PO2.137

Social Appearance Anxiety, Orthorexia, and Body Mass Index: A Study on Health Sciences Students

Şahin Bodur, G.[1]*; Duman, E.*[2]*; Tunçer, E.*[3]*; Keser, A.*[4]

[1]Department of Nutrition and Dietetics, Çankırı Karatekin University, Çankırı, Türkiye
[2]Department of Nutrition and Dietetics, Siirt University, Siirt, Türkiye
[3]Department of Nutrition and Dietetics, Bolu Abant İzzet Baysal University, Bolu, Türkiye
[4]Department of Nutrition and Dietetics, Ankara University, Ankara, Türkiye

Introduction: Social appearance anxiety (SAA) refers to concerns about one's appearance [1]. Orthorexia refers to a broader concept than mere healthy eating obsession, incorporating the positive dimension of a keen interest in healthy nutrition [2]. Considering that groups working or studying in the field of health sciences may tend to orthorexia [3,4], this study aimed to evaluate orthorexia, body mass index (BMI), and SAA of university students studying in the field of health sciences.
Methods: This cross-sectional study was conducted with 370 students (116 male, 254 female), with an average age of 21.4±1.91 years studying in health sciences. Data were collected using a face-to-face questionnaire, which included general information, body weight and height, the Teruel Orthorexia Scale (TOS), and the Social Appearance Anxiety Scale (SAAS). People with a BMI less than 18.5 kg/m^2 or those taking psychiatric medication were excluded from the study. The TOS assesses both problematic and non-problematic beliefs and behaviors regarding healthy eating [5]. High scores on the healthy orthorexia (HO) factor indicate that the interest in healthy eating is non-pathological, while high scores on the orthorexia nervosa (ON) factor suggest a pathological interest in healthy eating [2]. The SAAS aims to assess the SAA levels of individuals [6]. Higher scores on the scale indicate greater levels of SAA [1]. The Turkish validity-reliability of the scales were confirmed [1,2]. SPSS was used for the statistical analysis, and a p-value of <0.05 was considered statistically significant.
Results: According to the World Health Organization BMI classification [7], 4.9% (n:18) of the participants were people with obesity, 19.4% (n:72) were people with overweight, and 75.7% (n:280) were people with normal body weight. SAAS scores were higher in the group with overweight and obesity (37.2±16.56) compared to the group with normal weight (31.3±13.23) (t=-3.066, p=0.003). There was no statistically significant difference between the two groups regarding the factors of the TOS. However, the HO score was higher in the group with normal body weight (11.2±4.84) than in the group with overweight and obesity (10.1±4.56). ON scores were higher in the group with overweight and obesity (5.3±4.28) compared to the group with normal body weight (4.6±3.89). A positive correlation was found between BMI and SAAS (r=0.206, p<0.001) and a negative correlation with HO (r=-0.109, p=0.036). A positive correlation was found between ON and SAAS (r=0.199, p<0.001).
Conclusion: These findings suggest that health science students' preoccupation with body image and healthy eating may contribute to increased anxiety about their appearance. Therefore, it is crucial to develop prevention and intervention strategies to address SAA and ON tendencies.

References

[1] H.U. Journal of Education, 2010,39:151-9.
[2] Klinik Psikoloji Dergisi, 2021,5(2):113-27.
[3] Appetite, 2007,49(3):661-6.
[4] Neuropsychiatr Dis Treat, 2015,11:385-94.
[5] Anales de Psicologia, 2018,34(2):282-90.
[6] Assessment, 2008,15(1):48-59.
[7] https://www.who.int/europe/news-room/fact-sheets/item/a-healthy-lifestyle---who-recommendations.

PO2.138

The Health-of-Your-Herd: Decision Support Instruments to Monitor and Sustain an Anti-Obesogenic Childhood Environment

Ødegård, R. A.[1]*; Pettersen, B.*[2]*; Halsteinli, V.*[1]*; Hansen Edwards, C. H..*[3]*; Nytrø, Ø.*[4]

[1]Obesity Centre, St Olav University Hospital, Trondheim, Norway
[2]Trondheim Municipality, Trondheim, Norway
[3]Department of Public Health and Nursing, Norwegian University of Science and Technology, Trondheim, Norway
[4]Department of Data Science, Norwegian University of Science and Technology, Trondheim, Norway

Introduction: Effective and sustainable childhood obesity prevention measures require coordinated, multi-sectoral actions rather than solely increasing individual resilience to obesogenic environments. Such complex interventions are strongly dependent on stakeholder commitment, which unfortunately tends to fade over time. This project proposes data-driven solutions that integrate health data with geolocated citizen and city data, continuously updated to support inter-sectoral governance and foster sustainable, observable, and effective reshaping of childhood environments. We will explore how health economic modeling can be applied to guide the process aiming at maximum utility for all relevant stakeholders.
Methods: The research municipality (Trondheim) in this project is highly digital, owing to access to a unique national geolocated digital infrastructure and a unique Electronic Health Record (EHR). In this municipality, we will:
a) Identify relevant stakeholders by establishing local Test Beds where parents, preschool staff, and primary health care providers participate.
b) Develop composite (multi-dimensional) quality-of-life measures, consisting of personal health features including children's body mass index (BMI), group activities, social motivators, socioeconomic indicators, and indicators of the built environments including food- and physical environment. These measures will be used for clustering within geolocated groups to identify (dis)similarities, and to motivate and monitor development within and among groups.
c) Integrate a prediction model based on BMI category transition probabilities to enable health economic modeling as part of a structured early assessment of the societal value of the new technology 1). In addition, apply a qualitative methodology to explore the potential value of the solution in its intended context before final evidence on the technology's contribution is available, that is to guide project decisions towards maximum utility for stakeholders at all levels. The computational infrastructure will be piloted by the project in the initial phases, with the goal of being transferred to the municipality along with its related municipal IT services and data resources. The required machine learning can be unsupervised, incremental, and computationally inexpensive.
Results: We will present identified stakeholders and preliminary results on the capacities of the Health-of-Your-Herd instruments to monitor changes in the composite measures and next simulate long-term outcomes based on the available data sources. We will also present the process of applying health economic evaluation as part of the project, including simulation modeling capacities and considerations for upscaling to national and international levels.
Conclusion: The first preliminary evaluation of the gain and scalability capacities of the Health-of-Your-Herd instruments will be decided upon.

Reference

1) Bjørnelv G, Modeling Obesity in Norway (The MOON Study): A Decision-Analytic Approach-Prevalence, Costs, and Years of Life Lost. Med Decis Making. 2021 Jan;41(1):21-36.

Conflict of Interest: None Disclosed

Funding: No funding to report

Downloaded from http://karger.com/ofa/article-pdf/doi/10.1159/000545547/4375755/000545547.pdf by Abant Izzet Baysal Universit user on 17 June 2025

EASO
European Association for the Study of Obesity

ECO 2025 32nd European Congress on Obesity

32nd EUROPEAN CONGRESS ON OBESITY
11-14 MAY, 2025 | MALAGA, SPAIN

CERTIFICATE OF ATTENDANCE

THIS IS TO CERTIFY THAT

Esra Tuncer

ATTENDED
THE 32ND EUROPEAN CONGRESS ON OBESITY
HELD BETWEEN THE 11TH AND 14TH OF MAY, 2025 IN MALAGA, SPAIN

EUAN WOODWARD
EXECUTIVE DIRECTOR, EASO

VOLKAN YUMUK
PRESIDENT, EASO