

EVALUATION OF BODY SATISFACTION AND LIBIDO OF PARENTS AND GUARDIANS OF MORBID OBESE ADOLESCENTS PARTICIPANTS IN AN OUTPATIENT GROUP BEFORE BARIATRIC SURGERY

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Abstract: Obesity is considered a chronic disease, worldwide epidemic and multifactorial cause, associated with habits and lifestyle. Correlations of habits between parents and children may influence family patterns of food intake and selection, physical exercise and leisure activities that may predispose to obesity. Patients with eating disorders are very often associated with a history of abuse in childhood, such as sexual and physical abuse. Understanding the emotional and traumatic causes that determine obesity and sexual dysfunction in the obese group is extremely important for preventing injuries and maintaining obesity treatment. The aim of this study was to evaluate the body satisfaction and libido of parents and guardians of obese adolescents and to investigate obesity and violence in the family. It can be seen that 72% of parents and/or guardians of obese adolescents were also obese. The higher the BMI, the lower the degree of satisfaction with the body and the greater the decrease in libido. Psychological and physical aggression and sexual abuse were the types of violence most frequently perpetuated in the domestic environment.

Keywords: adolescents, obesity, parents, body satisfaction, libido, domestic violence.

INTRODUCTION

Obesity is considered a chronic disease, worldwide epidemic and multifactorial cause, which can be genetic, metabolic, environmental or associated with habits and lifestyle. [1]. Correlations of habits between parents and children may influence family patterns of food intake and selection, physical exercise and leisure activities that may predispose to obesity [2]. Patients with eating disorders are very often associated with a history of abuse in childhood, such as sexual and physical abuse [3]. Sexual health is an important quality of life factor, but

sexual dysfunctions and traumatic conditions due to abuse or violence are not so easy to investigate [4]. Understanding the emotional and traumatic causes that lead to obesity and sexual dysfunction in the obese group is extremely important for preventing injuries and maintaining obesity treatment [5].

Parents, in particular, are one of the main determinants of the obesogenic environment in which children grow and develop, promoting in them food insecurity with habits of drinking sugary drinks, not eating meals together with the family, skipping breakfast with frequency among others. [4,10] It is known that the family plays a vital role in determining the eventual impact of the traumatic experience on the child, and parental support is often a key mediating factor in how the child experiences and adapts to victimizing circumstances. [7,12] Parents who were victims of violence at some stage of their lives demonstrate that they perpetuate abuse within the family environment. Support from the child's family, along with adequate coping and emotional functioning from the child's parents, may well militate against the development of a post-traumatic disorder such as the development of obesity, a shield created to protect that child or adolescent from emotional distress. suffered. [11]

First-line treatment approaches include family-based behavioral obesity interventions that address diet, physical activity, sedentary behaviors, and sleep quality, underpinned by behavior change strategies. [10]

No evidence showed that, in pediatric individuals with obesity undergoing therapeutic follow-up, there was a worsening of quality of life, depression or anxiety. [6,8]

The Brazilian Ministry of Health, in 2013, published an ordinance releasing bariatric surgery from the age of 16, using as criteria, in addition to BMI, the presence of comorbidities, failure of clinical treatment

(at least two years) and the consolidation of growth epiphyses. [18]

From July 2021 to June 2022, there was weekly follow-up of 13 adolescents, aged between 10 and 18 years and 11 months and initial BMI above 38 kg/m², participants in the Group of Adolescents with Morbid Obesity of the Bariatric Surgery Outpatient Clinic, accompanied by their parents and/or guardians.

GOAL

The main objective of this study was to evaluate the body satisfaction and sexual libido of the parents and/or guardians of these adolescents. As a secondary objective, a history of obesity in the family, personal history and associated diseases of the parents and/or guardians, sedentary habits and use of alcohol, smoking and/or illicit drugs in these families, as well as the history of intra-family or domestic violence were investigated.

METHOD

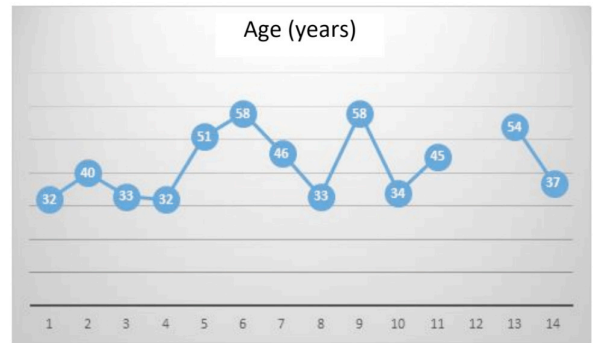
Thorough anamnesis and application of a questionnaire on sexuality and abuse were carried out in 14 parents and/or guardians who agreed with the consent form at the beginning of the weekly follow-up program of the Group of Adolescents with Morbid Obesity of the Bariatric Surgery Outpatient Clinic.

For the assessment of body image, adults were separated into 2 different groups: female and male. It was proposed to one of each group to lie down on the floor on the paper and, to the rest, to perform the body contour. After all, they would paint clothes and adornments to the drawings.

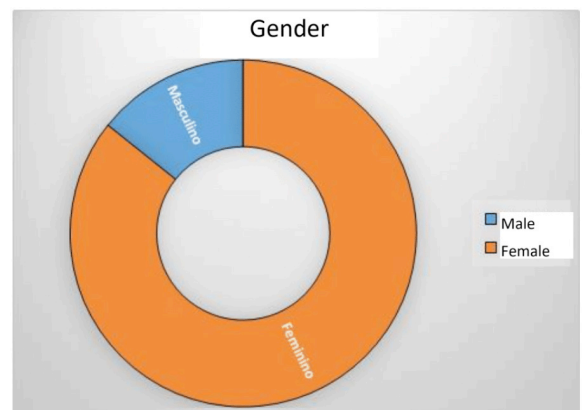
RESULTS AND DISCUSSION

Parents and/or guardians were aged between 31 and 58 years (mean: 43 years), 10 were white (72%), 3 were black (21%) and 1 was brown (7%), 12 belonged to the female

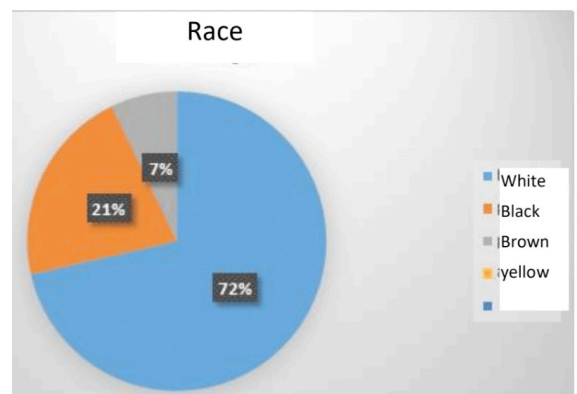
(86%) and 2 male (14%), as shown in Graphics 1, 2 and 3 respectively.



Graphic1: Age of parents and/or guardians of adolescents with Morbid Obesity.



Graphic 2: Gender of parents and/or guardians of adolescents with morbid obesity.



Graphic 3: Race: parents and/or guardians of adolescents with Morbid Obesity.

BMI between 25 and 42.2 Kg/m² (average of 35.6 Kg/m²) was verified, as shown in Graphic 4. At the beginning of the program, 7 (50%) had obesity or BMI above 30 Kg/ m²

(30.5 to 54.9 Kg/m²) and 3 (21%) overweight, that is, BMI between 25.1 and 29.9 kg/m² and 1, eutrophic (14%). Among the obese, 3 (21%) had a BMI greater than 38 kg/m² or morbid obesity.

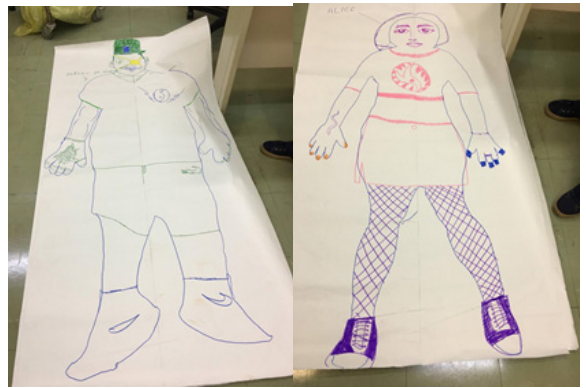
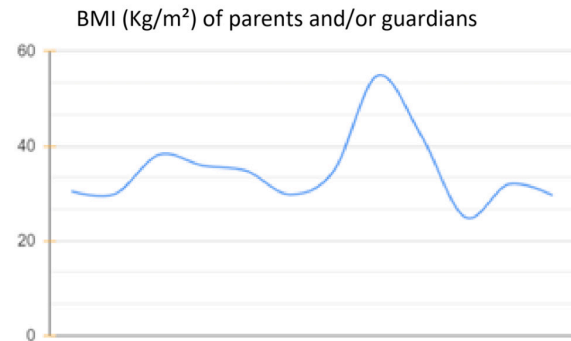
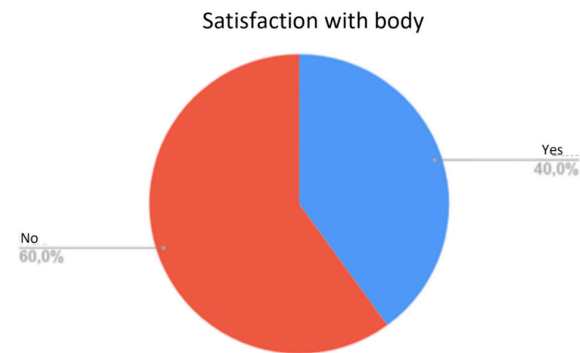


Figure 1: Self-image drawing made by parents and/or guardians of obese adolescents. Representation of male and female gender.



Graphic 4: Body Mass Index (BMI) of parents and/or guardians of adolescents with morbid obesity.

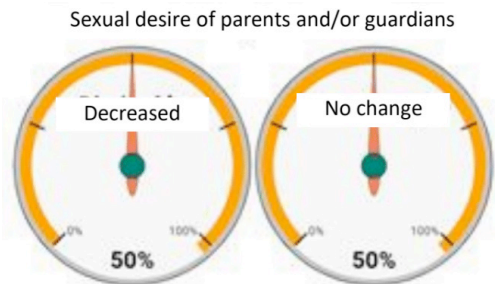
Eight (60%) of them did not report satisfaction with their own bodies, all of whom were female (Graphic 5). Regarding body satisfaction, the lower the BMI, the greater the degree of satisfaction with one's own body (Graphic 6).



Graphic 5: Assessment of body satisfaction among parents and/or guardians of obese adolescents.

In the group design of self-image by gender, both the female and male images revealed individuals with the endomorph biotype, that is, who have a slower metabolism and are more likely to accumulate fat (Figure 1).

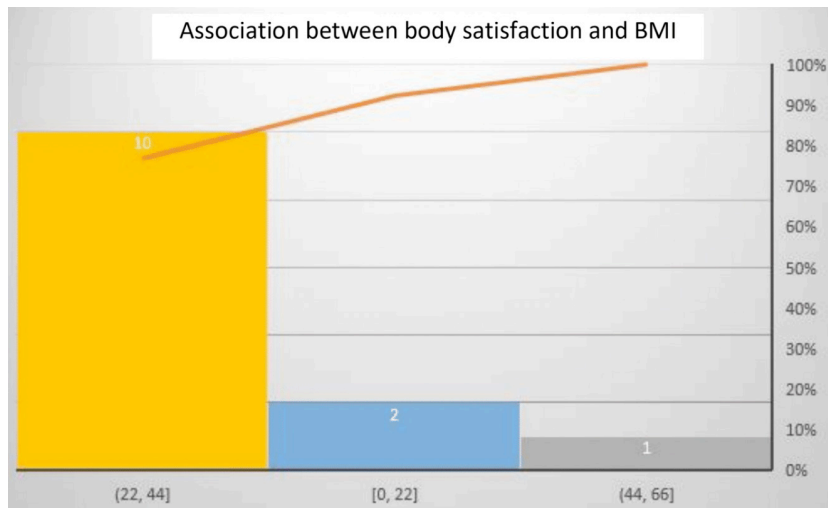
As for the quality of sexual life, half of the parents and/or guardians of the obese adolescents in the group reported a decrease in libido and poor quality of sexual life (Graphic 7). It has also been shown that the higher the BMI, the greater the decrease in sexual desire in parents and guardians



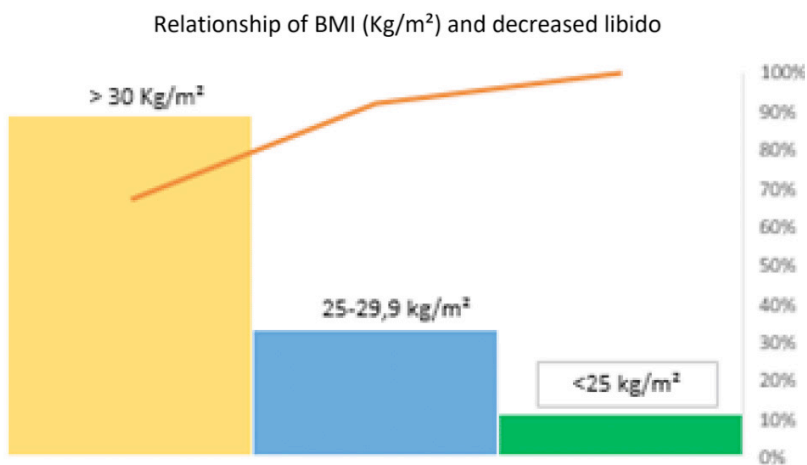
Graphic 7: Sexual desire of parents and/or guardians of obese adolescents.

With regard to abuse and violence experienced by parents and/or guardians, 6 (43%) reported having suffered bullying in childhood and adolescence, 8 (57%) physical violence and 4 (29%) neglect by parents. Among the women, 4 suffered sexual abuse in childhood (29%) and 4, sexual harassment (29%) and reported having a poor quality of sexual life with decreased libido (Graphic 9).

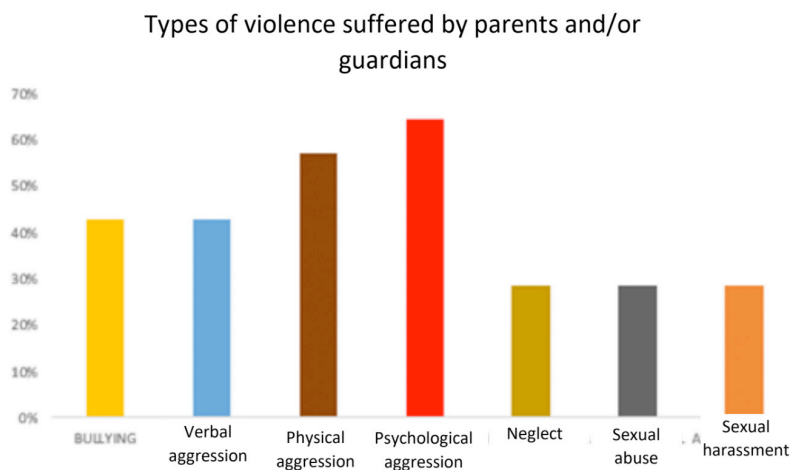
Regarding associated diseases, 2 parents and/or guardian had high blood pressure; 3, type 2 diabetes mellitus; 1, cardiac arrhythmia,



Graphic 6: Association of Body Mass Index (BMI) and Body Satisfaction of parents and/or guardians of adolescents with morbid obesity.

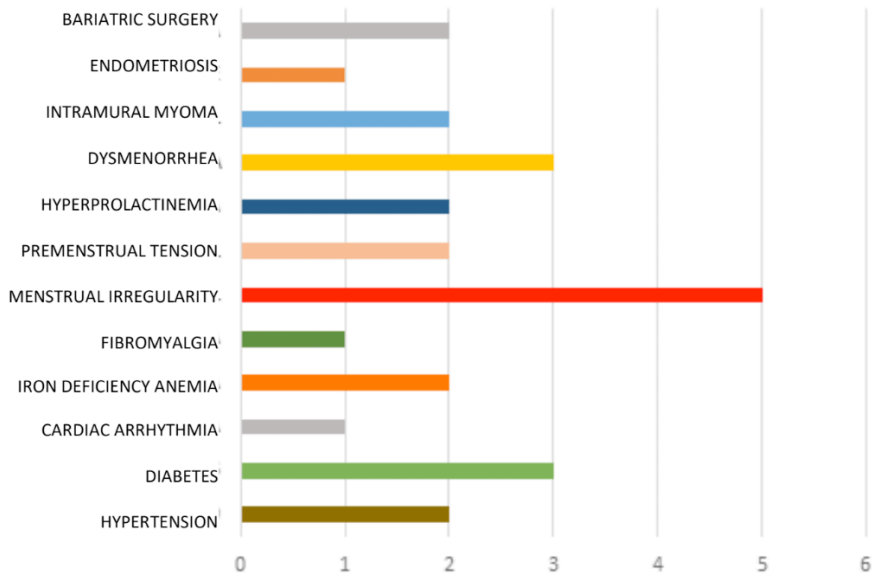


Graphic 8: Relationship between Body Mass Index (BMI) and Sexual Libido of parents and/or guardians of adolescents with morbid obesity.

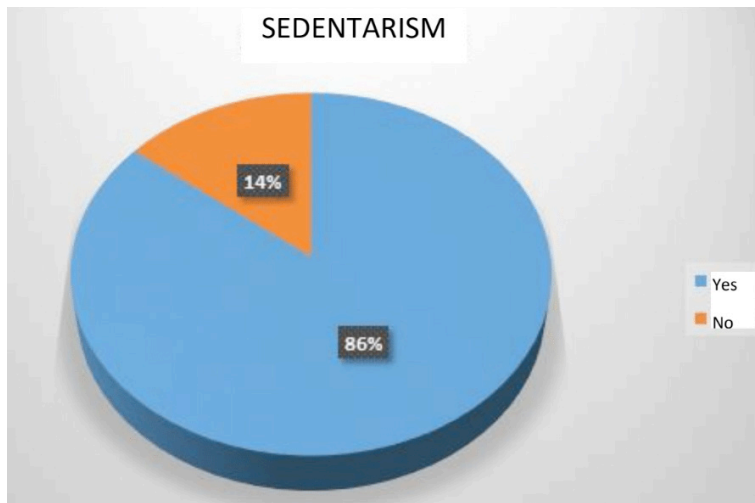


Graphic 9: Relationship between Body Mass Index (BMI) and Sexual Libido of parents and/or guardians of adolescents with morbid obesity.

Personal History and Associated Diseases



Graphic 10: Personal history and associated illnesses among parents and/or guardians of adolescents with morbid obesity.



Graphic 11: Sedentary lifestyle among parents and/or guardians of adolescents with morbid obesity at the beginning of the program.

2, iron deficiency anemia, 1, fibromyalgia. Of the women, 5 had menstrual irregularity, 1 had endometriosis; 2, intramural leiomyoma; 2, hyperprolactinemia; 3, dysmenorrhea; 2, premenstrual tension and 2 were in the late postoperative period of bariatric surgery (Graphic 10).

Only 21% of parents and/or guardians reported alcohol consumption: 2 fathers declared themselves social alcoholism and 1 mother, alcohol dependence. None of them reported smoking or use of illicit substances (Table 1). Twelve of them (86%) reported a sedentary lifestyle before joining the program (Graphic 11).

Substance use	yes	%
Alcohol	3	21%
Drugs	0	0%
Smoking	0	0%

Table 1: Substance use among parents and/or guardians of adolescents with morbid obesity.

The male parents and/or guardians did not respond conclusively to the questionnaire on sexuality.

CONCLUSION

It can be seen that 72% of parents and/or guardians of obese adolescents were also obese. The higher the BMI, the lower the degree of satisfaction with the body and the greater the decrease in libido. Psychological and physical aggression and sexual abuse were the types of violence most frequently perpetuated in the domestic environment. Obesity has a multifactorial cause and the care of the multidisciplinary team in the follow-up of preoperative Bariatric Surgery groups is relevant to identify organic and psychological risk factors that may negatively impact the postoperative result.

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