

Psychological flexibility, loneliness and body appreciation among women with lipoedema in Poland

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Introduction

- Lipoedema (lipedema) is a chronic condition of subcutaneous adipose tissue that affects mainly women. It is characterized by fat deposits in the extremities (legs, hips and arms) with associated pain and bruising.
- Women with lipoedema encounter difficulties in receiving proper diagnosis and access to treatment, being often misdiagnosed with obesity and stigmatized (Buck, Herbst, 2016).
- Despite the etiology of lipoedema remains unknown, specialist task forces in the US, Germany, Netherlands, the UK and Spain created guidelines for lipoedema treatment. All of them emphasize the importance of self-management, behavior change and psychological support.
- In the current study we wanted to investigate quality of life and psychological functioning of women with lipoedema in Poland, where lipoedema still remains relatively unknown (Łyszczak, Szuba, 2018).

Method

Participants: Ninety-eight women with lipoedema completed an Internet-based survey.

Measurements:

- Lipedema symptom severity (LSS)
- Quality of life: World Health Organization Quality of Life-BREF (WHOQOL-BREF)
- Psychological flexibility: Acceptance and Action Questionnaire II (AAQ-II)
- Body Appreciation: Body Appreciation Scale-2 (BAS-2)
- Loneliness (UCLA Loneliness Scale Version 3)

We used other measurements that are beyond the scope of this analysis.

Results

Table 1. Pearson's *r* correlations between quality of life, lipoedema symptom severity, psychological flexibility, body appreciation and loneliness

	Quality of life WHOQOL-BREF	Lipoedema Symptom Severity	Psychological flexibility (AAQ-II)	Body appreciation (BAS-2)	Loneliness (UCLA Version 3)
Quality of life WHOQOL-BREF	1				
Lipoedema Symptom Severity	-.497**	1			
Psychological flexibility (AAQ-II)	.609**	-.384**	1		
Body appreciation (BAS-2)	.553**	-.196	.450**	1	
Loneliness (UCLA Version 3)	-.659**	.296**	-.507**	-.551**	1

*p<.05 **p<.001

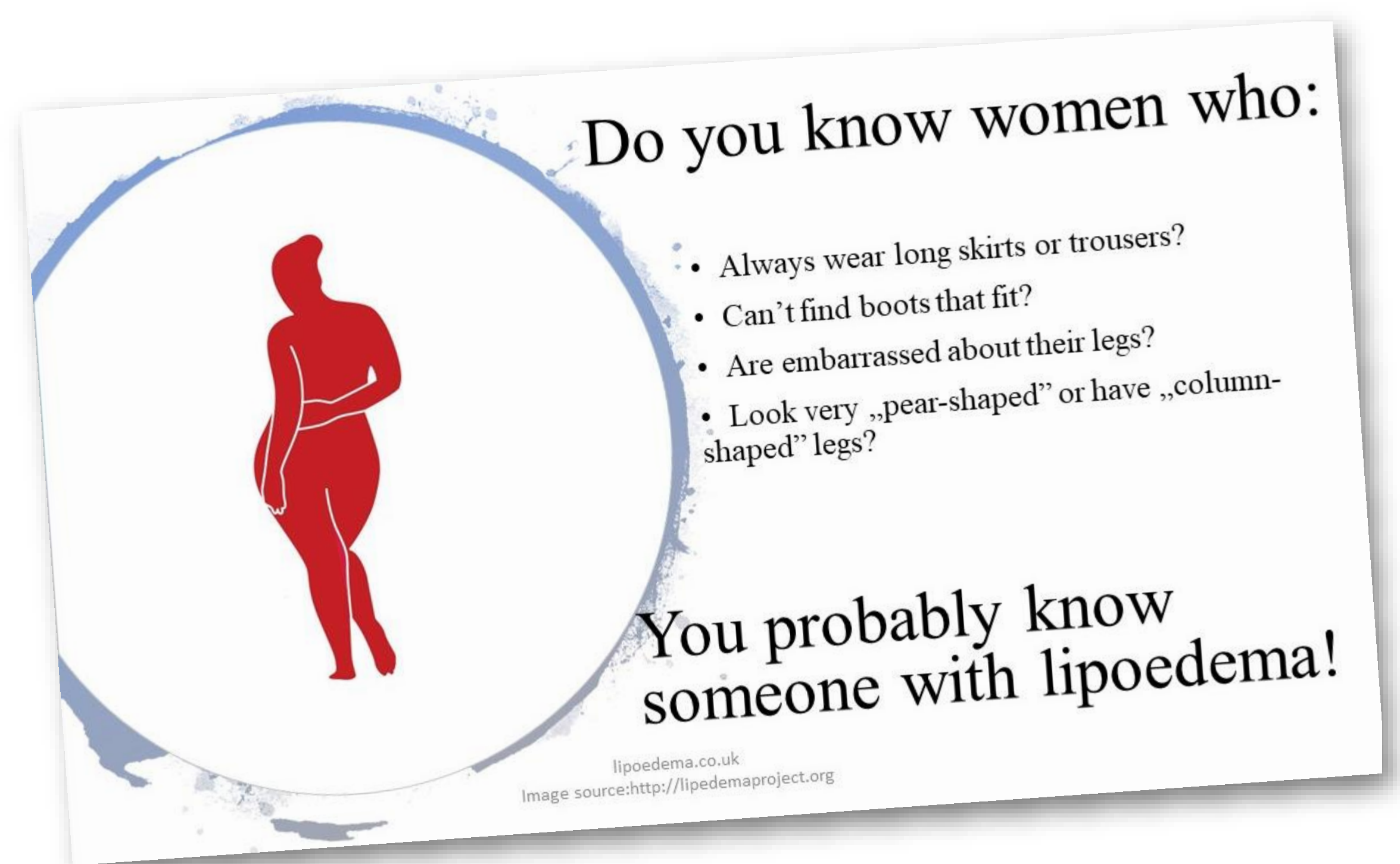
Table 2. Multiple hierarchical regression: Quality of life (WHOQOL-BREF)

	B	Standard error B	Beta	Sig.
Model 1				
F(1,96)=31.432; p<0.001				
Constant	103.295	5.182		<.001
Lipedema Symptom Severity	-.629	.112	-.497	<.001
Model 2				
F(4,93)=37.509; p<0.001				
Constant	95.315	9.947		<.001
Lipedema Symptom Severity	-.331	.089	-.262	<.001
Psychological flexibility (AAQ-II)	.380	.126	.241	.003
Body appreciation (BAS-2)	.370	.146	.201	.013
Loneliness (UCLA Version 3)	-.468	.111	-.348	<.001

Note: MODEL1: R2=0.247; Δ R2=0.371 and the change is significant (F(3,93)=30.030; p<0.001)

Discussion

- Women with higher level of psychological flexibility, higher level of body appreciation and lower level of loneliness reported higher quality of life while controlling for lipoedema symptom severity.
- Psychological flexibility, body appreciation and loneliness (social connection) may be seen as three different treatment targets in psychological support of women with lipoedema
- Further studies should investigate the impact of various interventions on quality of life in women with lipoedema, and clarify relationships among different treatment targets.



References

- Buck, D. W. & Herbst, K. L. (2016). Lipedema: A Relatively Common Disease with Extremely Common Misconceptions. *Plastic and Reconstructive Surgery Global Open*, 4(9).
- Łyszczak, P., & Szuba, A. (2018). Lipedema: a clinical entity. *Acta Angiologica*, 24(4), 141-148.

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