

# **INSTITUTO UNIVERSITÁRIO EGAS MONIZ**

## **MESTRADO INTEGRADO EM MEDICINA DENTÁRIA**

### **PERCEPÇÃO DA BELEZA E STATUS PSICOSSOCIAL EM MULHERES DE DIFERENTES FAIXAS ETÁRIAS**

Trabalho submetido por  
**Rafaela Rocha Agrizzi**  
para a obtenção do grau de Mestre em Medicina Dentária

**julho de 2025**



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## **Dedicatória**

A Deus, por me conceder forças nos momentos de fraqueza e iluminar o caminho mesmo nas horas mais difíceis.

À minha mãe, pelo amor incondicional, apoio constante e por ser meu alicerce em todos os momentos.

Ao meu irmão, pela parceria, incentivo e presença fundamental nesta jornada.

E, para lembrar que cada obstáculo superado tem valor, deixo as palavras atribuídas a Fernando Pessoa:

*“Pedras no caminho? Guardo todas. Um dia construirei um castelo.”*



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## **Resumo:**

A crescente valorização da aparência física, impulsionada pelas redes sociais e pelos avanços nas terapias estéticas, tem motivado um número cada vez maior de mulheres a buscar intervenções faciais minimamente invasivas. Este estudo teve como objetivo analisar o perfil psicossocial e sociodemográfico de mulheres que realizaram ou demonstraram interesse em procedimentos estéticos faciais, considerando percepções relacionadas ao envelhecimento, à autoestima e à qualidade de vida. Participaram 834 mulheres, com idades entre 18 e 65 anos, residentes no Brasil e em Portugal, divididas em dois grupos: aquelas que realizaram procedimentos (YAP) e aquelas que não realizaram (NAP). As participantes responderam a um formulário com questões sociodemográficas e a versões validadas em português de cinco escalas FACE-Q, que avaliaram a satisfação com a aparência facial, a função social, o sofrimento psicossocial, a função psicológica e a percepção do envelhecimento. Os resultados mostraram diferenças significativas entre os grupos em termos de estado civil, escolaridade, renda e preocupações com o envelhecimento. Mulheres divorciadas, com maiores níveis educacionais e faixas de renda mais elevadas apresentaram maior probabilidade de recorrer a procedimentos estéticos, especialmente aquelas com elevada percepção dos sinais do envelhecimento facial. A toxina botulínica tipo A foi o procedimento mais frequentemente relatado. Por outro lado, as mulheres que nunca haviam se submetido a intervenções relataram maior sofrimento psicossocial relacionado à aparência. No entanto, variáveis como satisfação geral com a aparência e função social não mostraram diferenças significativas entre os grupos. Esses achados sugerem que, embora os procedimentos possam estar associados a um desejo de preservação da juventude e valorização social, eles não garantem benefícios psicológicos amplos ou sustentáveis. Assim, destaca-se a importância de abordagens clínicas éticas, integradas e personalizadas, que considerem os contextos emocionais e sociais das pacientes na decisão por intervenções estéticas.

Palavras-chave: Beleza; Status Psicossocial; Qualidade de Vida; Envelhecimento Facial.



## **Abstract:**

The growing societal emphasis on physical appearance, fueled by social media and technological progress in aesthetic treatments, has led to an increasing number of women seeking minimally invasive facial procedures. This study aimed to explore the psychosocial and sociodemographic profile of women who have undergone or shown interest in facial aesthetic treatments, with particular focus on their perceptions of aging, body image, and quality of life. A total of 834 women between the ages of 18 and 65 from Brazil and Portugal participated in the study. They were divided into two groups: those who had undergone aesthetic procedures (YAP) and those who had not (NAP). All participants completed a survey including demographic questions and five Portuguese-validated FACE-Q scales evaluating satisfaction with facial appearance, social function, psychological function, aging perception, and appearance-related psychosocial distress. The results revealed statistically significant differences between the groups regarding marital status, education, income, and concern about aging. Women who were divorced, had higher educational attainment and income, and who perceived facial aging more intensely were more likely to undergo aesthetic procedures.

Botulinum toxin type A was reported as the most common treatment. Conversely, women in the NAP group exhibited higher levels of psychosocial distress related to their appearance, despite not having undergone procedures. Interestingly, no significant differences were observed in overall satisfaction with appearance or social functioning, suggesting that aesthetic procedures alone may not yield broad psychological or social improvements. These findings highlight the multifactorial nature of beauty-related decisions and underline the need for ethical and patient-centered clinical practices. It is essential that aesthetic professionals consider the emotional, social, and cultural background of each individual, fostering interventions that go beyond superficial correction and truly contribute to holistic well-being.

**Keywords:** Beauty; Psychosocial Status; Quality of Life; Facial Aging.



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## **INTRODUÇÃO**

A conceção de beleza tem sido objeto de reflexão ao longo da história, permanecendo, na contemporaneidade, como um constructo complexo, multifatorial e culturalmente sensível. Pode ser abordada sob diversas vertentes — filosófica, biofisiológica, estética facial e corporal — bem como em sua relação com a memória, identidade e bem-estar emocional [1]. Essas múltiplas dimensões evidenciam que a beleza não corresponde a um ideal fixo ou universal, mas resulta de construções sociais, simbólicas e subjetivas.

Com o advento das redes sociais e a proliferação de imagens padronizadas e editadas digitalmente, os ideais estéticos passaram a ser amplificados globalmente. Essa exposição contínua tem repercussões diretas sobre a autoimagem, alimentando níveis crescentes de insatisfação corporal, especialmente entre mulheres jovens, e reforçando a busca por modificações faciais como forma de pertencimento e valorização social [2].

Nesse cenário, a face assume papel central, por constituir o principal vetor de identidade, comunicação interpessoal e expressão emocional. É também na face que os sinais do envelhecimento se manifestam de forma mais precoce e evidente, sendo as rugas dinâmicas — decorrentes da atividade repetida de músculos faciais — os primeiros marcadores visíveis [3]. Associam-se ainda à senescência facial a perda de volume dérmico e subcutâneo, a flacidez tissular e a reabsorção óssea, alterações que, em conjunto, remodelam progressivamente a morfologia facial [4–6].

O envelhecimento facial é, portanto, um processo fisiológico multifatorial que afeta todas as camadas anatômicas, desde os planos ósseos até a epiderme. Trata-se de um fenómeno descrito como um envelhecimento “de dentro para fora”, no qual interagem ossos

músculos, compartimentos de gordura e pele [7]. Tais modificações repercutem não apenas sobre a aparência, mas influenciam também a percepção de vitalidade, identidade e integração social do indivíduo [8].

O aumento da longevidade, aliado à valorização da imagem pessoal na cultura contemporânea, tem contribuído para a crescente procura por intervenções que minimizem os sinais do tempo e

mantenham uma aparência condizente com a percepção interna de juventude. De acordo com o relatório da International Society of Aesthetic Plastic Surgery (ISAPS, 2023), mais de 30 milhões de procedimentos estéticos foram realizados em 2022, sendo 17,5 milhões deles não cirúrgicos. Os Estados Unidos lideram o ranking, seguidos por Brasil e Japão, revelando um aumento global de 19,3% em relação ao ano anterior [9].

Em Portugal, esse fenómeno acompanha o envelhecimento demográfico da população, cuja esperança média de vida ultrapassa os 82 anos. Dados do Instituto Nacional de Estatística indicam que mais de três milhões de portugueses têm 65 ou mais anos, configurando uma faixa etária cada vez mais ativa e preocupada com o bem-estar físico e estético [10]. A manutenção de uma imagem coerente com a sensação subjetiva de energia e vitalidade tem desafiado concepções tradicionais sobre a velhice e reforçado a associação entre juventude, funcionalidade e aparência [11].

Contudo, a compreensão da procura por intervenções estéticas não pode restringir-se à dimensão funcional ou visual. É essencial integrar os determinantes psicossociais e culturais que moldam o comportamento do consumidor estético. A exposição crónica a padrões idealizados e frequentemente inatingíveis tem sido associada a distorções da autoimagem, aumento de ansiedade e, em casos mais severos, à manifestação de transtornos psiquiátricos como o transtorno dimórfico corporal (TDC) [12].

Neste contexto, é imperativo adotar uma abordagem crítica e interdisciplinar, que considere o impacto subjetivo, emocional e simbólico das transformações faciais. A medicina estética, cada vez mais integrada à lógica do autocuidado e da performance social, transcende os limites da correção anatômica e inscreve-se no campo mais amplo da experiência identitária e afetiva. A presente investigação propõe-se, assim, a explorar os perfis sociodemográficos e emocionais de indivíduos que recorrem ou demonstram interesse por procedimentos estéticos faciais. O objetivo central é compreender suas motivações, expectativas e percepções, a partir da aplicação de instrumentos psicométricos validados e de uma análise crítica contextualizada. Pretende-se, com isso, contribuir para um entendimento mais abrangente e humanizado da prática estética, oferecendo subsídios relevantes para a atuação clínica ética e cientificamente embasada neste domínio. Neste contexto, o presente estudo assume como propósito central a investigação do perfil sociodemográfico, emocional e perceptivo de mulheres que já se submeteram, ou manifestam interesse, em realizar tratamentos estéticos faciais minimamente invasivos.

Especificamente, pretende-se:

- Avaliar os níveis de autoestima, imagem corporal e qualidade de vida associados a tais procedimentos;
- Identificar possíveis fatores de risco psicológico, como ansiedade, depressão ou indicadores de transtorno dimórfico corporal;
- Contribuir para a construção de práticas clínicas mais conscientes, éticas e centradas na singularidade de cada paciente.

Através deste enquadramento teórico, procura-se lançar as bases para uma compreensão mais profunda da estética facial enquanto fenómeno clínico e psicossocial, reforçando a importância de abordagens integradas no acompanhamento dos indivíduos que procuram a melhoria da sua aparência como caminho para o bem-estar.



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Title: Beauty choices: Uncovering the profile of who opts for aesthetic procedures

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## ABSTRACT

*Background:* The demand for aesthetic procedures has increased, driven by advances in aesthetic therapies. Therefore, understanding the factors that influence individuals to undergo aesthetic procedures is important. This study aimed to assess the profile of patients that received or not aesthetic procedures. *Methods:* This cross-sectional study enrolled 834 female participants aged between 18 and 65 years which were divided in two groups: yes, to aesthetic procedures (YAP) and not to aesthetic procedures (NAP). Participants were instructed to fill out a form that included sociodemographic questions, a question regarding performing or not aesthetic procedures and the Portuguese validated versions of five FACE – Q scales. Data were collected electronically from October 2023 to February 2025. For groups comparison for continuous variables the Yuen test was used and Fisher's exact test for categorical variables. Multivariate logistic regression was also performed to assess the influence of variables in performing aesthetic procedures. *Results:* The sociodemographic data showed group differences in age, education and marital status and income ( $p < 0.001$ ). Botulinum toxin type A was the most common minimal invasive procedures reported by the participants. Also, volunteers of the YAP group showed greater self-perception and concern about aging (FACE-Q1 Aging appraisal) ( $p = 0.001$ ). Multivariate logistic regression analysis showed that marital and education status, income and FACE-Q1 influences the decision of performing aesthetic procedures. *Conclusion:* Women of higher educational level, divorce, with higher income and that present higher concerns about aging are linked to a greater likelihood of undergoing facial aesthetic procedures.

*Key words:* Aesthetic procedures; Women; Sociodemographic factors

*Evidence Based Medicine level III: Evidence obtained from well-designed cohort or case-control analytic studies, preferably from more than one center or research group.*

Bullet Points List:

- Non-invasive aesthetic procedures are still the most preferred by women patients.
- Sociodemographic factors like, education status, income and marital status are determinant in the decision of undergo aesthetic procedures.
- Aesthetic procedures alone may not be enough for patients to experience substantial psychological and social benefits.



## 1. INTRODUCTION

The perception of beauty has been a topic of debate throughout history, primarily due to its inherent complexity and subjectivity [1]. The increasing pursuit of aesthetic standards, largely influenced by social media, underscores the impact of appearance on self-esteem and quality of life. Facial aging, being particularly conspicuous, has become a primary focus of aesthetic interventions aimed at mitigating the signs of aging [1]. Associated changes with facial aging, including dynamic wrinkles, skin laxity, and bone resorption, are influenced by both genetic and environmental factors [2,3]. A comprehensive understanding of these processes is essential for evaluating the impact and effectiveness of aesthetic interventions.

In this context, the demand for aesthetic procedures has increased, driven by advances in both surgical and non-surgical therapies [4]. According to data from the International Society of Aesthetic Plastic Surgery, the volume of aesthetic and cosmetic procedures performed in 2023 experienced a global increase of 80.1% compared to the past four years (2019), comprising 15.8 million surgical and 19.2 million non-surgical interventions [5]. The United States leads in the number of non-surgical procedures performed (4.4 million), while Brazil ranks highest for surgical procedures (2.18 million) [5]. Notably, botulinum toxin injections emerged as the most common cosmetic procedure across all age groups, accounting for 46.4% of total non-surgical interventions. This growing demand reflects an increasing interest in minimally invasive techniques to counteract signs of aging.

While many patients report enhanced self-esteem and well-being following these interventions, studies have raised psychosocial concerns associated with aesthetic procedures [6]. Significant gaps persist in understanding the psychosocial factors that drive this demand and in assessing the long-term emotional impacts of such interventions [7]. A cross-sectional observational study revealed that individuals seeking aesthetic procedures exhibited higher levels of anxiety, depression, and interpersonal sensitivity compared to those who did not pursue such treatments [7]. Furthermore, Wang et al. (2020) identified increased anxiety disorders following facial aesthetic interventions, a phenomenon referred to as Post-Injection Cosmetic Emotional Distress Syndrome [8]. Conversely, literature suggests that individuals often perceive themselves as more attractive than they truly are [9]. This observation raises the hypothesis that the pursuit of aesthetic procedures may be associated with underlying social and psychological deficits, and in some instances, with body dysmorphic disorder, which may not be adequately addressed by any aesthetic intervention [10].

Therefore, understanding the motivations and perceptions of individuals who seek or have undergone aesthetic procedures is crucial for ensuring responsible interventions and minimizing adverse psychological effects. Additionally, knowledge of the sociodemographic and psychosocial characteristics of these patients can enhance the aesthetic market and inform clinicians' approaches to patient care. Therefore, this study aims to characterize the profile of individuals who have received aesthetic procedures compared to those who have not, as well as to identify the determinants influencing these decisions.

## 2. MATERIAL AND METHODS

This multicenter cross-sectional online survey study was approved by the Research Ethics Committee of Egas Moniz School of Health and Science, Portugal (PT-210/24) and Uningá Unniversity, Brazil (CAAE: 73724923.0.0000.5220). All participants provided a signed consent informing that they would like to participate in the study. The reporting of the data followed the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) guideline.

### 2.1 Participants

The sample was obtained from Portuguese and Brazilian individuals. Inclusion criteria were women, aged between 18 and 65 years, that performed or not aesthetic procedures in the face region and with complete dentition or using functional and adapted dental prosthodontics, since tooth loss can generate facial aesthetic alterations. Exclusion criteria were patients with craniofacial deformities and facial skin burn injuries, because these facial alterations are not related with aging. Also, people with diagnosed psychosocial disorders were not included, since they could have an alter perception of themselves.

The sample size calculation was based on a previous study [7] assessing the psychologic profile of women seeking for aesthetic procedures, with the G\*Power 3.1.9.2 software (Kiel, Germany). The following parameters were considered: a power of 0.95, a significance level of 0.05 and an effect size of 0.5. The actual power obtained with this sample size was 95.23%. The final sample was composed of 824 participants, divided into two groups: 416 in the group yes to aesthetic procedures (YAP) and 408 in the group that not to aesthetic procedures (NAP). Participants were assigned to the groups based on the question: Have you ever undergone any facial aesthetic procedure? If, so, which one(s)?

### 2.2 Study Protocol

Participants were assessed once in this study. For this, a form was created in Google Forms which consisted in three parts a) inform consent, b) sociodemographic questions and a question regarding aesthetic procedures and c) Portuguese validated version of five FACE – Q scales. The study advertisement was performed via websites and social media and included a link to the proposed Google forms. Data were collected electronically from October 2023 to February 2025.

## 2.3 Outcomes

### 2.3.1 Sociodemographic questionnaire

The collected sociodemographic data included questions regarding country of birth (Brazil or Portugal), age ( $\leq 18$ , 19-30, 31-45, 46-60 and  $>60$ ), marital status (single, married, divorce, stable union), educational level (Incomplete high school, high school, undergraduate and postgraduate) and income (very low, low, lower middle, upper middle and high). Regarding income data, the categories were matched accordingly to each country income.

### 2.3.2 FACE – Q scales

The FACE – Q scales are validated instruments designed to measure outcome expectations and individuals' satisfaction prior to undergoing facial treatments and after treatments [11,12]. In this study, the following FACE Q- appraisal assessed health related quality of life: *FACE – Q1 Aging Appraisal*, *FACE – Q2 Psychological Function*, *FACE -Q3 Appearance-related Psychosocial Distress*, *FACE – Q5 Social Function*, using a 4-point scale were 1 indicates "totally disagree", 2 represents "somewhat disagree", 3 signifies "somewhat agree" and 4 denotes "totally agree" [13]. Also, the *FACE – Q4 Satisfaction with Facial Appearance* which evaluates the extent to which participants were satisfied with their face appearance, using a 4-point scale were 1 signifies "very dissatisfied", 2 indicates "somewhat dissatisfied", 3 represents "somewhat satisfied" and 4 denotes "very satisfied" was used. Scoring of all these scales involve summing the individual item scores to generate a total raw score, which is then converted, using a specific conversion table, into a range from 0 (indicating the worst outcome) to 100 (representing the best outcome) [14].

The authors of this study have secured a license agreement to employ the FACE – Q scales for nonprofit academic research purposes.

## 2.4 Data Analysis

Data from the survey was explored using R (version 4.4.3, R Foundation for Statistical Computing, Vienna, Austria). A p-value of  $<0.05$  was considered significant. The variables were initially analyzed descriptively, using the median for quantitative measures, as well as frequency estimates for qualitative variables.

Principal component analysis with mixed data (PCAmix) was conducted to reduce the dimensionality of the data and assess the performance of the predictive model. Afterwards, a logistic regression analysis was conducted. The number of components retained in PCAmix was determined based on eigenvalues greater than 1. Logistic regression analysis utilized principal components as predictors for the aesthetic procedures' variable. The absence of multicollinearity (a high correlation between independent variables) was assessed using the Variance Inflation Factor (VIF). Additionally, the Hosmer-Lemeshow test was performed to evaluate the model's fit, or how well the developed model corresponds with the data. To assess the model's performance in terms of sensitivity and specificity, odds ratios and their confidence intervals were also calculated. The correlation matrix for the numerical variables, along with the graphs for sedimentation, variables from the multiple correspondence factor analysis (MCA), and the arrangement of categorical variables in the PCA space, were also prepared for improved visualization during analysis.

The comparison of groups for continuous variables was conducted using the Yuen test (with a trim proportion of 20% to mitigate the influence of extreme values) and Fisher's exact test for categorical variables.



### 3. RESULTS

#### *Sociodemographic Characteristics*

The sociodemographic characteristics of the 834 women who participated in the study are summarized in Table 1. It was observed that the age range of 31–45 years was more frequent in the YAP group, whereas the age range of 19–30 years was more common in the NAP group. In both groups, most women were single. Regarding educational level and income, 66% of the YAP group had a postgraduate degree, and 29% had an upper-middle income. In contrast, the NAP group consisted mostly of undergraduate individuals (35%) and those with very low income (47%). There were statistically significant differences between the groups for all variables ( $p < 0.001$ ). Minimal invasive procedures were the most reported by the participants, with botulinum toxin type A been the most common one (35%), followed by skin treatments (29%) and hyaluronic acid fillers (25%). Invasive procedure represented 10% of the aesthetic procedures.

#### *FACE-Q Appraisals*

Inter-group comparisons showed statistically significant differences in aging appraisal and appearance-related psychosocial distress (Table 2). Individuals in the YAP group presented greater self-perception and concern about aging (FACE-Q1 Aging appraisal) ( $p = 0.001$ ), whereas individuals of the NAP group reported greater psychosocial distress regarding their appearance ( $p = 0.01$ ). No impact was observed in psychological function, satisfaction with appearance, and social function between the assessed groups ( $p > 0.05$ ).

#### *Predictors for doing aesthetic treatments*

Figure 1 shows the distribution of qualitative variables, represented by red triangles (age, marital status, education level, and income); and quantitative variables, represented by blue circles (FACE-Q1, 2, 3, 4, and 5). There appears to be a clear segmentation based on income (horizontal), and marital status and education level (vertical). For example, perception of aging (FACE-Q1) seems to be more associated with higher income and education level, whereas greater psychosocial distress regarding appearance (FACE-Q2) shows a positive correlation with younger profiles or different marital status.

A previous linear logistic regression was performed using sociodemographic data and FACE-Q questionnaires as predictors for the aesthetic procedure variable. Among the main components analyzed (5), only the interaction of age, income, marital status, educational level, and aging appraisal (FACE-Q1) was statistically significant ( $p < 0.0001$ ). Also, it has an OR of 0.455 (CI: 0.405 – 0.508), indicating that each increase in these components reduces the likelihood of the event occurring by approximately 54.5%. Since only this interaction showed statistical significance, the probability of undergoing aesthetic procedures was modeled based on the predictor variables: age, marital status, education level, income, and FACE-Q1 (Table 3).

Multivariate logistic regression showed that age variable did not show statistically significant effects ( $p > 0.05$ ), suggesting that age alone does not have a relevant impact on the probability of undergoing aesthetic procedures. Marital status was significant only for the “divorced” category ( $\beta = 1.093$ ,  $p = 0.032$ ), indicating that divorced individuals are more likely to undergo aesthetic procedures compared to with the other marital status category. Education level significantly influenced the decision to undergo procedures. Undergraduate individuals ( $\beta = 0.769$ ,  $p = 0.0098$ ) and, more notably, those with a postgraduate degree ( $\beta = 1.577$ ,  $p < 0.001$ ) had a significantly higher probability of undergoing aesthetic procedures compared to those with lower educational levels. Income also had a significant impact. All income above \$1,500 (middle) had positive and statistically significant coefficients, with the effect increasing as income rises. Individuals in the upper middle and high income had substantially higher chances of undergoing aesthetic procedures. Finally, the FACE-Q1 variable ( $\beta = 0.017$ ,  $p < 0.001$ ) also had a significant positive effect, suggesting that an increased perception of aging is associated with a higher probability of undergoing aesthetic procedures.

#### 4. DISCUSSION

With the increasing demand for facial cosmetic procedures, it is essential to understand the characteristics of patients seeking or undergoing these treatments to effectively deliver patient-centered care. This study presents evidence regarding the motivations of individuals who pursue or have received aesthetic procedures, while also investigating the impact of sociodemographic factors on their decision-making processes. Our findings indicate that the profile of patients undergoing aesthetic procedures is significantly influenced by variables such as marital status, educational attainment, income level, and perceptions of aging.

The present study utilized the FACE-Q Appraisals instrument to assess the quality of life and perceptions of aging among volunteers. The FACE-Q effectively measures patient satisfaction across various domains, including overall facial appearance, specific facial regions, psychological well-being, age appraisal, and adverse effects [15]. Our findings indicate that the primary motivation for patients seeking aesthetic procedures is their concern regarding aging, particularly facial aging, which can significantly affect self-esteem and psychological well-being [16]. Notably, previous research has similarly identified concerns about aging among patients utilizing neuromodulators and facial fillers [17-19]. Furthermore, these studies have demonstrated that combined treatment approaches generally enhance age appraisal more effectively than single procedures alone. Consequently, to optimize patient satisfaction and retention, practitioners should consider implementing a combined treatment strategy that includes both fillers and neuromodulators rather than relying on either modality in isolation. This approach has the potential to substantially improve patients' quality of life [17-20]. Our study revealed a low percentage of participants who had received combined procedures, which may explain the elevated scores in the FACE-Q Aging Appraisal. Further research is warranted to compare various combined treatment approaches, as this could yield more robust recommendations regarding the effects of these interventions on satisfaction with appearance and perceptions of aging [15]. In contrast, our findings from the FACE-Q module on psychosocial distress concerning appearance [14] indicate that patients who did not undergo aesthetic procedures reported a greater emotional and social impact related to their appearance. It is plausible that individuals may experience some form of distress or psychological need, particularly in social contexts, regarding their appearance. As a result, they might view these procedures as potential solutions for addressing perceived deficiencies that arise from socially established beauty standards, despite personally believing they do not require such interventions.

Understanding the psychosocial impact of aesthetic treatment provides valuable insight into the motivations driving individuals to initially seek these interventions and enables clinicians to inform patients about the significant emotional effects associated with such procedures [15].

Interestingly, no significant differences were observed among the groups concerning psychological functioning, overall satisfaction with appearance, or social functioning. This finding suggests that undergoing an aesthetic procedure alone may be insufficient for patients to experience substantial psychological and social benefits, particularly given the increasingly demanding and varied contemporary aesthetic standards. However, it is important to note that the lack of standardization regarding the timing of procedures within the sample may account for these findings. Previous research has indicated that Psychological Function scores can change over time, typically peaking one month after the administration of neuromodulators or fillers, followed by a gradual decline thereafter [21, 19]. Thus, the psychological advantages may be immediate or persist only as long as the treatment remains effective.

Regarding the sociodemographic profile of the sample, our study found that age alone does not significantly influence the likelihood of undergoing aesthetic procedures. A previous study utilizing the FACE-Q Expectations scale indicated that individuals aged 30–39 years exhibited higher expectations regarding aesthetic procedures compared to older age groups. This suggests a potential desire among this demographic to proactively address perceived changes associated with aging [22]. However, this heightened expectation does not necessarily correlate with a higher likelihood of undergoing aesthetic procedures. In contrast, our study found that age was not a determinant factor for pursuing aesthetic interventions. This discrepancy may be attributed to differences in sample size and the focus of our study specifically on patients who had already undergone aesthetic procedures. It is also plausible that, regardless of age, there exists a notable concern about the aging process, distorted self-perception of aesthetics, and varying degrees of social impairment. Our findings concerning age also differ from those of another study that reported that participants aged 30–45 years were more likely to seek aesthetic treatments; however, that study included participants of both sexes and focused specifically on undergoing minimally invasive aesthetic procedures [23].

When examining marital status, it was observed that divorced individuals were more likely to undergo aesthetic procedures compared to those in other marital categories. The dissolution of a marriage is associated with elevated levels of depressive symptoms and decreased life satisfaction [24, 25]. It is plausible to suggest that divorced women may perceive undergoing

aesthetic procedures as a means to enhance mental health, self-esteem, attractiveness, and confidence in seeking new relationships. With respect to educational attainment, individuals with higher education credentials (including undergraduate and postgraduate degrees) exhibited a significantly greater likelihood of pursuing aesthetic procedures compared to individuals with lower educational levels. It is well-established that individuals with advanced education tend to secure higher-paying employment, thereby affording the often-substantial costs associated with aesthetic procedures. Furthermore, evidence indicates that physical attractiveness may increase the likelihood of being selected for prestigious PhD programs among women [26]. Additionally, individuals within this educational cohort acknowledge that while physical appearance is not the sole determinant, it can significantly influence professional success, career opportunities, and earning potential [27]. Therefore, the findings from our study suggest that marital status and educational attainment are influential factors in the decision to undergo aesthetic procedures, in contrast to other studies that reported that relationship status, educational attainment, and even employment status were not significant predictors of pursuing aesthetic treatments [23].

As anticipated, income also had a significant impact on the results, consistent with previous findings [23]. Since these procedures are elective and require financial investment, individuals with upper-middle and high incomes are substantially more likely to pursue aesthetic treatments than those with lower incomes. Furthermore, financial independence has been identified as a key predictor of a more positive self-perception of aging. Participants who reported high levels of financial stress were more likely to perceive themselves as older than their actual age and experienced a greater increase in perceived age over time [28], which may drive them to seek multiple aesthetic procedures.

This study provides important insights into the sociodemographic and psychosocial profiles of individuals who opt for aesthetic procedures. Our findings can inform the aesthetic industry about which demographic cohorts may be the primary focus for marketing and sales and enhance healthcare professionals' approaches to patient care by elucidating the characteristics of the patients they will encounter in their clinics. During patient assessments, clinicians can use these insights to better identify individuals who may have higher expectations or emotional investments in treatment outcomes. For example, patients with greater aging appraisal scores (FACE-Q1) may benefit from comprehensive education about realistic results and timelines, or even psychological support when appropriate. Furthermore, awareness of these profiles allows practitioners to adopt a more individualized and empathetic approach, enhancing patient trust and satisfaction. By recognizing the potential psychosocial drivers behind aesthetic procedure requests, clinicians can engage in more meaningful dialogue, set appropriate expectations, and ultimately

contribute to safer and more ethical aesthetic care. However, there are several limitations to consider. Firstly, the study exclusively included female participants, which may restrict the generalizability of the findings to other populations. Additionally, the inclusion of only Portuguese and Brazilian females may limit the applicability of the results to other cultural or ethnic groups. Furthermore, data regarding the time elapsed since the aesthetic procedures were performed were not collected for the cohort undergoing these interventions, thereby limiting certain inferences. It is also important to interpret the results with caution, as self-reported surveys are subjective assessments reliant solely on patient reports. Finally, future studies should assess the impact of aesthetic procedures on the psychosocial status of various populations over time in a broader context.

## 5. CONCLUSION

In conclusion, the decision to undergo aesthetic procedures among women is primarily influenced by sociodemographic factors and individual perceptions of aging. Specifically, women—irrespective of age—who possess higher levels of educational attainment, are divorced, and have higher incomes represent the demographic most likely to seek aesthetic interventions.

### *Conflict of Interest*

The authors declare no conflict of interest.

### *Ethical statement*

This study was approved by the Research Ethics Committee of Egas Moniz School of Health and Science, Portugal (PT-210/24) and Uningá Unniversity, Brazil (CAAE: 73724923.0.0000.5220).

### *Informed Consent*

Previously to the start of the study, all participants provided a signed consent informing that they would like to participate in the study.

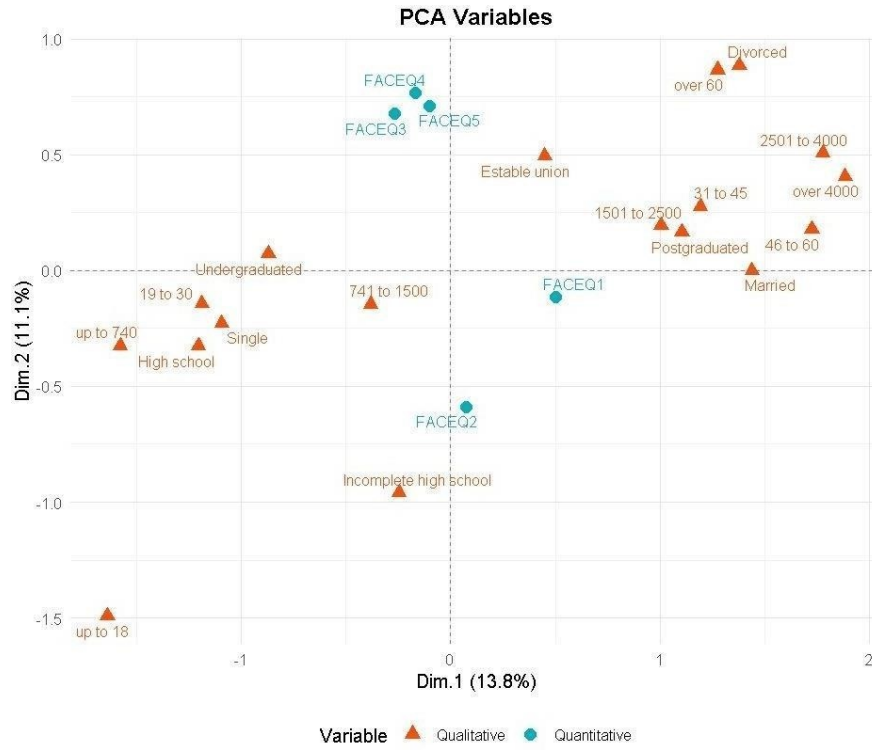


## 6. REFERENCES

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Figure 1 - Principal component analysis (PCAmix) of volunteers that performed or not aesthetic procedures



**Figure 1.** Principal component analysis (PCAmix) of volunteers that performed or not aesthetic procedures. Loading plot showing the variables and their loadings. Boxes in the upper right direction are significant variables. Orange triangles are qualitative variables, and blue circles are quantitative variables.

Table 1. Frequencies % (n) of demographic characteristics of the study population

	Groups		<i>p</i>
	YAP (n = 416)	NAP (n = 408)	
<b><i>Country</i></b>			
Portugal	17 (71)	50 (206)	
Brazil	83 (345)	50 (202)	0.001*
<b><i>Age</i></b>			
≤ 18	2 (7)	5 (22)	
19 - 30	33 (136)	67 (272)	
31 - 45	40 (165)	20 (80)	0.001*
46 - 60	23 (96)	8 (33)	
> 60	3 (12)	0 (1)	
<b><i>Marital Status</i></b>			
Single	39 (161)	67 (272)	
Married	38 (160)	20 (82)	
Divorce	12 (48)	3 (14)	0.001*
Stable Union	11 (47)	10 (40)	
<b><i>Education</i></b>			
Incomplete High School	1 (5)	4 (18)	
High School	10(43)	34 (137)	
Undergraduate	23 (94)	35 (141)	0.001*
Postgraduate	66 (274)	27 (112)	
<b><i>Income</i></b>			
Low	14 (57)	47 (192)	
Lower middle	23 (94)	34 (139)	
Middle	29 (121)	12 (50)	0.001*
Upper middle	24 (99)	6 (23)	
High	11 (45)	1 (24)	

\*p<0.05 between groups

YAP: yes, to aesthetic procedures; NAP: not, to aesthetic procedure. Income: Both countries were matched in the present classification accordingly to their income status, independent of their currency.

Table 2. Median (min – max) of FACE-Q questionnaires scores according to groups

Table 2. Median (min – max) of FACE-Q questionnaires scores according to groups

	Groups		<i>p</i>
	YAP (n = 416)	NAP (n = 408)	
FACE - Q1	77 (0 – 100)	46 (0 - 100)	0.001*
FACE - Q2	31 (0 – 100)	26 (0 - 100)	0.57
FACE - Q3	51 (0 – 100)	55 (0 – 100)	0.01*
FACE - Q4	71 (0 – 100)	74 (0 – 100)	0.31
FACE - Q5	58 (0 – 100)	58 (0 – 100)	0.35

\* $p < 0.05$  between groups

YAP: yes, to aesthetic procedures; NAP: not, to aesthetic procedures

Table 3. Multivariate logistic regression coefficients of principal predictors variables for the probability of undergoing aesthetic procedures (YAP group).

	Estimate	Std. Error	Z value	p
Intercept	-2.54	0.46	-5.49	0.00001*
<b>Age</b>				
≤ 18	-0.44	0.66	-0.66	0.50
19 - 30	-0.24	0.29	-0.82	0.41
31 - 45				
46 - 60	0.47	0.37	1.26	0.20
> 60	1.50	1.37	1.09	0.27
<b>Marital Status</b>				
Single	-0.16	0.29	-0.56	0.57
<b>Married</b>				
Divorce	1.09	0.51	2.13	0.03*
Stable Union	0.06	0.38	0.16	0.866
<b>Education</b>				
Incomplete High School	-1.25	1.27	-0.98	0.32
<b>High School</b>				
Undergraduate	0.76	0.29	2.58	0.009*
Postgraduate	1.57	0.30	5,24	0.0001*
<b>Income</b>				
740				
741 - 1500	0.51	0.27	1.85	0.06
1501 - 2500	0.99	0.33	2.93	0.003*
2501 - 4000	1.40	0.42	3.31	0.0009*
4000	2.25	0.71	3.13	0.001*
<b>FACE - Q</b>				
FACE – Q1	0.01	0.00	5.26	0.00001*

\*p<0.05

FACE – Q1: Aging appraisal

Income was matched according to each country income category

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## ANEXOS:

FACULDADE INGÁ - UNINGÁ



### PARECER CONSUBSTANCIADO DO CEP

#### DADOS DO PROJETO DE PESQUISA

**Título da Pesquisa:** Percepção da Beleza em Mulheres de Diferentes Faixas Etárias e sua Influência nos Fatores Psicossociais

**Pesquisador:** Giancarlo De la Torre Canales

**Área Temática:**

**Versão:** 2

**CAAE:** 73724923.0.0000.5220

**Instituição Proponente:** Faculdade Ingá / UNINGÁ/PR

**Patrocinador Principal:** Financiamento Próprio

#### DADOS DO PARECER

**Número do Parecer:** 6.440.035

#### Apresentação do Projeto:

De acordo com as informações apresentadas na PB\_Informações básicas do projeto apresentada pelo pesquisador, no projeto intitulado Percepção da Beleza em Mulheres de Diferentes Faixas Etárias e sua Influência nos Fatores Psicossociais, versão 2, submetido dia 21/09/2023, CAAE nº 73724923.0.0000.5220.. O presente projeto de pesquisa, terá como objetivo avaliar a influência da percepção da beleza no status psicossocial em mulheres de diferentes faixas etárias antes e após procedimentos estéticos faciais. Com este intuito, serão convidadas 500 voluntárias do sexo feminino de todo o Brasil com faixa etária entre 18 a 65 anos, categorizados em geração Y: 18 a 40 anos e geração X: 40 a 65 anos, que receberam ou não procedimentos estéticos. Para avaliar as variáveis propostas, será enviado para as voluntárias um questionário constituído por dois partes: parte A (constituída por questões sociodemográficas) e uma parte B (onde serão incluídas as Escalas FACE Q, traduzidas e validadas para a língua Portuguesa). Serão utilizadas as seguintes escalas FACE Q: Avaliação do envelhecimento; Escala analógica visual de idade percebida por paciente; Psicossocial relacionado à aparência distúrbio; Satisfação com a aparência; Função psicológica; Função social. Todos os questionários serão disponibilizados de forma online através de um google forms, o qual será divulgado através de redes sociais (Facebook, instagram, Twitter), links de whatsapp, e no site da instituição. Para a análises estatística dos dados obtidos, serão utilizados os testes apropriados.

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Continuação do Parecer: 6.440.035

com nível de significância de 5%.

**Objetivo da Pesquisa:**

De acordo com as informações apresentadas na PB\_Informações básicas do projeto apresentada pelo pesquisador, no projeto intitulado Percepção da Beleza em Mulheres de Diferentes Faixas Etárias e sua Influência nos Fatores Psicossociais, versão 2, submetido dia 21/09/2023, CAAE nº 73724923.0.0000.5220. O objetivo do estudo é avaliar a influência da percepção da beleza no status psicossocial em mulheres de diferentes faixas etárias antes e após tratamentos estéticos faciais

**Avaliação dos Riscos e Benefícios:**

De acordo com as informações apresentadas na PB\_Informações básicas do projeto apresentada pelo pesquisador, no projeto intitulado Percepção da Beleza em Mulheres de Diferentes Faixas Etárias e sua Influência nos Fatores Psicossociais, versão 2, submetido dia 21/09/2023, CAAE nº 73724923.0.0000.5220. Pelas características da pesquisa, pode-se afirmar que os riscos são mínimos. Durante as respostas ao questionário, podem ocorrer possíveis desconfortos e cansaço, e o participante poderá realizar uma pausa para descanso e/ou responder o questionário posteriormente. O participante da pesquisa poderá, ainda, interromper sua participação em qualquer momento da sua realização e o pesquisador se mostrará a disposição para o esclarecimento de possíveis dúvidas e questionamentos a respeito. Além disso, os pesquisadores tomarão cuidado para preservar a identidade de cada participante, evitando que seja feita a identificação dos mesmos. E os benefícios são que as voluntárias estarão contribuindo para o desenvolvimento da ciência, nos ajudando a responder vários questionamentos que ainda existem na literatura, sobre o motivo real que leva os pacientes a procurarem tratamentos de estética

**Comentários e Considerações sobre a Pesquisa:**

De acordo com as informações apresentadas na PB\_Informações básicas do projeto apresentada pelo pesquisador, no projeto intitulado Percepção da Beleza em Mulheres de Diferentes Faixas Etárias e sua Influência nos Fatores Psicossociais, versão 2, submetido dia 21/09/2023, CAAE nº 73724923.0.0000.5220. A pesquisa apresenta um desenho de tipo observacional, no qual a metodologia de coleta de dados será por meio de questionários online, e amostra por conveniência. Financiamento próprio. Estima-se que sejam recrutados 500 participantes do sexo feminino do território nacional. Início previsto para

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## FACULDADE INGÁ - UNINGÁ



Continuação do Parecer: 6.440.035

01/09/2023 e término em 31/05/2024.

**Considerações sobre os Termos de apresentação obrigatória:**

Foram apresentados todos os termos de apresentação obrigatória.

**Recomendações:**

-

**Conclusões ou Pendências e Lista de Inadequações:**

O projeto apresenta as condições necessárias para sua execução por esta razão está APROVADO.

**Considerações Finais a critério do CEP:**

APROVADO: Ressalta-se que cabe ao pesquisador responsável encaminhar os relatórios parciais e final da pesquisa, por meio da Plataforma Brasil, via notificação "relatório" para que sejam devidamente apreciados no CEP, conforme Norma Operacional CNS nº 001/13, item XI, 2.d.

**Este parecer foi elaborado baseado nos documentos abaixo relacionados:**

Tipo Documento	Arquivo	Postagem	Autor	Situação
Informações Básicas do Projeto	PB_INFORMAÇÕES_BASICAS_DO_PROJETO_2195996.pdf	21/09/2023 12:30:24		Aceito
Outros	Resposta_parecer_CEP.pdf	21/09/2023 12:28:44	Giancarlo De la Torre Canales	Aceito
TCLE / Termos de Assentimento / Justificativa de Ausência	TCLE_projeto_Matheus.pdf	21/09/2023 12:28:31	Giancarlo De la Torre Canales	Aceito
Projeto Detalhado / Brochura Investigador	Projeto_Matheus.pdf	21/09/2023 12:28:17	Giancarlo De la Torre Canales	Aceito
Cronograma	Cronograma_projeto_Matheus.pdf	21/09/2023 12:27:54	Giancarlo De la Torre Canales	Aceito
Orçamento	Orcamento_IC_Matheus_peroni.pdf	29/08/2023 15:47:33	Giancarlo De la Torre Canales	Aceito
Declaração de Pesquisadores	Declaracao_dos_pesquisadores.pdf	29/08/2023 15:32:12	Giancarlo De la Torre Canales	Aceito
Folha de Rosto	Folha_de_rosto.pdf	29/08/2023 15:31:53	Giancarlo De la Torre Canales	Aceito

**Situação do Parecer:**

Aprovado

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FACULDADE INGÁ - UNINGÁ



Continuação do Parecer: 6.440.035

**Necessita Apreciação da CONEP:**

Não

MARINGA, 21 de Outubro de 2023

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**Assinado por:**  
**Daiane Pereira Camacho**  
**(Coordenador(a))**

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**Date:** May 26, 2025  
**To:** "Giancarlo De la Torre Canales" giancarlo.de.la.torre.canales@ki.se  
**From:** "Aesthetic Plastic Surgery" apseditorialoffice@gmail.com  
**Subject:** Decision on your manuscript #APSU-D-25-00516R1

May 26, 2025

RE: Beauty choices: Uncovering the profile of who opts for aesthetic procedures (MS# APSU-D-25-00516R1)

Dear Prof. De la Torre Canales:

We are happy to inform you that your manuscript has been accepted for publication in Aesthetic Plastic Surgery.

Your manuscript will be typeset and copy-edited for publication.  
 An e-mail with your electronic proofs will be sent to you within two weeks of receipt of all required items.

Please be sure that you have forwarded the following items to the Editorial Office (APSEditorialOffice@gmail.com).  
 Your article cannot begin the production process until the below items have been completed.

- 1) Written permission from any patient whose recognizable face is included in the figures
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- 3) Please confirm the email address and telephone number for the corresponding author and an alternate email address (either for the corresponding author, or for a co-author) in the event we do not receive a response to the page proofs in a timely manner.

PLEASE NOTE that Letters to the Editor/Letters in Reply publish in the online journal only.

Thank you for submitting your work to Aesthetic Plastic Surgery.

My best regards,

Lindsay MacMurray  
 Managing Editor  
 Aesthetic Plastic Surgery

COMMENTS FOR THE AUTHOR:

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**Comissão de Ética EGAS MONIZ**

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Processo Interno: 1568  
PT-210/24

Ex.ma Senhora  
Rafaela Rocha Agrizzi

Monte de Caparica, 7 de março de 2025.

Ex.ma Senhora,

Em resposta ao Pedido de Parecer que submeteu à apreciação da Comissão de Ética da Egas Moniz, com o tema denominado: "Percepção da Beleza e Status Psicossocial em Mulheres de Diferentes Faixas Etárias", foi aprovado.

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A Presidente da Comissão de Ética da Egas Moniz



Prof.ª Doutora Ana Filipa Vicente