

Weight Anxiety in Older Women

Paper

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This study examined the nature of weight anxiety in women over 50 years of age. More than half the women had dieted and half were currently worried about being overweight. Few women were currently dieting or were worried about being underweight. Comparisons between women with high and low levels of weight anxiety revealed that those with high levels were more likely to engage in dieting behaviour. Moreover, it was found that those women who were working were less likely to have high levels of weight anxiety than those women who were not in employment. Comparisons were made between the older women and a group of younger women. The two groups had similar patterns of weight anxiety. However, the older women were heavier and had higher weight ideals. Of particular interest was the finding that the older women were more likely to have greater differences between actual and ideal weights than the younger women.

INTRODUCTION

Women have become increasingly anxious about their weight (Szmukler *et al.*, 1986). Most of the studies of weight anxiety in women have concerned young women. Recently, evidence from women's magazines and newspaper articles suggests that anxiety about weight might be common amongst older women as well (Bean, 1993; Dudman, 1993; Voak, 1993). However, these findings are not in accord with the literature which reports few studies (generally in case study form) of older women with weight anxiety and eating disorders.

In a recent review, Cosford and Arnold (1992) argued that there were three distinct groups of older women with eating disorders: those who suffered their first episode as young women who remained unwell; women who had suffered a relapsing and remitting course throughout their adulthood; and some women who suffered their first episode in later life. However, the review was of only 14 reported cases.

Kellett *et al.* (1976) reported a case of a post-menopausal woman who developed anorexia nervosa. They suggested that although the disorder first occurs mainly during adolescence, anorexia nervosa should not be disregarded in the diagnosis of eating disorders in women over 50. Both Launer (1978) and Price *et al.* (1985) report cases of the development of post-menopausal anorexia nervosa. Hsu and Zimmer (1988) similarly reported five cases of eating disorders in women over 55 years of age.

In a more extensive study Dally (1984) reported 50 cases of 'late onset marital anorexia nervosa'. Of these, 11 were aged between 41 and 80, with the onset of the disorder occurring between ages 23 and 35. However, in all these cases onset was before the menopause.

More recently, Woodside and Garfinkel (1992) reported that there are more women who develop anorexia nervosa at a comparatively older age (over 25 years of age) than women who develop bulimia nervosa.

The media targets not only younger women but also older women with dieting articles, for example headlines like 'Drop a dress size—in time for Christmas' and 'I must start that diet next week!' are not uncommon (Bean, 1993; Dudman, 1993). This indicates that there is at least interest among older women in dieting, and tentatively it could be suggested that the media is capitalizing on older women's existing weight anxiety.

There appears to be a discrepancy between the media's assumption that older women are concerned about their weight and the research evidence which suggests that this is not generally the case. The present study aimed to examine whether older women were indeed anxious about their weight and if so, whether that anxiety is similar to that found amongst younger women? A number of additional questions were posed. Is older women's weight anxiety a factor of their cohort, their age (i.e. post-menopausal), or merely the result of more general social pressures?

METHOD

There were 97 female subjects whose ages ranged from 50 to 84. Subjects were recruited from a pool of volunteers willing to be subjects maintained by the Psychology Department at the University of Nottingham. In addition comparisons were made with a predominantly younger female subject group, whose ages ranged from 17 to 29 ($n=37$). These subjects were recruited from local church groups, hospitals and social groups.

Subjects completed two questionnaires: the Eating Disorder Inventory (EDI) (Garner *et al.*, 1983); and a general information questionnaire designed for the study.

The EDI is a screening tool with 64 items scored on a 6-point Likert-type scale from 'always' to 'never'. Three is scored at the anorexic extreme for each

Table 1. Subject characteristics: older women (n=97)

Variable	Mean	SD	Range
Age (years)	60.6	7.5	50–84
Height (cm)	165.4	7.1	143–183
Weight (kg)	66.3	10.1	44–102
Body Mass Index	24.2	3.2	17–34
Ideal weight (kg)	61.1	7.0	48–82
EDI total score	26.1	15.0	1–67
Number of children	2.0	1.2	0–6
Number of dependent children	0.3	0.6	0–3
Number of dependent relatives	0.1	0.5	0–3
Job satisfaction	4.1	1.1	1–5

Table 2. Subject characteristics: older women comparison of responses (n=97)

Variable	Frequency of response		
	Yes	No	Binomial
Have dieted	56	41	0.155
Are dieting	19	78	0.001
Overweight	50	47	0.839
Underweight	9	88	0.001
Were employed	95	2	0.001
Full-time	39	}	0.055
Part-time	20		
Are employed	46	51	0.685
Full-time	16	}	0.019
Part-time	30		
Career	44	53	0.385

question, 2 and 1 being scored for ‘adjacent’ responses. There is a recognized cut-off score of 42 marks, above which subjects are regarded as being susceptible to a clinical diagnosis. The inventory was derived around eight constructs or subscales: drive for thinness; bulimia; body dissatisfaction; perfectionism; ineffectiveness; interpersonal distrust; introceptive awareness; and maturity fears. The authors reported validation on samples of women with anorexia nervosa and a female comparison group. The items in the subscales had coefficients of internal consistency (Cronbach’s alpha) above 0.8 for the anorexia nervosa samples, with an average item–total correlation of 0.63. Criterion-related validity was provided both by comparison samples (bulimic, obese, formerly obese and male college students) and by clinical assessment. In addition there is some evidence of construct validity.

Table 3. Subject characteristics: high (n=27) and low (n=27) EDI scores

Variable	Mean		SD		Range	
	High	Low	High	Low	High	Low
Age (years)	62	58	1.3	1.3	52–75	50–76
Height (cm)	164	165	1.4	1.4	143–172	152–180
Weight (kg)	67	64	1.4	2.4	53–80	44–101
Body Mass Index	25	23	0.5	0.6	19–30	17–31
Ideal weight (kg)	61	60	1.1	1.5	47–70	49–82

The general information questionnaire comprised questions concerning weight and height characteristics, dieting patterns and family and career details. In particular, these asked for details of past dieting, ideal body weight, marital status, number of children and of work patterns.

RESULTS

Subject characteristics

Older women

Weight attitudes and employment patterns were examined in relation to weight anxiety. Means, standard deviations and ranges for the demographic details are shown in Table 1. Table 2 shows the results of the tests of significance (binominal test) for the dieting, family and career questions. Few women were 'dieting now' ($p < 0.001$) or were worried about being underweight ($p < 0.001$). Most women had at some time been employed ($p < 0.001$) and a significant number of women were employed part-time. In addition significant chi-squares were found for 'why do you diet?' ($p < 0.001$)—mainly for health reasons—and 'what is your marital status?' ($p < 0.001$)—most women were married.

High and low weight anxiety groups

From the older sample, two smaller samples were selected, based on the total EDI score. All subjects who scored less than 16 were included in a 'low' scoring sample ($n=27$) and those scoring greater than 33 were included in the 'high' scoring sample ($n=27$). The demographic data of these two groups can be seen in Table 3.

Younger women

Table 4 shows the demographic details for the younger sample.

Table 4. Subject characteristics: young women (n=37)

Variables	Mean	SD	Range
Age (years)	22.5	0.5	16–29
Height (cm)	164.6	1.2	143–175
Weight (kg)	56.5	1.1	44–72
Body Mass Index	20.9	0.4	17–27
Ideal weight (kg)	54.1	0.9	39–66
Total EDI score	24.3	2.3	3–57

Table 5. Results of comparisons of high (n=27) and low (n=27) EDI scores

Variable	F	Significance
Age (years)	3.4	0.07
Height (cm)	0.3	0.59
Weight (kg)	0.8	0.36
Body Mass Index	3.46	0.07
Ideal weight (kg)	0.45	0.30
Job satisfaction	0.47	0.50
	χ^2	
Dieted	7.39	0.01
Dieting	3.85	0.05
Overweight	10.57	0.01
Underweight	0.91	0.50
Why diet	20.89	0.001
Marital status	2.60	0.75
Were employed	2.11	0.25
Full/part-time	4.97	0.10
Are employed	16.49	0.01
Full/part-time	1.19	0.25
Career	1.17	0.25

Comparisons of high versus low weight anxiety

Comparisons were made between these groups using *t*-tests and chi-square the finding of which can be seen in Table 5. Those women with higher weight concern were found to have dieted more ($p < 0.01$) than those with low weight anxiety. Similarly, they were more likely to be dieting at present and to be worried about being overweight ($p < 0.01$). The high weight anxiety group were more likely to give health as a reason for dieting ($p < 0.001$). In addition those women who were more anxious were also more likely not to be employed at present ($p < 0.01$).

Table 6. Comparisons of young (n=37) and old (n=97) women

Variable	F	Significance
Height (cm)	0.07	0.790
Weight (kg)	26.7	0.001
Body Mass Index	34.3	0.001
Ideal weight (kg)	24.8	0.001
Total EDI score	0.65	0.400
Weight minus ideal (kg)	2.10	0.014
	χ^2	
Dieted	0.46	n.s.
Dieting	0.31	n.s.
Overweight	1.54	n.s.
Underweight	0.02	n.s.
Why diet	5.76	n.s.

Comparisons of older versus younger women

Table 6 shows the results of the comparisons. The older women were heavier ($p < 0.001$) and had greater body mass ($p < 0.001$). In addition the older women had a higher body weight ideal ($p < 0.001$). There were significant differences between these two groups when the difference between actual and ideal weights were compared. Older women were found to have greater differences between actual and ideal weights ($p < 0.02$).

DISCUSSION

The results showed that many older women were anxious about their weight. More than half the women described themselves as overweight and most of those had dieted in the past, although few were currently doing so. In the comparisons of high and low weight anxiety it was not possible to discover whether this was the result of cohort or menopausal pressure. Weight anxiety in older women was found to be similar to that of younger women. There were a number of interesting findings that warrant further discussion.

That fewer older women were 'dieting now' reflects earlier findings which suggest that although there is an intention to lose weight the successful actual dieting is less common (Laporte and Stunkard, 1990; Polivy and Herman, 1991).

In the comparison of high and low weight anxiety groups, it was found that those who were more anxious about their weight were less likely to be working.

There are two possible explanations: either those women who work are less anxious about their weight; or those women who are more anxious about their weight choose not to work. The latter explanation is less probable since the prevalence of debilitating weight anxiety in older women is very small (Cosford and Arnold, 1992). It is more likely that women who work are less likely to be anxious about their weight. Why should this be so? It could be either that women who work have less time to worry about their weight or else working increases self-esteem, which is inversely related to weight anxiety (Mayhew and Edelman, 1989). At this stage it is unclear which of these explanations is more likely but further research should elucidate this.

It appears that similar patterns of dieting behaviour occur for both older and younger women. The main differences between the two groups occur because the older women were generally heavier and estimate their ideal weights to account for this. However, although the older women's ideal weights were heavier than the younger women's, the differences between actual and ideal for the older women was greater. This suggests that perhaps the older women are only partially compensating for their increased weight; in some respects their weight concern might be greater and perhaps more unrealistic than that of the younger women.

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