

Gender differences in patients with morbid obesity candidates to bariatric surgery: influence of attachment, anxiety, depression, self-esteem, ruminative thinking and reference.

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ABSTRACT:

Morbid obesity causes 6% mortality in obese patients not operated in the long term, bariatric surgery is a good solution (attached bibliography). We compare a group of candidates for bariatric surgery, a non-candidate group and a control sample, and we analyze the significant differences in the following variables: Anxiety, Depression, Self-esteem, Attachment, Referentiality and Ruminative Thinking; including the possible influence of gender in all this. A sample of 274 individuals was used. Once the study was done, it is concluded that there are significant differences between the three groups in all the variables. However, there are not significant differences with the male group in any of the variables conditions, except for self-esteem. In conclusion, the results show a greater presence of anxiety, depression, attachment, referential thinking and rumination in a clinical sample, with the exception of the variable self-esteem, which had the opposite result

KEYWORDS:

- Psychopathology
- Morbid obesity
- Bariatric surgery
- Gender differences

INTRODUCTION

Obesity and different psychopathologies, such as depression, anxiety, rumination (1), insecure attachment (2), referential thinking (3) and low self-esteem (4) seem to point towards a bidirectional relationship. (5)

With regard to gender differences, it is concluded that the phenomenon of obesity and overweight occur equally in men and women of all ages. However, women reflect higher rates of obesity. (6)

Favored by social stigmatization, although they vary from person to person, the most common secondary emotional effects of obesity are low self-esteem, lack of social skills, distorted body vision, depression, suicidal thoughts, and self-punishment. These effects also vary according to gender, since many men do not resent the social disadvantages of obesity as much as women, to whom this condition negatively affects their self-esteem and perception of well-being, for which reason women are more prone to develop eating disorders. such as anorexia or bulimia nervosa (7).

Because psychopathology is present in many of the patients suffering from obesity, the general objective of this study is to compare the variables of anxiety, depression, self-esteem, attachment, rumination and referential thinking in a sample composed of patients with morbid obesity who are candidates for bariatric surgery, in turn, divided into two groups: candidates fit for surgery and non-suitable candidates, and another one, of individuals from the general population. The influence of gender on all the aforementioned groups will also be evaluated.

MATERIAL AND METHOD.

This study had a total sample of 274 individuals, having used a sampling of convenience, being the said individuals, divided into three groups in turn, the control group, on one hand, and the clinical group, divided into two groups (those who were physically capable and those who were not). The Referential Thinking Scale REF, the Rumiative Responses Scale, the Adult Attachment Questionnaire (8), the Rosenberg Self-Esteem Scale and the Anxiety and Depression Scale (HADS) were used (9).

RESULTS

The results of the descriptive analysis regarding the variables in general, can be seen in the tables 1 and 2. They show how in the case of the independent variables, there is some appreciable difference between the group of clinical patients (fit and unfit) and the control group.

N	M	DT
Fit	88	40.65 14.29
Unfit	74	51.36 14.87
Control	112	36.69 12.16

N= Sample M= Average DT= Type of deviation

Table 1. Averages and standard deviations (group of fit and unfit for bariatric surgery and control group) in Rumination based on Diagnostic Orientation

	N	M	DT
Male	73	37.74	13.23
Female	201	42.32	15.11

N= Sample M= Average DT= Type of deviation

Table 2. Averages and standard deviations in Rumination based on gender (Male and Female).

We appreciate that the differences between the variables compared on the basis of gender, are more remarkable than those corresponding to the Diagnostic Orientation, with the exception of Attachment.

The differences observed between variables show a certain similarity in the correlation made in both cases, both in the variables that are analyzed based on the Diagnostic Orientation and on the basis of Gender. Being, the women in all the cases, the one who present a greater score in comparison with men, with the exception of Attachment.

When comparing the clinical sample (fit and unfit) and the control sample "Clinic 1"; and at the same time, the physically capable group and the one which is not "Clinic 2", it is observed that there are significant differences in each of the dependent variables, looking at it as an example in the case of the Depression, and being the comparative results ($Z = -4$; $p < .001$), resulting in the measure of the average effect ($d = .32$), with the exception of the Attachment ($Z = -71$; $p = .480$), where the effect is low ($d = .06$).

When analyzing the relationship between Clinic 1 and Gender, it is observed that, in regard to men, no significant differences are found in general, except for the Self-esteem ($Z = -2.05$, $p = .040$), where the effect is low -average ($d = .24$); On the other hand, women show significant differences in all their variables and all the effects are medium-large.

Finally, the results between Clinic 2 and gender, are similar to those obtained in the previous comparisons, taking into account that in men, there are no significant differences in general, except for the Rumination ($Z = -2.22$, $p = .027$), where the effect is medium ($d = .34$); however, in women, significant differences are observed in all their variables and all effects are average, except for the attachment ($Z = -1.93$, $p = .054$), where the effect is low ($d = .019$).

DISCUSSION:

It is considered that people with morbid obesity carry debilitating psychosocial consequences, such as depression, anxiety, and low self-esteem, determining behavioral patterns and personality models, which have an influence on weight gain (7).

Among the important psychological factors in the constitution of morbid obesity, we describe anxiety, depression and low self-esteem that cause overeating. (4).

Regarding ruminative thinking, differences are detected in the group of unfit patients with respect to the other group belonging to the clinical sample and the control group, this may be due to the existence of anxiety and depression in those people who present eating disorders, as well as rumination, being more present in individuals with TCA or obesity (1). The high BMI is associated with low levels of self-esteem and low self-acceptance (7).

In the study related to (6) it is argued that women reflect higher rates of obesity, which is linked to maternity, daily chores, low socioeconomic status, and low education. Many men do not resent the social disadvantages of obesity as much as women, to whom this condition negatively affects their self-esteem and perception of well-being (7).

Finally, the results obtained in the relationship of the physically capable group with the group that is not, were similar to those of the previous comparison, being only the Rumination, which occurs due to the existence of Anxiety and Depression in those people who present eating disorders, more present in the individuals that present TCA or obesity (3), since they have the thought of not being able to reach the weight they desire (1).

CONCLUSIONS:

It can be said that the results of this study seem to confirm a greater presence of anxious, depressive symptoms, insecure attachment, referential and ruminative thinking in the Clinical sample. All these variables are more present in the

group that is not physically capable, being somewhat less in the physically capable group, and very slight in the Control, taking into account that the self-esteem results are opposite, this rule is confirmed in the females, something that does not happen in the males, except for the variable self-esteem.

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