



# Psychosocial predictors of body image dissatisfaction in patients referred for NHS aesthetic surgery

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## KEYWORDS

Cosmetic;  
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**Summary Background:** A limited number of studies have researched psychosocial predictors of body image dissatisfaction exclusively within the National Health Service (NHS) aesthetic surgery patient populations, despite aesthetic surgery being offered on an exceptional basis. The Adult Exceptional Aesthetic Referral Protocol (AEARP) defines criteria for aesthetic surgery under the NHS in Scotland. The protocol requires psychological assessment prior to surgery for the majority of aesthetic surgery procedures offered. It is therefore important to establish psychological predictors of body image dissatisfaction to aid with assessment and provision of psychological therapy for this patient group.

**Method:** 334 consecutive potential aesthetic surgery patients referred for psychological assessment under the AEARP completed psychosocial self-report assessment measures as part of routine practice. Multiple regression analysis using the forced entry method was used to investigate psychosocial predictors of body image dissatisfaction.

**Results:** Multiple regression analysis indicated that younger age, greater symptoms of depression, lower levels of self-esteem and greater interpersonal sensitivity significantly predicted higher levels of self-reported body image dissatisfaction. Symptoms of anxiety did not significantly predict body image dissatisfaction.

**Conclusion:** This study indicates that both self perception and perception of self in relation to others, especially fear of being judged by others, significantly relates to body image dissatisfaction in this patient group. Psychological assessment of patients' suitability for aesthetic surgery should consider factors such as the patients' interpersonal functioning. Psychological intervention targeted at symptoms of depression, difficulties with self-esteem and interpersonal functioning may be of significant benefit to patients either prior to undergoing surgery or as an alternative to aesthetic surgery.

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## Introduction

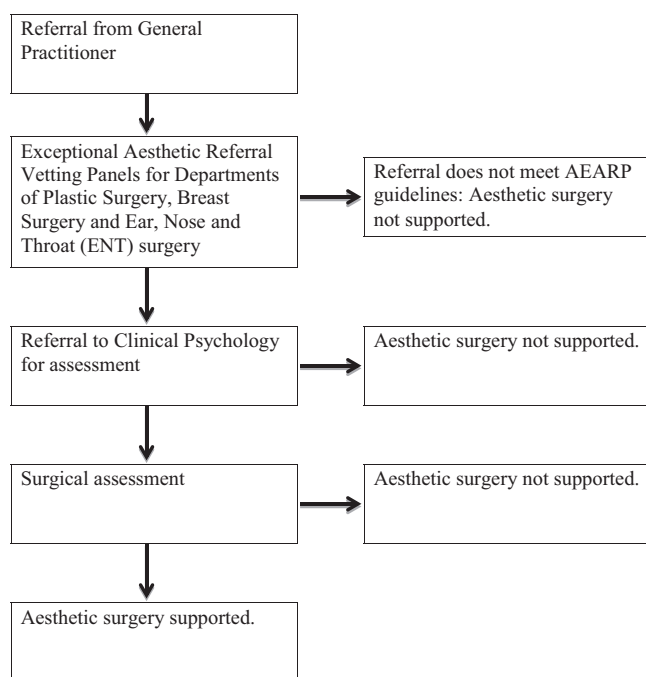
Aesthetic surgical procedures are not routinely available on the National Health Service (NHS) as they do not treat an underlying disease process.<sup>1</sup> Aesthetic procedures can be carried out on an exceptional basis where there is evidence that the patient will benefit from surgery. NHS guidelines around these procedures vary across regions of the United Kingdom.<sup>2</sup> In NHS Scotland, the Adult Exceptional Aesthetic Referral Protocol (AEARP) defines the patient pathway and criteria for a range of aesthetic procedures.<sup>1</sup> Referral under this protocol is indicated for patients who present with significant and prolonged psychological distress and associated impairment in functioning relating to their body image dissatisfaction providing they are likely to benefit from aesthetic surgery. For most procedures, the protocol recommends referral to Clinical Psychology for assessment of possible psychological indicators and contraindications for surgery. Available data for two NHS Scotland Health Boards for the year 2015 indicates that approximately 396 individuals were referred under the AEARP, with 204 of these individuals being offered assessment by Clinical Psychology. The AEARP assessment pathway is presented in Figure 1.

Despite aesthetic surgery being performed under the NHS on the grounds of psychological distress, reviews have highlighted that there remains insufficient evidence that the majority of patients will benefit psychologically from surgery.<sup>3</sup> In fact, there is a general lack of understanding regarding the psychological characteristics of individuals requesting aesthetic surgery<sup>4</sup> and psychological factors that would indicate and contraindicate surgery have yet to be established within the literature.<sup>2,5</sup> Whilst body dysmorphic disorder (BDD) has been associated with a higher risk of poorer aesthetic surgery outcomes,<sup>6</sup> further research is required to establish

wider psychological risk factors.<sup>7</sup> Body image dissatisfaction is the most important reason given by patients for undergoing aesthetic surgery.<sup>8</sup> The degree of body image dissatisfaction has been found to be unrelated to degree of appearance abnormality,<sup>9</sup> indicating that psychological factors may have an important role. The available literature indicates that up to 42% of NHS patients assessed within this patient pathway will be recommended for psychological intervention, as opposed to surgical intervention following psychological assessment.<sup>5,7</sup> Considering all these factors, it is crucial to establish the psychological characteristics associated with body image dissatisfaction in this population in order to enhance treatment provision.

A limited number of studies have researched exclusively the NHS aesthetic surgery patient population.<sup>9</sup> Understanding this population with regards to establishing patients that will gain the maximum benefit from surgical interventions is particularly important if the NHS is to continue to allocate valuable resources to funding aesthetic surgery on an exceptional basis. It is therefore necessary to consult wider research in order to establish potential psychological factors associated with appearance distress in NHS aesthetic surgery patients. Reviews of aesthetic surgery studies conducted within the private and public sectors highlight that self-esteem has been one of the most consistently investigated psychological variables alongside body image.<sup>3,10</sup> However, studies in these reviews have tended to focus on body image and self-esteem changes post-surgery without fuller investigation of the potential relationship between these variables. The available literature does indicate some support for a relationship. A study of patients assessed prior to undergoing cosmetic rhinoplasty surgery found that lower self-esteem was associated with higher levels of body image dissatisfaction.<sup>11</sup> Mulkens et al found that self-esteem was associated with body image dissatisfaction in patients who had undergone aesthetic surgery in the Netherlands in the previous 5 years.<sup>8</sup>

There are inconsistencies within the literature regarding the psychiatric difficulties observed within aesthetic surgery populations.<sup>3</sup> In patients assessed prior to breast reduction surgery, Faria et al<sup>12</sup> reported that, whilst some patients reported clinical symptoms of anxiety and depression, the overall sample did not report greater clinical symptoms than the general population. Postoperative assessment indicated improved symptoms of body image dissatisfaction, anxiety and depression. The authors concluded that the observed symptoms of anxiety and depression were caused by the distress of having large breasts. Ercolani et al<sup>13</sup> noted greater symptoms of anxiety in rhinoplasty patients with 34% reporting clinical symptoms of anxiety preoperatively. An overall improvement in symptoms of anxiety was observed postoperatively. However, patients reporting marked anxiety preoperatively continued to report marked anxiety 5 years post-surgery. The authors concluded that pre-existing psychopathology was not significantly modified by rhinoplasty surgery. This finding suggests a more complex relationship between anxiety and body image dissatisfaction than that suggested by Faria et al.<sup>12</sup> Despite the possibility that aesthetic surgery may improve symptoms of anxiety and depression only for certain patient groups, the association between body image dissatisfaction and symptoms of anxiety and depression has not been fully investigated in this



**Figure 1** The Adult Exceptional Aesthetic Referral Protocol (AEARP) assessment pathway.

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