

Evaluation of the Body Image and Self-Esteem in Behcet's Syndrome

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ABSTRACT

Aim: This study was aimed at the evaluation the body image and self-esteem in Behcet's Syndrome (BS).

Methods: This cross-sectional descriptive study was carried out at a hospital's rheumatology outpatient clinic in Eskişehir between June 1 and July 31, 2015. The study population consisted of 225 subjects who presented with BS (n=136) and healthy subjects (n=89). The research instruments used were Individual Information Form, Body Image Scale and Coopersmith Self-Esteem Scale. The data was analyzed using the program SPSS 21.00.

Results: For the BS patients participating in the study, the mean age was 42.89±11.56, the mean disease duration was 10.90±9.04 and mean treatment duration was 9.48±8.83 years. For the healthy, control group subjects, mean age was 35.64±8.57 years. Results indicated that the BS patients reported median body image score and self-esteem scores significantly lower than healthy control subjects (p=0.002, p<0.001 respectively). There was a positive correlation between body image and self-esteem scores in both of groups (r=0.302; p<0.001, respectively).

Conclusion: Our preliminary findings indicate that negative body image and self-esteem are affected by BS. Therefore, it is important for health professionals to assess the body image and self-esteem issues of BS patients.

Key words: Behcet's syndrome, body image, self esteem

BEHÇET SENDROMUNDA BEDEN İMAJI VE BENLİK SAYGISININ DEĞERLENDİRİLMESİ

ÖZET

Amaç: Bu araştırma, Behçet Sendromlu (BS) hastaların beden imajı ve benlik saygılarını değerlendirmek amacıyla yapıldı.

Method: Tanımlayıcı tipte araştırma, Eskişehir'de bir hastanenin romatoloji polikliniğinde Haziran–Temmuz 2015 tarihleri arasında takip ve tedavi edilen BS'li (n=136) ve sağlıklı (n=89) 225 bireyle yürütüldü. Araştırma verileri Bireysel Bilgi Formu, Beden İmajı Ölçeği (BİÖ) ve Coopersmith Benlik Saygısı Ölçeği (CSBÖ) kullanılarak toplandı. Veriler SPSS 21,00 programında analiz edildi.

Bulgular: Araştırmaya katılan BS grubunun yaş ortalaması 42,89±11,56 yıl, ortalama hastalık ve tedavi süresi 10,90±9,04 ve 9,48±8,83 yıl (sırasıyla) iken; kontrol grubunun yaş ortalaması 35,64±8,57 yıl olarak saptandı. BS grubunun ortalama BİÖ ve CSBÖ puanları kontrol grubuna göre anlamlı düzeyde düşüktü (p=0,002, p<0,001 sırasıyla). Her iki grupta beden imajı memnuniyet düzeyi arttıkça benlik saygısının arttığı belirlendi (r=0,238, p<0,05).

Sonuç ve öneri: Araştırma sonuçlarına göre BS beden imajı ve benlik saygısını olumsuz yönde etkilemektedir. Sağlık profesyonellerinin BS'li hastaların tedavi ve bakımları esnasında beden imajı ve benlik saygısındaki değişimleri izlemeleri önemlidir.

Anahtar sözcükler: Behçet hastalığı, beden imajı, benlik saygısı

Body image which is related with the thoughts, feelings and the perception of a person about his/her body is defined as the concordance of the body size with the attraction and perceived feelings of a person about his/her body size and structure (1,2). A healthy and accommodating individual should be realistic, and evaluate himself/herself positively. Self-esteem, defined as considering one's own as valuable and important or loving, rewarding, approving, or finding valuable one's own, is affected from body image (3).

Body image is affected from demographic factors such as age and gender, social factors such as friends, family and media, health behaviors such as having a balanced diet, chronic diseases such as cancer, renal insufficiency and rheumatologic diseases, and treatments such as surgery or immunosuppressive steroid therapy (1,4–8).

Rheumatologic diseases are among the diseases resulting in a negative body image due to the functional losses and treatments (9–22). Health care professionals undervalue the changes in body image according to the physical symptoms and functional limitations as well as the related challenges experienced by patients. However, this is closely related with the psychosocial status of the patient (5). Bodily perception and evaluation are important sources of self-confidence and a negative body image has been associated with depression, social anxiety, decreased self-confidence, eating disorders, decreased quality of sexual life and problems in interpersonal relationships (5,14,16,23). For these reasons, body image is extremely important for patients in order to maintain psycho-social functions. Thus, patients should be evaluated with a holistic approach and should be allowed to express themselves and the bio-psychosocial model should also be preferred rather than the biomedical model for the management of disease (2,5).

Among these diseases, Behcet's Syndrome (BS) is a disease characterized by vasculitis in arteries and veins, genital ulcers, oral aptha, skin lesions, arthritis, uveitis and inflammatory changes in the gastrointestinal system and central nervous system, resulting in physical changes (24–26). It is noteworthy that there are no studies evaluating the body image in patients with BS. In a study on quality of life in healthy adults and in BS patients with eye involvement, it has been reported that depression and anxiety levels are higher in BS patients compared to healthy adults, resulting in role limitations due to the associated emotional problems and physical changes (27). In the study by Hiz et al. in evaluating the sexual functions and psychological

status, they were found to be decreased in male BS patients compared to the healthy male adults with a statistically significant correlation between the presence of arthritis and decreased sexual function (28).

In the light of all these data, this study was planned to investigate the body image and self-esteem by sociodemographic characteristics, disease-related variables and treatment-related variables in BS patients.

Materials and method

Study design

Cross-sectional descriptive study.

Study population and sample

The sample of the study was composed of BS patients under follow-up and treatment in a rheumatology outpatient clinic of a hospital in Eskisehir between June 1 and July 31, 2015, aged 18–74 years, who were literate, and had no communication problems. All patients met international study group criteria for diagnosis of BS (29). The control group was composed of relatives of the patients who were under follow-up and treatment in a rheumatology outpatient clinic of a hospital in Eskisehir between June 1 and July 31, 2015, aged 18–74 years, agreeing to participate in the study, literate and had no communication problems, and no apparent disease.

Data collection method

The data were collected by using "Identification Form", "Body Image Scale" and "Coopersmith Self-Esteem Scale".

Identification Form included a total of 20 items about sociodemographic and disease-related characteristics of BS patients and control subjects.

Body Image Scale (BIS) was developed by Secord and Jourard to determine the level of satisfaction from body image in patients. Adaptation of the scale to Turkish was performed by Hovardaoglu with a Cronbach's alpha internal consistency coefficient of 0.91 ($p < 0.01$) (30). Scale included 40 items of 5-grade Likert type, each of which had score intervals from 1 to 5. There was no cut-off point with a total score ranging from 40 to 200. Higher scores indicated higher levels of satisfaction from body image (10).

Coopersmith Self-Esteem Scale (CSES) was developed by Stanley Coopersmith to assess the attitudes of an individual about herself/himself. The scale included 25 items answered as "like me" or "not like me". The reliability and validity

studies for the scale were performed by Taylor and Reitz and Crandall, Silber and Tippet from overseas and by Tufan and Turan (1987) in our country. The possible total score ranged from 0 to 100. A score of 10–30, 30–70 and 70–100 indicated low, moderate and high self-esteem, respectively (31).

Ethical approval

Before commencing the study, the necessary verbal and written approvals were obtained from an ethical committee, the hospital administration and the participants.

Statistical analysis

The data were analyzed by using IBM SPSS 21.0 package program. The categorical data were expressed as frequency and percentage. Descriptive statistics for continuous variables were expressed as mean \pm standard deviation or as median and quarter values. The normality of the data was assessed by the Shapiro-Wilk test. For the normally distributed data, the comparison of two groups and three or more groups were performed by independent samples t test and one way analysis of variance (ANOVA), respectively. In groups having abnormal distribution, Mann Whitney U and Kruskal Wallis H tests were used for the comparison of two groups and three or more groups, respectively. The relationship between the variables was assessed by Spearman's correlation analysis. $p < 0.05$ was considered as statistically significant.

Results

For the patients participating in the study, the mean age was 42.89 ± 11.56 years, the mean disease duration was 10.90 ± 9.04 and mean treatment duration was 9.48 ± 8.83 years (Table 1). Of the patients, 54.4% were male, 30.1% graduated from secondary school and 80.9% were married. BS was associated with skin involvement in 28.7%, ocular involvement in 15.4%, vascular involvement in 11.8%, neuronal involvement in 3.7%, gastrointestinal involvement in 2.2%, and with skin, ocular, vascular, neuronal and gastrointestinal involvements in 38.2% of the patients. No physical change was present in 22.8% of BS patients, while skin lesion, oral aphth, weight gain, and vision loss or ocular physical changes were reported by 17.6%, 14.7%, 17.6% and 15.4%, respectively, of the patients during the research (Table 2). Of the participants, 55.1% were using interferon alpha-2, colchicine, azathiopurine, antiaggregants, cyclosporine, sulfasalazine or diazomide and the remaining 44.9% were using steroids in addition to interferon alpha-2, colchicine, azathiopurine, antiaggregants, cyclosporine, sulfasalazine or diazomide. For the control group subjects, the mean age was 35.64 ± 8.57

years, 68.5% of them were male, and 52.8% were high school graduates (Table 2).

Cronbach alpha internal consistency coefficients of the scales were found 0.948 for BIS and 0.732 for CSES in this study. Median BIS score was found to be 146.5 for patients with BS and 154 for control subjects ($p = 0.002$) (Table 1). CSES total scores were significantly higher in control subjects compared to BS patients (76 vs. 66 in control and BS groups, respectively; $p < 0.001$) (Table 1). Patients with BS were found to have lower BIS scores as well as lower CSES scores compared to control subjects (Table 1).

With regard to the median BIS scores in control and BS groups by sociodemographic characteristics, there was a significant difference in median BIS scores between the genders in BS group with a more positive body image in males compared to females ($p < 0.05$) (Table 1). No difference was found between patients in terms of median BIS scores in terms of marital status, educational status, disease awareness, BS involvement, and disease-related physical changes in BS group ($p > 0.05$) (Table 1 and 2). In the control group, although median BIS score was not different by marital status and gender ($p > 0.05$) (Table 1), it was statistically different in terms of educational status ($p > 0.05$) (Table 1) which was possibly due to the fact that subjects graduated from high school had higher BIS scores than those graduated from primary and secondary school respectively ($p = 0.047$, $p = 0.041$) (Table 1).

With regard to CSES scores, there was no significant difference in CSES scores of the BS patients with regard to gender, marital status, disease awareness, disease-related physical changes and disease involvement ($p > 0.05$) (Table 1, 2). However, there was a significant difference in CSES scores in terms of educational status with a higher CSES scores in graduates of high school compared to only-literate patients ($p < 0.05$) (Table 1). In the control group, there was no significant difference between median CSES scores and marital status, educational status and gender ($p > 0.05$) (Table 1).

There was a weak positive correlation between BIS and CSES scores with an increase in CSES scores with increasing BIS scores ($r = 0.302$; $p < 0.001$) (Table 3).

Discussion

Body image is negatively affected in rheumatology patients from the symptoms and functional losses. However, it is remarkable that there are no studies examining the body image in BS patients. Studies on BS have mostly

Table 1. Descriptive statistics of BIS and CSES scores by sociodemographic and disease-related characteristics

			BIS				CSES				
Group	n	%	25	Median	75	p	25	Median	75	p	
BS	136	60.4	131	146.5	157.7	0.002	52	66	76	0.000	
Control	89	39.6	140.5	154	165.5		60	76	84		
Gender											
BS	Female	62	45.6	128.75	139.5	152.25	0.003*	52	66	76	0.830*
	Male	74	54.4	134.75	150	166.75		56	66	72	
Control	Female	28	31.5	138	152	167	0.611*	56	80	88	0.453*
	Male	61	68.5	143	154	164.5		62	72	80	
Marital status											
BS	Married	110	80.9	131	147	160	0.601*	52	68	72	0.498*
	Unmarried	26	19.1	129.5	143	154.5		56	64	77	
Control	Married	61	68.5	141.5	155	181.5	0.107*	60	76	82	0.993*
	Unmarried	28	31.5	140	150	158.75		62	74	84	
Educational status											
BS	Literate ^a	22	16.2	120	141	152.75	0.191**	48	68	72	0.013**
	Primary school ^b	53	39	131	142	160		48	60	72	
	Secondary school ^c	41	30.1	136	147	158		56	68	76	
	High school ^d	20	14.7	134.25	153.50	161.50		60	72	84	
								Significant difference between a and d groups (p=0.011)***			
Control	Literate ^a	0	0	0	0	0	0.034**	0	0	0	0.094**
	Primary school ^b	5	5.6	138	138	152		56	56	68	
	Secondary school ^c	37	41.6	138	150	159		62	72	84	
	High school ^d	47	52.8	142	158	183		64	76	88	
Significant difference between b and d groups (p=0.047), c and d groups (p=0.041)***											
*Mann-whitney U test; **Kruskal wallis test; ***Pairwise comparisons											

Table 2. The mean BIS and CSES scores by disease-related characteristics

Characteristics	BIS						CSES	
	n	%	25	Median	75	p	Mean±sd	p
Disease Information								
Complete	43	31.6	129	148	156	0.781 ^a	65.30±18.13	0.590 ^c
Partial	93	68.4	131.5	146	160		63.60±14.46	
Physical change								
None	31	22.8	133	151	160	0.211 ^b	68±14.64	0.247 ^d
Skin leasion	24	17.6	139	154.5	161.5		66.66±14.52	
Oral aphtha	20	14.7	133	147.5	155		64.40±19.41	
Swelling in the legs	16	11.8	122.5	137.5	158.75		65.68±14.92	
Vision loss, ocular structural changes	21	15.4	121.5	136	153.5		59.61±14.41	
Weight gain	24	17.6	80.75	94.50	109.50		59.33±15.54	
Involvement of BS								
Skin involvement	39	28.7	139	148	157	0.593 ^b	65.43±16.16	0.147 ^d
Ocular involvement	21	15.4	123.5	136	154		59.23±19.25	
Vascular involvement	16	11.8	124.25	152	156.5		70.75±11.93	
Others (skin, ocular, vascular, gastrointestinal and neuronal involvement)	52	38.2	131.5	146.5	161		64.05±13.22	
^a Mann-whitney U test; ^b Kruskal wallis test; ^c T test; ^d One Way Anova Test								

Table 3. Correlation between BIS and CSES scores

		<i>n</i>	<i>1</i>	<i>2</i>
1	BIS score	225		
	<i>r</i>			
	<i>p</i>			
2	CSES score	225		
	<i>r</i>		0,302	
	<i>p</i>		<i>p</i> <0,001	

focused on the quality of life, sexual functions, self-esteem, depression and/or anxiety (28, 32–43). In the present study, satisfaction from body image was lower in BS patients compared to healthy control subjects. When compared with other studies on rheumatoid arthritis and fibromyalgia patients, BIS scores were found lower in BS patients compared to these two group of patients (10, 22). Studies on systemic lupus erythematosus (SLE) have reported dissatisfaction from body image and decreased body image-related quality of life in patients (6,15,20). Kurt et al. have reported the mean BIS score as 136.97 ± 23.47 in rheumatoid arthritis patients with a mean age of 42.70 ± 12.36 , while Akkaya et al. have found the mean BIS score to be 106.5 ± 24.0 in fibromyalgia patients (10,22). In another study with a sample of fibromyalgia patients, the patients reported that their bodies go increasingly bad and defined their bodies as “old/infantile” (44).

Complications seen in BS patients such as oral ulcers, genital ulcers, joint involvement and vision loss as well as the corticosteroids and immunosuppressive agents used in the treatment affect both the duration and quality of life negatively, and result in concerns about bodily appearance (28, 33–36). In the present study, the body image satisfaction level showed no variance between the BS involvement regions; however, body image satisfaction level was slightly lower in patients who gained weight. Although the severity of the involvement of the disease is not assessed in the study, it is thought that the site of involvement can be seen by others, and the severity may affect the body image. Painful and itching genital ulcers looking like drilled holes with staples, and the arthritis may limit the movement and/or may cause walking problems, and may also affect the sexual life negatively, resulting in decreased self-esteem (28,33,34,37,41,42). The results are compatible with those in the literature, and it could be suggested that the physical changes affect the body image negatively in BS patients as in other rheumatological diseases (6,18,19,27,32).

In the present study, there was no significant difference between the marital status, educational status, and body image. However, body image satisfaction level was lower in female patients. Mumcu et al. have reported that the social

and psychological perceptions of oral health in BS differ between genders with a lower oral health-related quality of life perceived in females compared to males (43). In parallel with previous studies, satisfaction from body image in this study was lower in females compared to males.

Additionally, a close relationship has been reported between body image and depression and anxiety in patients with BS (35,36,45). In the study by Koptagel et al., it was reported that BS patients were dissatisfied from their body, they experienced a high level of anxiety, and had a decreased ego, an irritating body image, social adaptation problems and deficiencies in the realization (45). In another study, BS was reported to negatively affect bodily appearance, psychosocial status, personal relationships, and daily activities of an individual (36). The oral aphtha in BS patients decreased the self-confidence and impaired the self-expression, and caused facial aesthetic concerns as well (37–40,43). In the present study, self-esteem was found to be lower in BS patients compared to healthy control subjects with higher self-esteem in individuals with a positive body image. While there was no significant difference between the marital status, gender, disease information, physical changes, and BS involvement region and self-esteem, self-esteem was found to be lower in only-literate patients compared to high school graduates. Karatas et al. have reported that lower self-esteem caused individuals to be deeply affected from the negative events and that individuals with a higher self-esteem could cope more easily with negative events (46).

Conclusion

In conclusion, BS affects the body image and self-esteem. Therefore, it is important for health professionals to assess issues related to body image and self-esteem considering the physical, psychosocial and emotional changes related to the disease, particularly for the chronic diseases such as BS. Health professionals should be integrated into the treatment and care, as well as psychosocial educational programs to improve the body image and self-esteem in patients with BS.

Limitations of study

Main limitations are the reliance on self report measures Body Image Scale, Coopersmith Self-Esteem Scale, and disease.

Conflict of interests

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