Body image and eating disorders

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Ethical review	Approved WMO
Status	Recruitment stopped
Health condition type	Eating disorders and disturbances
Study type	Observational non invasive

Summary

ID

NL-OMON33560

Source
ToetsingOnline

Brief title
Body image and eating disorders

Condition

- Eating disorders and disturbances

Synonym
Anorexia Nervosa, eating disorder

Research involving
Human

Sponsors and support

Primary sponsor: Universiteit Utrecht
Source(s) of monetary or material Support: Ministerie van OC&W

Intervention

Keyword: Anorexia Nervosa, Attitudes, Body image, Body schema

Outcome measures

Primary outcome

With the Body Shape Questionnaire (BSQ) and Physical Appearance State and Trait Anxiety Scale: State (PASTAS: State) the attitudes about the own body will be measured. The Distance comparison task (DCT) will be used to assess the level of disturbance in the visual mental body image. By administering the Two Point Discrimination (TPD) task it will be investigated whether body schema is disturbed.

In study 2 and 3 body attitudes will be measured with the BSQ, PASTAS: State and Body Checking Scale. Tactile body image will be assessed with the Tactile Estimation Task (actual retrieved image) and TPT task (receptor density/sensitivity).

Secondary outcome

Establish whether there is a difference in tactile scores between the two conditions (i.e. imaginary and mirror condition) administered in the TPD task (study 1, 2 and 3) and TET (study 2 and 3).

Study description

Background summary

Anorexia Nervosa (AN) is one of the most invasive psychosomatic disorders with a relatively high mortality rate. To ensure successful treatment it is important to fully understand the underlying mechanisms of the disorder. To date it is still unclear why AN patients experience their body as fat, while in reality they are too thin. Previous research on body image is characterized by outdated theory and methodology, therefore the present study proposes a new

theory that is based on *top-down* (i.e. focusing on patient-related reasoning) processes instead of *bottom-up* (i.e. focusing on encoding of bodily features as external stimulus) processes. This theory allows us to formulate hypotheses about 1) the mental representations of body size involved in the disturbance, and 2) the causal relation between these representations. With regard to 2) it is hypothesized that the negative attitudes and cognitions about the own body, characteristic of AN, exert a negative influence on the visual mental body image causing it to become too fat. In turn, we expect that negative attitudes and cognitions regarding the body can also influence the body image at a tactile level. Following this line of reasoning, and in relation to 1), we predict that patients with AN who demonstrate *fat* body attitudes, have a disturbance of visual body image, and of tactile body image.

Study objective

The objective of the proposed study is to investigate the disturbance of body size representation at the various levels of attitude, image and schema (1). It will be tested whether 1) AN patients have relatively a high level of negative body attitudes; 2) AN patients have a distorted ("fat") body image; 3) AN patients have a disturbed body schema; 4) the expected disturbances in body attitudes, body image, and body schema correlate with each other. Novel methods will be used to assess body image and body schema.

The objective of study 2 is to clarify whether the tactile body image of AN patients is disturbed compared to healthy controls. If so, it will be investigated at which levels tactile body image is disturbed, how tactile body image relates to body attitudes and how the TPT task and TET scores relate to each other. This is also the objective of study 3, only in this study we will compare females with high levels of body dissatisfaction and females with low levels of body dissatisfaction.

Study design

correlational

Study burden and risks

It is not expected, but theoretically possible that the participants experience negative emotions during the study, however the used methods are the least invasive tasks that are suitable for adequately testing the hypotheses. Further, the knowledge gained with the present research does not only deepen the insight in the underlying mechanism of AN, but also has implications for improving treatment approaches: The benefits clearly outweigh the costs.

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age
Adults (18-64 years)
Elderly (65 years and older)

Inclusion criteria

Patients in study 1 and 2: Female, between 18 and 35 years of age, diagnosed with Anorexia.;Controls in study 1 and 2: Female, between 18 and 35 years of age, initially a BMI between 19 and 25, normal range of scores on body dysphoria, no current severe mental health problems. If after weighing and measuring the participant it appears that her BMI is not between 19 and 25, her results wil only be excluded from data analyses if her BMI is below 18 or above 26. This will prevent throwing away data. (Note that in study 2 only female students will participate);Study 3: Female students between 18 and 35 years of age, studying at Utrecht University, Faculty of Social and Behavioural Sciences, normal BMI, no current psychiatric problems/disorder. Scores on body dissatisfaction in the highest or lowest quartile of the Body Shape Questionnaire.

Exclusion criteria

Patients in study 1 and 2: Male, under 18 or above 35 years of age, not diagnosed with AN, physical disabilities or diseases that affect the ability to hear and/or see, and conditions that increase or decrease the sensitivity of the skin, use of medication that may influence task performance due to e.g. drowsiness (study 1 only), auto-mutilation on the body parts of interest (in study 1 and 2; forearm and belly, in study 1: hand and thigh), objection to receiving stimuli that are lightly pressed on the skin, objection to remove clothing from the body parts of interest, comorbid Borderline or 'contact disorder'. If the therapist has reasons to believe that the patient is emotionally (or otherwise) not able to participate in the research, this will lead to exclusion.;Controls study 1 and 2: Male, under 18 or above 35 years of age, BMI below 19 or above 25 (or after weighing and measuring below 18 or above 26), scores on body dysphoria outside the normal range, physical disabilities or diseases that affect the ability to hear and/or see, and conditions that increase or decrease the sensitivity of the skin, use of medication that may influence task performance due to e.g. drowsiness (study 1 only), auto-mutilation on the body parts of interest (study 1 and 2: forearm and belly, study 1: thigh and hand), objection to receiving stimuli that are lightly pressed on the skin, objection to remove clothing from the body parts of interest, current diagnosis of a psychological disorder.;Study 3: Same as controls in study 2, only in study 3 scores on body dysphoria inside the normal range will lead to exclusion.;None of the participants should not be pregnant at the time of testing, because this can significantly influence how body size is experienced.

Study design

Design

Study type:	Observational non invasive
Intervention model:	Other
Allocation:	Non-randomized controlled trial
Masking:	Open (masking not used)
Control:	Active
Primary purpose:	Diagnostic

Recruitment

NL

Recruitment status:	Recruitment stopped
Start date (anticipated):	16-01-2009
Enrollment:	232

Type:	Actual

Ethics review

Approved WMO Date:	16-12-2008
Application type:	First submission
Review commission:	METC Universitair Medisch Centrum Utrecht (Utrecht)
Approved WMO Date:	02-02-2010
Application type:	Amendment
Review commission:	METC Universitair Medisch Centrum Utrecht (Utrecht)

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
CCMO	NL25572.041.08