

Evaluation of Social Appearance Anxiety, Self-Esteem, Eating Behavior, and Body Image in Rhinoplasty and Septoplasty Patients

Rinoplasti ve Septoplasti Hastalarında Sosyal Görünüm Kaygısı, Benlik Saygısı, Yeme Davranışı ve Beden İmajının Değerlendirilmesi

Muhammed Sefa UYAR¹, Gizem ÖZATA UYAR², Hilal YILDIRAN³

ABSTRACT

This study aimed to compare the relationship between social appearance anxiety, self-esteem, eating behavior, and body perception in individuals who applied to the Ear, Nose and Throat outpatient clinic for rhinoplasty and septoplasty. A total of 93 people were included, 44 patients in the rhinoplasty group and 49 patients in the septoplasty group. Social Appearance Anxiety Scale, Rosenberg Self-Esteem Scale, Dutch Eating Behavior Questionnaire (DEBQ), and Stunkard Scale (Body Image Scale) were applied to the individuals. The researchers took measurements of the participants' body weight (kg) and height (cm). The data obtained were analyzed using the statistical package program (SPSS). Rhinoplasty patients were found to have higher social appearance anxiety and lower self-esteem compared to septoplasty patients ($p<0.001$). There was no significant difference in Stunkard body dissatisfaction and DEBQ scores (external, emotional, and restrained eating) between groups ($p>0.05$). In both groups, a negative correlation was found between self-esteem and social appearance anxiety. However, this relationship was stronger in rhinoplasty patients ($r=-0.579$) compared to septoplasty patients ($r=-0.331$) ($p<0.05$). In both groups, restrictive eating and negative body image were positively correlated with BMI ($p<0.05$). A significant relationship was also found between BMI and emotional eating in the septoplasty group ($r=0.474$, $p<0.05$). Our study has shown that females who want to have rhinoplasty have higher social appearance anxiety and lower self-esteem. These findings demonstrated that comprehensive psychological assessment is important to improve both the mental health and overall outcomes of patients undergoing nasal surgery.

Keywords: Eating behavior, Social appearance, Self-esteem, Rhinoplasty, Septoplasty

ÖZ

Bu çalışmada Kulak Burun Boğaz Hastalıkları polikliniğine burun estetiği ve septoplasti ameliyatı için başvuran bireylerde sosyal görünüş kaygısı, benlik saygısı, yeme davranışı ve beden algısı arasındaki ilişkiyi karşılaştırmak amaçlanmıştır. Rinoplasti grubunda 44 hasta, septoplasti grubunda ise 49 hasta olmak üzere toplam 93 kişi dahil edilmiştir. Bireylere Sosyal Görünüm Kaygısı Ölçeği, Rosenberg Benlik Saygısı Ölçeği, Hollanda Yeme Davranışı Anketi (DEBQ) ve Stunkard Ölçeği (Beden İmajı Ölçeği) uygulandı. Katılımcıların vücut ağırlığı (kg) ve boy uzunluğu (cm) ölçümleri araştırmacılar tarafından alınmıştır. Elde edilen veriler istatistik paket programı (SPSS) kullanılarak analiz edilmiştir. Rinoplasti hastalarının septoplasti hastalarına kıyasla daha yüksek sosyal görünüm kaygısı taşıdığı ve daha düşük benlik saygısına sahip olduğu bulunmuştur ($p<0,001$). Stunkard beden memnuniyetsizliği ve DEBQ skorları (dışsal, duygusal ve kısıtlanmış yeme) açısından gruplar arasında anlamlı fark saptanmamıştır ($p>0,05$). Her iki grupta da benlik saygısı ile sosyal görünüş kaygısı arasında negatif bir ilişki bulunmuştur. Ancak bu ilişki rinoplasti hastalarında ($r=-0,579$) septoplasti hastalarına ($r=-0,331$) göre daha güçlüydü ($p<0,05$). Her iki grupta da kısıtlayıcı yeme ve beden imajından memnuniyetsizlik ile BKİ arasında pozitif ilişkili bulunmuştur. Septoplasti grubunda BKİ ile duygusal yeme arasında da anlamlı ilişki saptanmıştır ($r=0,474$, $p<0,05$). Çalışmamız burun estetiği olmak isteyen kadınların sosyal görünüm kaygısının daha yüksek ve özgüvenlerinin ise daha düşük olduğunu göstermiştir. Bu bulgular, burun ameliyatı geçirecek hastalarda kapsamlı psikolojik değerlendirmenin hem ruh sağlığını hem de genel sağlık sonuçlarını iyileştirmedeki önemini göstermiştir.

Anahtar Kelimeler: Yeme davranışı, Sosyal Görünüş, Benlik Saygısı, Rinoplasti, Septoplasti

This study was approved by the Ethics Committee at Gazi University (Code No:2024-54).

¹ Op. Dr. Muhammed Sefa UYAR, Otorinolarinoloji-Baş Boyun Cerrahisi, Ankara Akyurt State Hospital e-posta: drsefauyar@gmail.com, ORCID: 0000-0002-1149-6238

² Dr. Gizem ÖZATA UYAR, Beslenme ve Diyetetik, Kırıkkale Üniversitesi, Sağlık Bilimleri Fakültesi, Beslenme ve Diyetetik Bölümü, e-posta: gizemozata91@gmail.com, ORCID: 0000-0002-9022-6956,

³ Prof. Dr. Hilal YILDIRAN, ORCID:0000-0001-7956-5087 Beslenme ve Diyetetik, Gazi Üniversitesi, Sağlık Bilimleri Fakültesi, Beslenme ve Diyetetik Bölümü, e-posta: cifcihilal@hotmail.com

İletişim / Corresponding Author: Gizem ÖZATA UYAR
e-posta/e-mail: gizemozata91@gmail.com

Geliş Tarihi / Received: 09.07.2024

Kabul Tarihi/Accepted: 05.09.2024

INTRODUCTION

Rhinoplasty surgery is one of the most popular facial plastic surgery procedures today.¹ Aesthetic rhinoplasty focuses on the physical appearance of the face and aims to change the shape of the nose.² It is stated that rhinoplasty surgery not only improves individuals' appearance but also improves mental, emotional, and functional health.³ This situation significantly increases the life quality of individuals. The negative impact of others' perceptions on one's self-image can damage self-esteem, leading to anxiety, depression, and other psychological disorders.²

Appearance-related beliefs include the person's thoughts about her body, appearance, and the outside world. These thoughts affect people's self-esteem and social relationships, causing negative emotions. These emotions trigger anxiety. Social appearance anxiety refers to individuals' negative emotions when they anticipate being evaluated negatively based on their physical characteristics, such as body weight, height, skin color, and facial features, such as eyes and nose.⁴ A study revealed that patients exhibited a decrease in social appearance anxiety following rhinoplasty surgery in comparison to their pre-surgery status.⁵

Body image dissatisfaction occurs when views of the body are considered negative, and body image represents the difference between an individual's actual and ideal body. Body image dissatisfaction can lead to negative physical and mental health consequences such as depression, anxiety, low self-esteem, and eating disorders.⁶ Body image is one of the most critical psychological structures that can be effective in rhinoplasty. It has been shown that rhinoplasty surgery can improve individuals' body image while increasing obsessive thoughts and actions. Therefore, to avoid an irrelevant surgical plan, it is recommended to provide preoperative

psychological counseling, examine the psychological state, and evaluate the person's expectations from the surgery with the necessary explanations.⁷

Self-esteem can be defined as knowing, accepting, and respecting oneself. The individual acknowledges their abilities and powers in this way.⁸ Low self-esteem is a causal factor for depression, anxiety, eating disorders, high-risk behaviors, and social functioning.⁹ A recent study found that mean self-esteem scores were lower in the aesthetic rhinoplasty group than in the functional rhinoplasty group. Additionally, it was found that there was a significant improvement in postoperative self-esteem scores in the aesthetic rhinoplasty group.¹⁰

Sociocultural pressures and body image dissatisfaction are associated with irregular eating habits.^{11,12} Eating habits are personal and affected by several factors, such as social factors, stress, gender, and expectations.¹³ For instance, females have more body dissatisfaction and eating disorders than men. Obese women are more likely to experience body image dissatisfaction and eating problems.¹¹ Eating disorders appear relatively common in individuals with body dysmorphic disorder.^{14,15} It has been found that the frequency of undergoing rhinoplasty surgery is higher in individuals with anorexia, which is a body dysmorphic disorder.¹⁵

Considering the literature, this study aimed to compare the social appearance anxiety, self-esteem, eating behavior, and body perception of patients who applied to the Ear, Nose, and Throat (ENT) outpatient clinic for rhinoplasty and patients who were indicated for septoplasty. There are a limited number of studies in the literature evaluating eating behavior disorders in rhinoplasty patients. Therefore, the data obtained from this study will contribute to the literature.

MATERIAL AND METHOD

Patients and Data Acquisition

This cross-sectional study was conducted with adult females aged 19-65 who applied to

Ankara Akyurt State Hospital ENT outpatient clinic between January 2024 and March 2024. The study was conducted on 44 patients in the rhinoplasty group and 49 patients in the septoplasty group. Patients who wanted to have rhinoplasty due to aesthetic concerns were included in the rhinoplasty group, and patients who complained of difficulty breathing through the nose, septum deviation, and external nasal deformity were included in the septoplasty group. These deformities include dorsal hump, supratip nasal deformity, dorsal irregularities, and axis deviation. However, patients who did not want to undergo rhinoplasty despite having these deformities were included in the septoplasty group. The exclusion criteria of the study were: men, individuals under the age of 19 and over 65, individuals with eating behavior disorders, psychiatric diseases, antidepressant use, pregnancy and lactation, congenital anomalies, individuals applying for revision surgery, and individuals with a history of trauma that damaged their appearance.

The study was conducted by the Declaration of Helsinki and approved by the Ethics Committee at Gazi University (Code No:2024-54).

Social Appearance Anxiety Scale

The Social Appearance Anxiety Scale (SAAS) was developed by Hart et al. (2008) to measure individuals' social appearance concerns about how other people will evaluate their appearance.¹⁶ A Turkish validity and reliability scale study was conducted by Doğan et al. in 2010.¹⁷ It consists of 16 items, and has a one-dimensional, 5-point Likert type answer key of (1) Not at all Appropriate, (5) Completely Appropriate. Item 1 of the scale is coded in reverse. High scores obtained indicate high appearance anxiety. The Cronbach's alpha for the SAAS was 0.93.¹⁶

Rosenberg Self Esteem

Rosenberg's Self-Esteem Scale (ROE) was developed by Morris Rosenberg in 1965.¹⁸ Turkish validity and reliability studies were conducted by Çuhadaroğlu in 1986 and the validity coefficient was found to be 0.71.¹⁹

The scale consists of 63 multiple-choice questions and has twelve subcategories. In line with the purpose of the research, the first "ten" items of the scale were used to measure self-esteem. Statements are answered on a 4-point Likert scale as "very true," "true," "wrong," and "very wrong." Questions regarding positive self-assessment are scored from 3 to 0 on the scale's rating system, whereas statements that challenge negative self-evaluation are scored from 0 to 3. The total score range is 0 to 30. The scoring system classifies people as having "high" self-esteem when they score 25–30 points, "medium" self-esteem when they score 15–24, and "low" self-esteem when they score 0–14.¹⁸

Stunkard Scale

The Stunkard scale is a psychometric scale developed in 1983 to determine body dissatisfaction in males and females. The figured scale allows the individual to subjectively evaluate both genders' body shapes. This scale is a visible measure of how a person perceives their physical appearance. Each figure represents nine male and nine female schematic silhouettes, ranging from extreme thinness to extreme obesity. Participants are asked to choose the silhouette that best reflects their current and ideal body sizes. The body image dissatisfaction score (BI) is calculated by subtracting the score of the silhouette selected for the current body size from the chosen silhouette for the ideal body size. A high body dissatisfaction score indicates lower satisfaction with body size, while a low body dissatisfaction score indicates higher satisfaction.²⁰

The Dutch Eating Behavior Questionnaire

The Dutch Eating Behavior Questionnaire (DEBQ) was used to evaluate the eating behaviors. This questionnaire was developed by Van Strein et al. in 1986.¹³ Bozan performed Turkish validity and reliability tests in 2009.²¹ The items in the survey are evaluated on a 5-point Likert scale (1: never, 2: rarely, 3: sometimes, 4: often, 5: very often). The test's total score is not evaluated; the three subscales are independently assessed.

Anthropometric Measurements and Eating Habits

The researchers measured the participants' body weight (kg) and height (cm). Body weight was measured with a portable measuring device, height was measured with a stadiometer in a vertical position, and the head was measured in the Frankfort plane.²² BMI was calculated by dividing the body weight in meters by the square of the height (kg/m²), considering the WHO's classification.²³

To assess dietary habits, questions were asked about the frequency of main and snack meals, skipping main meals, meal regularity, and frequency of breakfast.

Statistical analysis

The data obtained from the study were analyzed using the I.B.M. Statistical Package for the Social Sciences (SPSS) version 24.0 statistical package program (Chicago, IL, USA). The suitability of the variables to normal distribution was determined by visual (histogram and probability graphs) and analytical methods (Shapiro-Wilk tests). The categorical data were represented as frequencies and percentages, while the quantitative data were given as mean± standard deviation (SD). Pearson's χ^2 or Fisher's exact test was used for test frequency

differences. Independent Samples t-test was used to compare two independent groups for crude means. Spearman or Pearson correlation analysis was used to assess the association between the variables. A p-value<0.05 was statistically significant.

Limitations

This study has some limitations. First, the cross-sectional design of this investigation limited the ability to identify causal relationships. Second, since this study included only females, the inclusion of different groups including other demographic characteristics, limits generalizability. Third, participants may not accurately report their levels of anxiety, self-esteem, eating behaviors, or body image due to the study's nature. Fourth, conducting the study at a single ENT outpatient clinic may limit the applicability of the results to other settings or geographic locations. Multi-center studies could enhance the external validity of the findings. For this reason, future studies should incorporate diverse demographic characteristics, including gender and BMI ranges, and utilize longitudinal and multi-center designs to enhance the generalizability and causal understanding of social appearance anxiety, eating behavior, self-esteem and other parameters.

RESULTS AND DISCUSSION

General characteristics of the individuals are given in Table 1. The education levels of individuals in the rhinoplasty group were lower than those in the septoplasty group (p=0.048).

Compared to the rhinoplasty group (50.0%), the septoplasty group (61.2%) had a higher percentage of working individuals (p=0.007).

Table 1. General characteristic of individuals

	Septoplasty group (n:49)	Rhinoplasty group (n:44)	p ^{a,β}
	$\bar{x}\pm SD$ or n (%)	$\bar{x}\pm SD$ or n (%)	
Age (year)	28.0±9.77	26.1±6.58	0.293 ^a
Education status			0.048^β
Middle/High School	20 (40.8)	27 (61.4)	
University/Master	29 (59.2)	17 (38.6)	
Working status			0.007^β
Working	30 (61.2)	22 (50.0)	
Not working	5 (10.2)	16 (36.4)	
Student	14 (28.6)	6 (13.6)	
Marital status			0.679 ^β
Married	21 (42.9)	17 (38.6)	
Single	28 (57.1)	27 (61.4)	
BMI (kg/m²)	23.2±3.76	22.4±3.05	0.269 ^a
BMI classification			

Table 1. General characteristic of individuals. (Continued)

	Septoplasty group (n:49)	Rhinoplasty group (n:44)	p ^{α,β}
	$\bar{x}\pm SD$ or n (%)	$\bar{x}\pm SD$ or n (%)	
Underweight	5 (10.2)	3 (6.8)	0.303^β
Normal	29 (59.2)	34 (77.3)	
Overweight	12 (24.5)	6 (13.6)	
Obese	3 (6.1)	1 (2.3)	

The statistically significant p values are shown in **bold**. ^α Independent sample t-test, ^β Pearson chi-square test

Table 2 shows individuals' social appearance anxiety, self-esteem, eating behavior, body image dissatisfaction, and nutritional habits. Compared to the septoplasty group, rhinoplasty patients' social appearance anxiety scores were higher, and self-esteem scores were lower (p<0.001). The self-esteem

of the septoplasty group (55.1%) was significantly higher than that of the rhinoplasty group (6.8%) (p<0.001). No significant difference was found between the groups in body dissatisfaction and DEBQ scores (external eating, emotional eating, and restrained eating) (p>0.05).

Table 2. Individuals' SAAS, ROE, BI, DEBQ, and eating habits

	Septoplasty group (n:49)	Rhinoplasty group (n:44)	p ^{α,β}
	$\bar{x}\pm SD$ or n (%)	$\bar{x}\pm SD$ or n (%)	
Social appearance anxiety score (SAAS)	24.6±5.87	48.2±14.46	<0.001^α
Rosenberg self-esteem score (ROE)	24.9±4.31	17.8±4.98	<0.001^α
Low	1 (2.0)	11 (25.0)	<0.001^β
Middle	21 (42.9)	30 (68.2)	
High	27 (55.1)	3 (6.8)	
Body image dissatisfaction (BI)	0.5±1.02	0.7±1.25	0.585 ^α
DEBQ			
Restrained eating	25.7±9.95	26.7±10.52	0.636 ^α
Emotional eating	31.9±17.52	28.3±14.04	0.283 ^α
External eating	31.8±9.55	31.4±7.79	0.811 ^α
Main meal frequency	2.4±0.50	2.4±0.57	0.692 ^α
Snack frequency	1.3±0.97	1.3±0.89	0.692 ^α
Total meal frequency	3.7±1.06	3.6±1.08	0.587 ^α
Meal regularity			
Yes	26 (53.1)	30 (68.2)	0.137 ^β
No	23 (46.9)	14 (31.8)	
Skipping main meal			
Yes	26 (53.1)	26 (59.1)	0.559 ^β
No	23 (46.9)	18 (40.9)	
Most frequently skipped meal			
Breakfast	13 (50.0)	12 (46.2)	0.489 ^β
Afternoon	10 (38.5)	13 (50.0)	
Evening	3 (11.5)	1 (3.8)	
Frequency of eating breakfast (times/week)	5.3±2.21	5.5±2.02	0.630 ^α

The statistically significant p values are shown in **bold**. ^α Independent sample t-test, ^β Pearson chi-square test

The relationship between SAAS, ROE, BI, DEBQ, age, and BMI in septoplasty patients is given in Table 3. A negative correlation between SAAS score and ROE was found

(p=0.020). Stunkard body dissatisfaction was positively correlated with emotional eating, restrained eating, age, and BMI (p<0.05). Also, a significant positive correlation was observed between emotional eating, restrained eating, and BMI (p<0.05).

Table 3. Relationship between SAAS, ROE, BI, DEBQ, age and BMI in septoplasty patients

	1		2		3		4		5		6		7		8	
	r	p	r	p	r	p	r	p	r	p	r	p	r	p	r	p
1	-	-														
2	-0.331	0.020	-	-												
3	0.189	0.192	-0.100	0.494	-	-										

Table 3. Relationship between SAAS, ROE, BI, DEBQ, age and BMI in septoplasty patients. (Continued)

	1		2		3		4		5		6		7		8	
	r	p	r	p	r	p	r	p	r	p	r	p	r	p	r	p
4	-0.123	0.401	-0.013	0.930	0.411	0.003	-	-	-	-	-	-	-	-	-	-
5	0.214	0.140	-0.038	0.796	0.462	0.001	0.090	0.538	-	-	-	-	-	-	-	-
6	-0.081	0.581	0.052	0.720	0.050	0.732	0.304	0.034	-	0.819	-	-	-	-	-	-
7	0.038	0.794	-0.275	0.056	0.347	0.014	0.077	0.597	0.195	0.180	-	0.219	-	-	-	-
8	-0.031	0.832	-0.181	0.212	0.691	<0.001	0.474	0.001	0.336	0.018	0.058	0.694	0.506	0.049	-	-

1. SAAS (Social Appearance Anxiety Scale), 2. ROE (Rosenberg Self-Esteem Scale), 3. BI (Body image dissatisfaction), 4. DEBQ (Dutch Eating Behavior Questionnaire) Emotional Eating, 5. DEBQ Restrained Eating, 6. DEBQ External Eating, 7. Age, 8. BMI (Body mass index). The statistically significant p values are shown in **bold**.

Table 4 shows the correlation between SAAS, ROE, SBH, DEBQ, age, and BMI in the rhinoplasty group. A negative correlation was found between the SAAS score and ROE

($p < 0.001$). A significant positive correlation was observed between Stunkard body dissatisfaction and restrained eating, age and BMI ($p < 0.05$)

Table 4. Relationship between SAAS, ROE, BI, DEBQ, age and BMI in rhinoplasty patients

	1		2		3		4		5		6		7		8	
	r	p	r	p	r	p	r	p	r	p	r	p	r	p	r	p
1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2	-0.579	<0.001	-	-	-	-	-	-	-	-	-	-	-	-	-	-
3	0.019	0.904	0.165	0.286	-	-	-	-	-	-	-	-	-	-	-	-
4	0.087	0.576	-0.291	0.055	0.078	0.616	-	-	-	-	-	-	-	-	-	-
5	-0.059	0.706	0.058	0.711	0.469	0.001	0.050	0.745	-	-	-	-	-	-	-	-
6	0.271	0.075	0.001	0.993	0.141	0.362	0.050	0.749	0.118	0.445	-	-	-	-	-	-
7	-0.294	0.053	0.229	0.134	0.312	0.039	-0.005	0.976	0.276	0.070	-0.138	0.373	-	-	-	-
8	-0.125	0.420	0.175	0.257	0.524	0.032	0.233	0.137	0.324	0.032	0.176	0.252	0.491	0.001	-	-

1. SAAS (Social Appearance Anxiety Scale), 2. ROE (Rosenberg Self-Esteem Scale), 3. BI (Body image dissatisfaction), 4. DEBQ (Dutch Eating Behavior Questionnaire) Emotional Eating, 5. DEBQ Restrained Eating, 6. DEBQ External Eating, 7. Age, 8. BMI (Body mass index). The statistically significant p values are shown in **bold**.

This study aimed to compare and evaluate the relationship between SAAS ROE, eating behavior, and body dissatisfaction in individuals who applied to the outpatient clinic for rhinoplasty and septoplasty.

Studies show that patients wanting esthetic/cosmetic rhinoplasty had a lower mean self-esteem score compared to those functional rhinoplasty or healthy control group.^{10,24} Contrary to these, some studies found no significant difference between the self-esteem scores of patients who wanted to undergo rhinoplasty and the healthy control group.^{25,26} In this study, similar to previous studies, self-esteem scores were lower in the rhinoplasty group.^{10,24}

The face has a vital role in reflecting changes in the emotional state. Therefore, it affects the individual's communication with others, thus his productivity and acceptability

in society.^{3,24} In many patients who undergo rhinoplasty surgery, the improvement in the person's appearance can also significantly improve mental, emotional, and functional health.³ It is stated that patients who have aesthetic rhinoplasty surgery experience social appearance anxiety.²⁷ Studies have found that the social appearance anxiety of aesthetic rhinoplasty patients is higher than that of the healthy control group.^{24,25} Consistent with previous studies, the SAAS scores of rhinoplasty patients were higher than those of the septoplasty group in the current study. Additionally, in studies conducted, a significant negative correlation was observed between the ROE and social appearance anxiety in patients who wanted to undergo rhinoplasty.²⁴ Similar to the literature, this study showed a significant negative correlation between SAAS and self-esteem in both groups. However, this important

relationship was found to be stronger in the rhinoplasty patients ($r=-0.579$) compared to the septoplasty group ($r=-0.331$) ($p<0.05$).

High self-esteem is a potential factor moderating the negative relationship between BMI, body image, and fear of negative evaluation.²⁸ In this study, BMI was not associated with SAAS and ROE (Table 3, 4). It has also been emphasized in the literature that the relationship between BMI and self-esteem is complex and affected by many other factors.²⁹ The fact that most participants in both groups in this study (rhinoplasty: 77.3%, septoplasty: 59.2%) had normal BMI ranges may explain the lack of association with SAAS and ROE.

Body image dissatisfaction is the primary motivation for cosmetic surgery. While body image dissatisfaction may motivate the pursuit of cosmetic medical treatment, psychiatric disorders characterized by body image disturbances, such as body dysmorphic disorder and eating disorders, may be relatively common among these patients.³⁰ A study found that aesthetic rhinoplasty patients had higher body image dissatisfaction than the control group.²⁶ Unlike previous research, the current study found no significant difference between the septoplasty and rhinoplasty groups' body image dissatisfaction scores. The Stunkard scale was used because this study aimed to assess participants' eating behaviors. Since the BMI values and DEBQ scores of the groups in this study were similar, body dissatisfaction scores may have been parallel.

Disordered eating behaviors include binge eating and compulsive eating, dieting and restrained eating, or compensatory behaviors.³¹ Eating disorders are characterized by severe body image dissatisfaction³², and social appearance anxiety has also been suggested to be a risk factor for eating disorders.³³ Bearman et al. found that negative body image opinions are highly linked to eating disorders.³⁴ However, there was no relationship between social appearance anxiety and eating behaviors in this study.

There is limited data in the literature about the prevalence of eating disorders in patients who want to undergo plastic surgery. In a study evaluating the prevalence of eating disorders in patients undergoing plastic surgery, the frequency of rhinoplasty was found to be high in patients with anorexia nervosa.³⁵ Eating behavior (restrained, emotional, and external eating) was not associated with SAAS and self-esteem. However, BMI was positively correlated with restrained eating, and body image dissatisfaction in both groups (Table 3 and Table 4). Interestingly, there was a positive correlation between body image dissatisfaction and emotional eating ($r=0.411$, $r=0.003$), which is defined as eating in response to stressful, depressing, or anxious feelings rather than physical hunger signals in the septoplasty group and not in the rhinoplasty group. For emotional eaters, stress and emotional relief encourage food consumption after stressful situations.³⁶ On the other hand, job stress influences external and emotional eating behaviors.³⁷ In this study, it is thought that the higher ratio of working status among septoplasty patients and, accordingly, the effect of work stress on emotional eating in these individuals affected the results. In a study by Levinson & Rodebaugh (2014), the participants with negative evaluation anxiety showed more food consumption, and their social appearance anxiety was high.³³ Therefore, in this study, it was thought that the rhinoplasty group with high social appearance anxiety and low self-esteem may use food as a coping mechanism to cope with distress and anxiety. However, no relationship was found between SAAS and DEBQ (Emotional, restrained, and external eating) scores in both groups. No study in the literature evaluates eating behavior in these patient groups, and many underlying mechanisms play an essential role in this relationship. Therefore, this study will shed light on future studies, and it is important to repeat these results in different populations and larger samples.

Patients who actively seek esthetic rhinoplasty are those who are also more likely to potentially suffer from body dysmorphia or

other mental illnesses that have negatively impacted their self-image.² Surgeons and psychologists can work together during this process to identify patients with psychological problems. Working together may be helpful in preoperative counseling to address underlying psychological factors and provide realistic

expectations regarding surgical outcomes.³⁸ Therefore, it may be essential to evaluate patients' psychiatric conditions, body dysmorphia, or eating behavior disorder diagnosis in future studies.

CONCLUSION AND RECOMMENDATIONS

According to the results of this study, it was found that social appearance concerns were high, and self-esteem scores were lower in women who wanted to have aesthetic rhinoplasty. Regardless of the operation choice, a positive relationship was found between body image dissatisfaction and

restrained eating and BMI. Psychological evaluation is crucial in aesthetic surgery patients because surgeons need to identify psychologically challenging people to provide the best potential outcome. So, it is preferable to get the help of psychologists.

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