Bathroom scales are ubiquitous in US households. Most teens and young adults have access to a scale, if not in their own home then in the homes of friends, at the mall, or even in their school locker room. Many young people chose to monitor their weight with regular self-weighing; some may even be encouraged to do so by parents or their pediatrician. In the midst of the “obesity epidemic,” self-weighing is often seen as an innocuous and effective means of weight control. However, new research highlights the risky consequences of self-weighing during the vulnerable period of transition from adolescence to young adulthood.

Pacanowski et al (2015) analyzed data from the Project Eating and Activity in Teens and Young Adults (Project EAT), which is a longitudinal study of female and male adolescents and young adults who were assessed at 3 time points beginning in middle or high school and followed for 10 years. The analysis included 1,902 participants (males=819, females=1,083). The majority (over 2/3) of the sample would be classified as “normal” weight. Participants were asked to rate how strongly they agreed or disagreed with the statement “I weigh myself often.” The researchers also gathered data on weight, body mass index, weight disparity (the difference between self-reported ideal weight and current weight), body satisfaction, weight concern, depression, and self-esteem.

Results of this study indicate that for both females and males, there was no association between self-weighing and either weight or BMI. For females, self-weighing was associated with lower body satisfaction, more weight concern, more depressive symptoms, and lower self-esteem. For males, self-weighing was associated with more weight concern. Specifically, for females, a 1 unit increase in self-weighing was associated with an almost 1 unit decrease in body satisfaction (-0.97), increase in weight concern (0.55), increase in depression (0.41), and decrease in self-esteem (-0.34). For males, a 1 unit increase in self-weighing was associated with an increase in weight concern (0.53); there were no other significant associations for males.

One limitation of this study is the method the authors chose for assessing self-weighing. Participants were asked to rate on a 4-point likert scale how strongly they agreed or disagreed with the statement “I weigh myself often.” It is possible that results would differ had they assessed self-weighing by asking about frequency of self-weighing (ie. how often do you weigh yourself?).

The authors conclude that self-weighing is associated with adverse outcomes for both males and females. However, the effect of self-weighing is more pervasive for females and infiltrates multiple domains of functioning (body satisfaction, weight concern, depression, and self-esteem) while the effect for males seems to be limited to increased weight concern. The result that there was no association between self-weighing and weight/BMI does not support the argument that self-weighing is an effective means of weight control. Caution should be used in recommending self-weighing to adolescents and young adults. As clinicians, it is important to ask your patients about self-weighing practices. Since there is little
stigmatization surrounding self-weighing, patients may feel more comfortable discussing this behavior, which can provide a window of opportunity to assess for related issues, such as depression, low self-esteem, and body image dissatisfaction.

Reference: