

ACT and connect to make your life better. Quality of life in women with lipoedema – contextual behavioral approach

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Introduction

Lipoedema is :

- chronic, progressive condition of unknown etiology,
- relatively common but underdiagnosed (it affects about 11% of women irrespective of body size) and therefore undertreated
- the main symptom consists in the accumulation of the fat in lower parts of the body, usually from the waist to just above the ankles (Langendoen, Habbema, Nijsten, & Neumann, 2009)
- lipoedemic fat cannot be lost through diet and exercise as “normal” fat of obesity and with time it becomes painful

The quality of life in women suffering from lipoedema may be affected by many factors:

- unfamiliarity of the condition to the majority of medical providers which leads to misdiagnoses as obesity
- symptoms (chronic pain), comorbidity (obesity, lymphoedema, arthritis, etc.)
- psychological consequences linked to weight stigma, body dissatisfaction and helplessness due to unsuccessful dieting, disordered eating, depression and anxiety (Herbst, 2012)

Contextual Behavioral Science proposes a novel approach to human suffering that proves useful in relation to chronic disease, stigmatization, body dissatisfaction and weight management.

It offers two promising treatments aimed at improving of :

- **psychological flexibility (PF)** – ability to be open to difficult thoughts and feelings while engaging in value-based action. Enhancement of PF is the goal of Acceptance and Commitment Therapy, ACT (Ruiz, 2010)
- **social connection (SC)** - incorporating awareness, courage, and love as principal components. based on the principles of Functional Analytic Psychotherapy, FAP (Tsai, Callaghan, & Kohlenberg, 2013).

Objectives

The objectives of this study were to answer the following questions:

- What psychological factors contribute to the quality of life in women with lipoedema?
- Can Contextual Behavioral Science propose any treatment that may be useful in improving the quality of life in women with lipoedema, either in form of self-help intervention or psychotherapy?

Methods

We conducted an internet-based cross-sectional study that consisted of several measurements:

- **Dependent variables:** satisfaction with life (SWLS) and quality of life (WHOQoL-Bref)
- **Predictors:** BMI, severity of the symptoms (measured with 5-point Likert scale), psychological flexibility (AAQ-II), body image flexibility (BI-AAQ), self-compassion (SCS), social connectedness (SCS-R), intimacy (FAP Intimacy Scale) and committed action (CAQ) body shape preoccupation (BSQ, disordered eating (EDE-Q).

Participants were 120 women suffering lipoedema, mostly from United States, United Kingdom and Australia.

We present results that are most important from the practical point of view.

Results

Dependent variable: Satisfaction with life (measured by SWLS)

The results of the first hierarchical regression suggested that after controlling for the effects of severity of symptoms, social connectedness was related to the satisfaction with life (Table 1).

	B	Standard error B	Beta	Sig.
Model 1				F(1,110)=2,652; p=0.106
Constant	4,736	0,727		
Symptoms severity	-0,359	0,220	-0,153	p=0,106
Model 2				F(3,110)=5,420; p=0.002
Constant	2,080	1,016		
AAQII	0,170	0,122	0,150	p=0,167
SCS-R	0,391	0,192	0,222	p=0,044

Note: MODEL1: R²=0,024; Δ R²=0,107 and the change is significant (F(2,108)=6,668; p=0.002)

Dependent Variable : Quality of life (measured by WHOQoL-Bref)

The results of the second hierarchical regression suggested that after controlling the effects of severity of symptoms, social connectedness and psychological flexibility were related to quality of life (Table 2).

	B	Standard error B	Beta	Sig.
Model 1				F(1,110)=17,692; p<0,001
Constant	4,258	0,281		
Symptoms severity	-0,358	0,085	-0,372	p<0,001
Model 2				F(3,108)=28,738; p<0,001
Constant	2,420	0,334		
AAQII	0,120	0,040	0,258	p=0,004
SCS-R	0,268	0,063	0,370	p<0,001

Note: MODEL1: R²=0,139; Δ R²=0,305 and the change is significant (F(1,108)=29,652; p<0,001)



Three stages of lipoedema



Conclusions

1. Irrespective of the severity of symptoms:

- social connectedness is related to higher satisfaction with life and quality of life in women with lipoedema
- psychological flexibility is related to higher quality of life in women with lipoedema.

2. Acceptance and Commitment Therapy, used as self-help or as psychotherapy, may increase quality of life in women with lipoedema (by enhancing psychological flexibility).

3. . Because of its focus on increasing social connection and feeling of connectedness, Functional Analytic Psychotherapy might be considered as a useful treatment option.

4. Taking into account the importance of social connectedness, support groups might be very helpful in improving quality of life in women with lipoedema.

5. Further research in this area is needed.

References

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