INTRODUCTION

Apart from obesity-related medical problems, obese adolescents have been described to have negative self-image, low self esteem and poor quality of life. The objective of this study is to investigate the prevalence of psychological problems associated with adolescent obesity in a single centre in Hong Kong.

PATIENTS AND METHODS

The psychological consequences of adolescent obesity were explored using a series of questionnaires: (1) Hong Kong Chinese version WHO Quality of Life Measure (WHO QoL-BREF - 28 questions), (2) Physical Malaise Questionnaire (29 questions), (3) Social Support Questionnaire, (4) General Health Questionnaire (GHQ12) (5) Eating Disorder Inventory (Psychological Assessment Resources Inc). 26 males and 34 females were recruited into the survey after informed consent was obtained. The mean age of the subjects was 16.8±3.7 years and the mean BMI was 27.6±4.1 for males and 27.1±6.1 for females.

RESULTS

In the WHO QoL-BREF the obese young subjects rated their quality of life as being satisfactory, but they also reported more negative feelings and poor social relationship. Both boys and girls were dissatisfied with their physical environment. The obese adolescents reported good social support from family and friends. The mean score of GHQ12 score among the obese adolescents was 22.9±5.7 out of a total score of 60 reflected that they perceived their health as poor. Only 10% of the patients perceived their health as good (GHQ score <15). The symptoms most frequently reported in the Physical Malaise Questionnaire were eye strain, pain or discomfort (13%), tiredness and fatigue (13%) and sweaty extremities (10%). Between 1.7% to 37% of the obese adolescents were found to have disordered eating as assessed by the eleven subscales of the Eating Disorder Inventory (EDI). The score for Drive for Thinness, Interpersonal Distrust and total EDI score were significantly higher and the score for Body Dissatisfaction was significantly lower among obese males as compared to normal adolescents. In the obese females, the score for Body Dissatisfaction, Perfectionism and Maturity Fears were significantly lower while Interpersonal Distrust was found to be significantly higher than in normal adolescent girls. In a multiple regression analysis, the scores for Drive for Thinness, Asceticism, Perfectionism of the EDI and Physical Malaise, Social Support could explain 58% of the variance of the General Health Questionnaire score.

CONCLUSIONS

(1) Most obese adolescents are happy with life but are frequently overcome with negative feelings. (2) Disordered eating is a problem among obese Chinese adolescents. (3) Obese
Chinese adolescents do not have low body-esteem frequently observed in obese adolescents in Western countries. (4) 35% of obese adolescents perceived their health as poor and 58% of the variance of the GHQ12 score could be explained by three subscales of EDI, social support and physical malaise.