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Relationship between sex, body composition, gait speed and body satisfaction in elderly people

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Abstract

The purpose of this study is to analyze body satisfaction in non-institutionalized old people and its association with sex, body mass index (BMI) and gait speed.

Methods: Hundred six people have participated, 38 men (age=74.60 ±6.67 years old) and 68 women (age=72.76 ±4.68 years old). The Body Shape Questionnaire (BSQ) has been used together with body composition and a gait speed test.

Results: Prevalence of body dissatisfaction in old people is about 5.6 %. Women have higher body fat percentage and less muscle mass. Significant differences were not found (p≥0.05) in the BSQ relating with sex. Obese old people with less gait speed showed higher score in BSQ. The Total BSQ is positively correlated with BMI (r=0.487, p<0.01), fat percentage (r=0.371, p<0.01) and negatively correlated with gait speed (r=-0.215 p<0.05) and perceived health status (r=-0.269, p<0.05).

Conclusion: Older people’s body satisfaction is positively associated with the perception of health and gait speed and negatively with BMI.

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Key words: elderly, body image dissatisfaction, physical fitness, obesity.

Abbreviations

BMI: body mass index
BSQ: Body Shape Questionnaire
WHO: World Health Organization
2D: 2Dimensions.
ANOVA: Analysis of variance

Introduction

Old people have increased their interest and participation in improve their aged body using physical activity, diet and body care, which is all associated with the increasing of life expectancy. Body satisfaction has not been studied enough in elderly populations despite evident changes in weight, form and function of body with aging. A positive body image promotes physical and emotional health, strengthens self-esteem and reduces vulnerability to damage. With aging and body deterioration; it becomes increasingly difficult to maintain the social ideal of beauty leading to a possi-
ble negative impact on quality of life and nutritional status. Among the factors directly associated with the presence of dissatisfaction with one’s body is the body mass index (BMI). Also body size satisfaction may be an important factor associated with physical activity.

The aging process is accompanied by changes in body composition. Body changes caused by aging produce physical transformations with are inconsistent that current standards of beauty. Other studies suggest that aging increases tolerance so is considered acceptable for size and shape of a body. Therefore, the analysis of the body image can be important for understanding aspects of aging and identity. Body satisfaction can also vary during the different phases of adult life, and possibly patterns differ between men and women. Different studies have analyzed body dissatisfaction in adolescents and especially in females, more sensitive to the culture of thinness than males. But despite changes in both the appearance and function of the body while aging, little is known about the evolution of body dissatisfaction and desire for thinness in men and women throughout their life cycle. In addition, the number of studies of body satisfaction in the elderly is scarce and their results are inconclusive. Recently, Roy and Payette (2012) show that despite numerous body image research focusing on children, adolescents, young and middle-aged adults, there is a dearth regarding the body image of Western senior people. All this indicates the importance of advancing the study of body satisfaction with aging.

Therefore, the objective in this study is to analyze body satisfaction in not institutionalized old people and its association with sex, body composition and physical fitness.

Methods

Participants

A hundred and six residents of the province of Jaen (Andalusia, Spain), participated in this study, all selected from several home retired. By sex, 38 men (age=74.60±6.7 years old) and 68 women (age=72.76±4.68 years old). To be eligible to take part in this study, participants were required to be more than 65 years old. Moreover, all the subjects were not institutionalized and had no history of mental or intellectual disorders. Each participant signed an informed consent for the study which was conducted in compliance with the Declaration of Helsinki (version 2008) and following the guidelines of the European Community for Good Clinical Practice (111/3976/88 July 1990) and the Spanish legal framework for clinical research in humans (Royal Decree 561/1993 on clinical trials). Informed consent and the study were approved by the Bioethics Committee of the University of Jaen, Spain.

Instruments

Sociodemographic information was collected using a self-report instrument that included date of birth, marital status, educational status and healthy habits, among other questions.

The Body Shape Questionnaire (BSQ), in its Spanish version was employed for the assessment of body dissatisfaction. This is a self-administered questionnaire composed of 34 items that are evaluated using the following scale: 1=Never, 2=Rarely, 3=Sometimes, 4=Often, 5=Very often, 6=Always. range test is 34-204. There are five factors to be evaluated in the Spanish version for the questionnaire: BSQ 1: Concern about weight, BSQ 2: Concern about unsightly aspects of obesity, BSQ 3: Overall body dissatisfaction and concern, BSQ 4: Bod dissatisfaction regarding the lower part of the body, BSQ 5: Use of vomiting or laxatives to reduce body dissatisfaction. Following Cooper and Taylor (1988), from the total score, four categories or levels of concern for body image have been established: no concern (score <80), mild concern (score between 81 and 110), moderate concern (score between 111 and 140) and extreme concern (score >141 points).

The body composition was analyzed by means of a portable eight-polar tactile-electrode impedanciometer (InBody R20, Biospace, Gateshead, UK). This device was used to measure weight (kg), fat mass (%) and skeletal muscle mass (kg). BMI was calculated as weight (kg) divided by height squared (m). Height (m) was measured with a stadiometer (Seca 222, Hamburg, Germany). The measurement was done under the following conditions: at least two hours after the last meal, without clothes on, without any metallic objects on the body, and after remaining in standing for a minimum of 5 minutes before the test. The recommendations of the World Health Organization (WHO, 2003) have been used to establish the degree of obesity: underweight (BMI<18.5 kg/m²), normal weight (BMI=18.50-24.99 kg/m²), overweight (BMI=25.00-29.99 kg/m²), and obesity (BMI≥30 kg/m²).

The gait speed is part of the evaluation tests of physical condition in elderly. The “gait speed test” involves walking 10 meters in the shortest possible time, at maximum speed. To analysis, the first and the last meter were eliminated due to acceleration and deceleration. The best time of two trials was recorded and used in the analysis. For recording, a Casio Exilim EXZR-10 high speed camera (Dover, NJ, USA) with a sampling frequency of 240 Hz was used. It was installed in a fixed sagittal plane. Then the scrolling speed was measured using 2D photogrammetry software (VideoSpeed vs.1.38, ErgoSport, Granada).

Finally, item 1 (the perception of health) of the Healthy Survey Short-Form 36 (SF-36), which is scored with a rating of 1 (poor)-5 (excellent) was also included.
Procedure

Subjects were requested once and individually in home retired. Once the person signed an informed consent, was proceeded to evaluate the body composition and gait speed test. Then, the questionnaires were completed (BSQ and sociodemographic questionnaire), researchers helped the people to fill out the questionnaires.

Statistical Analysis

Data analysis was performed using SPSS (version 20, SPSS Inc., Chicago, Ill). The results are shown using descriptive statistics—the mean and standard deviation (SD). For the comparison of groups by sex, analysis of variance (ANOVA) was used with age as a covariate and age and sex on the comparison between the cluster analysis K-medias made with gait speed. A post hoc test with Bonferroni adjustment was also used. Nominal variables were analysed using Chi-squared test. U Mann–Whitney test was used in perception of health status variable. Finally, Pearson and Spearman correlations were performed between the variables analysed. Linear regression was performed using the BSQ as dependent variable and the remaining variables as independent. In all cases the level of significance was set at p<0.05.

Results

In Table I, the results of the sociodemographic variables are shown. Men have a higher consumption of alcohol and tobacco than women.

In the Table II the descriptive statistics of the variables analysed by sex and gait speed are shown. Results show how men have a significantly higher gait speed than women. Women, on the other hand, have a higher percentage of fat and less muscle mass. Moreover, women score higher body dissatisfaction regarding the lower part of the body. Prevalence of body dissatisfaction in old people is about 5.6 %. Also, two groups were analysed concerning high and low gait speed established by cluster analysis K-means. Significant differences (p<0.05) in group of high gait speed compared to group low gait speed are shown. Group of high gait speed show lower BMI, lower percentage of fat, greater amount of skeletal muscle mass and less body dissatisfaction. Similarly, there are significant differences (p<0.05) in relation to perceived health among subjects with high and low gait speed.

Table III shows significant differences (p<0.05) in gait speed in relation to weight status. The post hoc test (Bonferroni) notes that the overweight group presents higher gait speed than the obese group (p<0.05). Also, there are significant differences in the total BSQ (p<0.001), normalweight and overweight subjects express less body dissatisfaction than obese group (p<0.01).

Table IV shows the Pearson correlation between variables. Age is correlated with gait speed (r=-0.219, p<0.05). Total BSQ is positively correlated with BMI (r=0.487, p<0.01), fat percentage (r=0.371 p<0.01) and negatively with gait speed (r=-0.215 p<0.05) and perceived health status (r=-0.269 p<0.05).

Linear regression analysis adjusted to sex and age shows that BMI is a useful factor for predicting BSQ.
in old people ($R^2$ Linear=0.266, $Y=26,951+2,117X$). It should be noted that this factor better predicts in men than in women (Figure 1).

**Discussion**

Evidence supporting the role of body dissatisfaction in chronic disease risk and wellbeing among older adults\textsuperscript{20,21} (Fiske, Fallon, Blissmer& Redding, 2014; Jankowski, Diedrichs, Williamson, Christopher & Harcourt, 2014). However, little is known about older adults’ body image, despite that ageing causes unique bodily changes and that sociocultural pressures to resist these changes abound (Jankowski et al., 2014)\textsuperscript{21}, therefore, it is necessary to study body satisfaction in elderly. In this study, the relationship between body satisfaction, sex, IMC and gait speed in old people was analyzed. The main finding is that participants analyzed show a prevalence of about 5.6% in body dissatisfaction, results as those obtained by Reboussin et al., (2000)\textsuperscript{22}, showed an improvement in body satisfaction with aging. Results are reduced to 3.3% considering scores $>105$ in BSQ, and lower than those obtained by Cobo (2012)\textsuperscript{23} who obtained a prevalence of 72.3% in people older (>65 years old, scores $>105$ in BSQ).

**Table II**  
Results of the analyzed variables between men and women, high gait speed and lower gait speed

<table>
<thead>
<tr>
<th></th>
<th>Men Mean (SD)</th>
<th>Women Mean (SD)</th>
<th>p-value</th>
<th>High Gait Speed Mean (SD)</th>
<th>Lower Gait Speed Mean (SD)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gait speed 8m (m/s)</td>
<td>1.97 (0.33)</td>
<td>1.67 (0.28)</td>
<td>0.005</td>
<td>2.02 (0.20)</td>
<td>1.51 (0.21)</td>
<td>$&lt;0.001$</td>
</tr>
<tr>
<td>BMI (kg/m$^2$)</td>
<td>28.90 (3.95)</td>
<td>30.40 (4.28)</td>
<td>0.073</td>
<td>28.86 (3.85)</td>
<td>31.14 (4.27)</td>
<td>0.006</td>
</tr>
<tr>
<td>Fat percentage (%)</td>
<td>33.27 (5.66)</td>
<td>43.77 (6.01)</td>
<td>0.005</td>
<td>36.51 (7.39)</td>
<td>44.20 (5.95)</td>
<td>$&lt;0.001$</td>
</tr>
<tr>
<td>Muscle mass (Kg)</td>
<td>28.23 (4.06)</td>
<td>21.12 (2.67)</td>
<td>0.005</td>
<td>25.24 (5.23)</td>
<td>21.83 (3.51)</td>
<td>$&lt;0.001$</td>
</tr>
<tr>
<td>BSQ 1</td>
<td>11.36 (6.23)</td>
<td>13.59 (5.89)</td>
<td>0.087</td>
<td>11.04 (4.85)</td>
<td>15.07 (6.75)</td>
<td>0.002</td>
</tr>
<tr>
<td>BSQ 2</td>
<td>5.13 (1.64)</td>
<td>5.82 (2.77)</td>
<td>0.141</td>
<td>5.09 (1.64)</td>
<td>6.17 (2.96)</td>
<td>0.041</td>
</tr>
<tr>
<td>BSQ 3</td>
<td>3.47 (1.08)</td>
<td>3.46 (1.21)</td>
<td>0.960</td>
<td>3.44 (0.88)</td>
<td>3.56 (1.44)</td>
<td>0.652</td>
</tr>
<tr>
<td>BSQ 4</td>
<td>2.10 (0.47)</td>
<td>2.86 (1.38)</td>
<td>0.005</td>
<td>2.11 (0.39)</td>
<td>3.07 (1.50)</td>
<td>$&lt;0.001$</td>
</tr>
<tr>
<td>BSQ 5</td>
<td>2.00 (0.00)</td>
<td>2.05 (0.30)</td>
<td>0.182</td>
<td>2.00 (0.00)</td>
<td>2.07 (0.34)</td>
<td>0.169</td>
</tr>
<tr>
<td>Total BSQ (34-204)</td>
<td>48.73 (18.40)</td>
<td>55.05 (19.26)</td>
<td>0.118</td>
<td>48.41 (13.62)</td>
<td>58.80 (22.70)</td>
<td>0.014</td>
</tr>
<tr>
<td>Health perception (1-5)</td>
<td>3.05 (0.56)</td>
<td>2.91 (0.83)</td>
<td>0.175</td>
<td>3.25 (0.75)</td>
<td>2.72 (0.65)</td>
<td>0.001</td>
</tr>
</tbody>
</table>

SD (Standard Deviation). BMI: Body Mass Index. BSQ1: Weight Concern. BSQ 2: Concern unsightly aspects of obesity. BSQ 3: General Body Dissatisfaction and concern. BSQ 4: Body Dissatisfaction with the lower body. BSQ 5: Job vomiting or laxatives to reduce body dissatisfaction.  
\textsuperscript{*}U Mann-Whitney.

**Table III**  
Results of the analyzed variables between BMI categories

<table>
<thead>
<tr>
<th></th>
<th>Normalweight Mean (SD)</th>
<th>Overweight Mean (SD)</th>
<th>Obesity Mean (SD)</th>
<th>p-value</th>
<th>Post-Hoc</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gait Speed 8m (m/s)</td>
<td>1.78 (0.43)</td>
<td>1.86 (0.30)</td>
<td>1.66 (0.31)</td>
<td>0.013</td>
<td>OB&lt;OV*</td>
</tr>
<tr>
<td>BSQ 1</td>
<td>9.77 (3.70)</td>
<td>10.46 (4.58)</td>
<td>15.55 (6.71)</td>
<td>$&lt;0.001$</td>
<td>NOR&lt;OB*</td>
</tr>
<tr>
<td>BSQ 2</td>
<td>5.22 (1.78)</td>
<td>5.09 (1.42)</td>
<td>6.05 (3.10)</td>
<td>0.194</td>
<td>- - - - -</td>
</tr>
<tr>
<td>BSQ 3</td>
<td>3.22 (0.44)</td>
<td>3.24 (0.69)</td>
<td>3.75 (1.53)</td>
<td>0.100</td>
<td>- - - - -</td>
</tr>
<tr>
<td>BSQ 4</td>
<td>2.55 (1.33)</td>
<td>2.19 (0.51)</td>
<td>2.90 (1.46)</td>
<td>0.037</td>
<td>OV&lt;OB*</td>
</tr>
<tr>
<td>BSQ 5</td>
<td>2.00 (0.00)</td>
<td>2.02 (0.15)</td>
<td>2.05 (0.31)</td>
<td>0.815</td>
<td>- - - - -</td>
</tr>
<tr>
<td>Total BSQ (34-204)</td>
<td>43.11 (12.52)</td>
<td>46.02 (12.60)</td>
<td>61.00 (22.25)</td>
<td>$&lt;0.001$</td>
<td>NOR&lt;OB**</td>
</tr>
<tr>
<td>Health perception (1-5)</td>
<td>3.11 (0.92)</td>
<td>3.04 (0.68)</td>
<td>2.85 (0.75)</td>
<td>0.390</td>
<td>- - - - -</td>
</tr>
</tbody>
</table>

SD (Standard Deviation). BMI: Body Mass Index. BSQ1: Weight Concern. BSQ 2: Concern unsightly aspects of obesity. BSQ 3: General Body Dissatisfaction and concern. BSQ 4: Body Dissatisfaction with the lower body. BSQ 5: Job vomiting or laxatives to reduce body dissatisfaction.  
\textsuperscript{*}p<0.05 / \textsuperscript{**}p<0.01 / \textsuperscript{***}p<0.001. OV = Overweight. OB = Obesity. NOR = Normalweight.  
\textsuperscript{*}U Mann-Whitney.
Concern to body image show no differences between sexes but it does in BMI categories and gait speed. Other authors have found that positive results in body dissatisfaction in old people have been higher in women. This finding is consistent with the dissatisfaction of young females. Roy and Payette (2012) showed that older women express a lower body dissatisfaction than younger women, moreover, men decrease significantly (p<0.001) their worry about body image with aging. Algars et al., (2009) discovered that age is positively associated with body satisfaction. A recent similar study points out that BMI, adjusting with age and sex, is a body dissatisfaction predictor in old people, but has more predictive power in men than in women. Furthermore, another important finding in this study points out that BMI, adjusting with age and sex, is a body dissatisfaction predictor in old people, but has more predictive power in men than in women. Varvaro et al., (2006) identified an association between BMI and body dissatisfaction in men and women and de Souto, Ferrandez and Guihard (2011) in similar populations (women =70.3 ± 7.9 years old, men= 70.9 ± 7.5 years old), also, these researchers showed that BMI is a body dissatisfaction predictor in both sexes. With age, BMI increased and decreased the routine monitoring of the body, resulting in a change in body dissatisfaction. Kruger et al., (2008) found that normal-weight individuals had higher satisfaction in their body size than overweight or obese individuals. Arroyo et al., (2008) observed a positive correlation between the degree of dissatisfaction with body fat percentage and BMI (p< 0.01). Casillas et al., (2006) indicate a positive correlation between the degree of body dissatisfaction and BMI (r=0.544, p<0.01). Furthermore, BMI is associated with greater body dissatisfaction, lower peer recognition and attempts to lose weight. Recently, other authors confirm the positive association between BMI, percentage of fat mass and body dissatisfaction, particularly in women. Not considering the association between body dissatisfaction and BMI could obviate relationship with other variables, such as age. In addition, Rodriguez and Cruz (2008), comparing the BSQ and BMI for different age(Age=18-19 years, BSQ total=79.71±31.98; BMI= 23.37±3.47 Kg/m²), showed difference between those results obtained in the present study.

As we have noted above, physical fitness is a fundamental component in the perception of body satisfaction. In this study, subjects with increased gait speed and, therefore, better physical fitness have a lower

<table>
<thead>
<tr>
<th>Table IV</th>
<th>Correlations between the variables analysed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Age</td>
</tr>
<tr>
<td>Age</td>
<td>1</td>
</tr>
<tr>
<td>BMI</td>
<td>1</td>
</tr>
<tr>
<td>Fat percentage</td>
<td>1</td>
</tr>
<tr>
<td>Musclemass</td>
<td>1</td>
</tr>
<tr>
<td>Gait speed</td>
<td>1</td>
</tr>
<tr>
<td>Total BSQ</td>
<td>1</td>
</tr>
<tr>
<td>Healthperception</td>
<td>1</td>
</tr>
</tbody>
</table>

BMI: Body Mass Index. BSQ: Body Shape Questionnaire 'Spearman correlation. *p<0.05. **p<0.01.

**Fig. 1. Scatter plot graph between total BSQ and BMI.**
body dissatisfaction, lower BMI, a lower fat mass and a greater muscle mass. Kruger et al., (2008)\textsuperscript{14} indicate that people who were satisfied with their body size were more likely to engage in regular physical activity than those less satisfied. In this same way, Sarabia (2012)\textsuperscript{16} highlights that those people who have maintained active through physical activity, feel more satisfied with themselves and their physical fitness. Najam and Ashfaq (2012)\textsuperscript{17} found a positive association between physical fitness and BSQ.

In this study, body satisfaction is associated with health status and subjects with greater body satisfaction have higher self-perceived health, an aspect also associated with a high gait speed and less tendency towards obesity. Roy y Payette (2012)\textsuperscript{18} describe the association between physical and mental health and body satisfaction. The perception of being overweight was related to reduce scores for general health and vitality\textsuperscript{19}. In women, body dissatisfaction is associated with marked impairment in aspects of quality of life relating to mental health and psycho-social functioning and at least some aspects of physical health\textsuperscript{20}. In this regard, Renée, Wilcox and Dowda (2011)\textsuperscript{21} showed that in elderly (mean age = 69 years) there are greater improvements in body function satisfaction and were associated with better baseline health ratings, greater reductions in BMI and greater increases in physical activity.

The main limitation of this study was that it does not consider the influence of other factors such as psychological (depression, mood state, disorders food), nutritional, and physical activity level. More researches are needed in this topic.

Conclusions

In conclusion, it should be noted that older people have a proper body satisfaction, which is positively associated with perceived health status and gait speed and negatively with BMI. From a practical point of view, the results obtained in this study suggest that body satisfaction could be considered as a health and wellbeing indicator. Promote proper body satisfaction is important, even in older people, through programs of healthy food and physical activity, enabling a healthy BMI and optimum physical fitness, parameters associated with the body satisfaction.

References

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