

The Functional Body Questionnaire for Eating Disorders validation Preliminary results



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INTRODUCTION

'Functional body' refers to cognitive, motor and autonomic responses in relation to one's own body experience independent of body satisfaction or distortion considering:

- Everyday situations, as other people do
- With a coherent pattern of cognitive, motor and affective responses
- Allowing the search for new experiences and to cognitively reappraise them

Photographic history of the body, Exposure and response prevention and sensory integration as integrated therapeutic tools in the flexibilization of body image distortion in eating disorders (Gempeler, 2004)



Towards a functional body: A novel approach to body image disturbances in eating disorders (Gempeler, Rodríguez, Patiño, Rogelis, Erazo & Pérez, 2016)



Inhibitory learning as a guiding principle in body image distortion intervention in patients with eating disorders (Gempeler et al., 2018)



The Functional Body Questionnaire for Eating Disorders: Development and initial validation (Gempeler et al., 2019)

Over the last years our team has been developing a 20-item questionnaire to assess the presence and severity of body representation disturbances in Eating Disorders, the Functional Body Questionnaire (FBQ).

The FBQ is organized in 3 sub-categories: Body Distress Tolerance, Body in context and Self-Efficacy. Previous research has shown that the questionnaire is a valid measure on body perception on patients with eating disorders on aspects that go beyond satisfaction or distortion.

This study presents the comparison of FBQ scores in a sample of patients diagnosed with eating disorders and a control sample of healthy students.

METHODS

We applied the FBQ and EAT-26 to a sample of 51 school students (age 12-17) with the approval of their parents and compare the results with a sample of 51 patients with a clinical diagnosis of eating disorders assisting to our eating disorders program.

We did a descriptive analysis of our sample and test for normality. We estimated the median of each variable in our population and performed a Wilcoxon rank-sum test to evaluate the median difference.

For the correlation assessment, we computed the rho coefficient (Spearman) between the EAT-26's result and the Functional Body's result (total and by categories).

Finally, we computed the odds ratio between the FBQ score and a set of Yes/No validation questions that assess how the individual identifies with alterations in bodily representations.

RESULTS

The median age of the control sample was 14 years old and there were no differences in participation by gender. In the control sample we did not find correlation between EAT-26 and Functional Body Questionnaire scores. Also we did not find correlation in the control sample between the FBQ scores and the Yes/No confirmation questions.

Participants	Cases	Controls
Gender		
Female (%)	49 (96)	26 (51)
Male (%)	2 (4)	25 (49)
Age (IR)	18 (15-21)	14 (12 - 14)

RESULTS

We found statistically significant differences between cases and controls in the Functional Body Questionnaire's total score and two sub-categories, but there were not significant the differences in self-efficacy.

We found that total FBQ scores differ between cases and controls, with controls presenting higher scores of FBQ ($p=0.003$) with the subscales of "body in context" and "body distress tolerance" also showing statistically significant differences ($p=0.012$ and $p < 0,001$).

	Cases	Controls	p value
FBQ total	51	60	0,003
Context	9	10	0,012
Self-efficacy	16,5	17	0,37
Tolerance	28	35	< 0,001

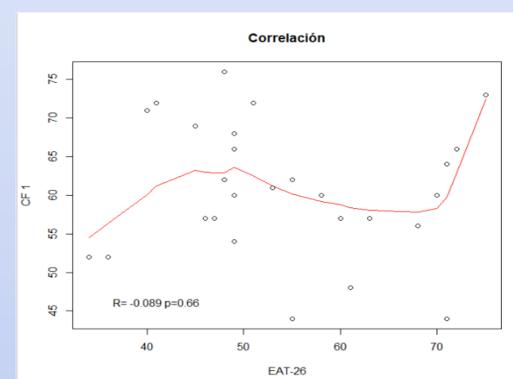
These findings were consistent when we compared the validity questions with the same scale:

* Cases (%)	Controls (%)	P value	
"To me... the fact that I have fat on my back is not going to take something from me or give me something... it is just what my body is for, period..."	18	63	< 0,001
"My legs are like these, my arms like that, and they work like these, I do not need to be perfect to ride a bike, and I do not need to be perfect to go swimming on a lake or to do anything..."	38	70	< 0,001
"... I do not think I will get to the point of loving, and adoring all my body, I don't think so because there are things I do not like... But I feel them normal, it is not an atrocity that it is my body, and I can live my life normally without it being a problem..."	60	41	0,99
"... Now, I am not attached to a mirror... You touch up or look at yourself, but now there are no rejection, no scorn, no hate, and no pain by looking at my body..."	44	67	< 0,001
"... When you are with other people, and you realize that, for real, the conversation or the circumstances, or the atmosphere is not centered on your arm or the centimeters of your arm, then you, evidently, dismiss it and forget about it..."	72	48	0,99

* Percentage that responded "I identified with this statement"

Finally, there was no correlation between FBQ scores and EAT-26 scores:

	rho
FB total	-0,089
Context	-0,007
Self-efficacy	-0,0035
Tolerance	-0,169



DISCUSSION IMPLICATIONS FOR PRACTICE AND RESEARCH

- The FBQ uses a concept that is not included in current evaluation scales for eating disorders.
- The FBQ appears to have a **Good discriminatory performance** between cases and controls and seems to be a valid way to discriminate between body perception disturbances on patients with eating disorders.
- Controls presented higher FBQ scores which suggests a more functional use of the body, as expected.
- Cases were at different stages of their ED treatment. Therefore, it is possible that the difference in the final score might be higher for those at an early treatment stage.
- Body distress tolerance (Behavior despite of body stressful sensations or cognitions) is significantly better in individuals without disease.
- Future research will aim to find optimum cut-off points in the scale.

REFERENCES

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