with higher vs. lower levels of each DE subscale. Welch's t-test was used for the EE analysis due to unequal variance between groups.

DESCRIPTIVE RESULTS

- Mean body image score: **54.6 points (SD = 9.2)**
 - Score range: **34 - 77 points**
- Proportion of participants in low and high DE groups:
 - **High CR (66.3%) vs Low CR (33.7%)**
 - **High UE (22.9%) vs Low UE (77.1%)**
 - **High EE (26.5%) vs Low EE (73.5%)**

RESULTS



CONCLUSION

- In perimenopausal women without obesity, **poor body image** may be **more prevalent** among women presenting higher levels of CR.
- Nonetheless, overeating-related behaviours such as **UE and EE** have **also been associated with poor body image in younger populations**, warranting caution with the interpretation of our results.
- **Limitations** include the small sample size and the lack of generalizability to women living with obesity.

SIGNIFICANCE

- **Dietetic professionals** should be aware of the possible co-occurrence of **disrupted body image** and **restrictive eating** behaviours in women undergoing **menopause**.
- **Future research** may consider investigating **risk factors** as well as potential physical and psychological **repercussions** of DE in diverse samples of menopausal women.

REFERENCES

1. Štefanová E, Bakalár P, Baška T. *Int J Environ Res Public Health*. 2020;17(18):6665. doi:10.3390/ijerph17186665
2. Greendale GA, Sternfeld B & al. *JCI Insight*. 2019;4(5):e124865. doi:10.1172/jci.insight.124865
3. Mulhall S, Andel R & al. *Maturitas*. 2018;108:7-12. doi:10.1016/j.maturitas.2017.11.005
4. Stunkard AJ, Messick S. *J Psychosom Res*. 1985;29(1):71-83. doi:10.1016/0022-3999(85)90010-8
5. Karlsson J, Persson LO & al. *Int J Obes Relat Metab Disord*. 2000;24(12):1715-1725. doi:10.1038/sj.ijo.0801442
6. Mendelson BK, Mendelson MJ & al. *J Pers Assess*. 2001;76(1):90-106. doi:10.1207/S15327752JPA7601_6