

Let's Promote Health: Alternatives to the focus on Weight

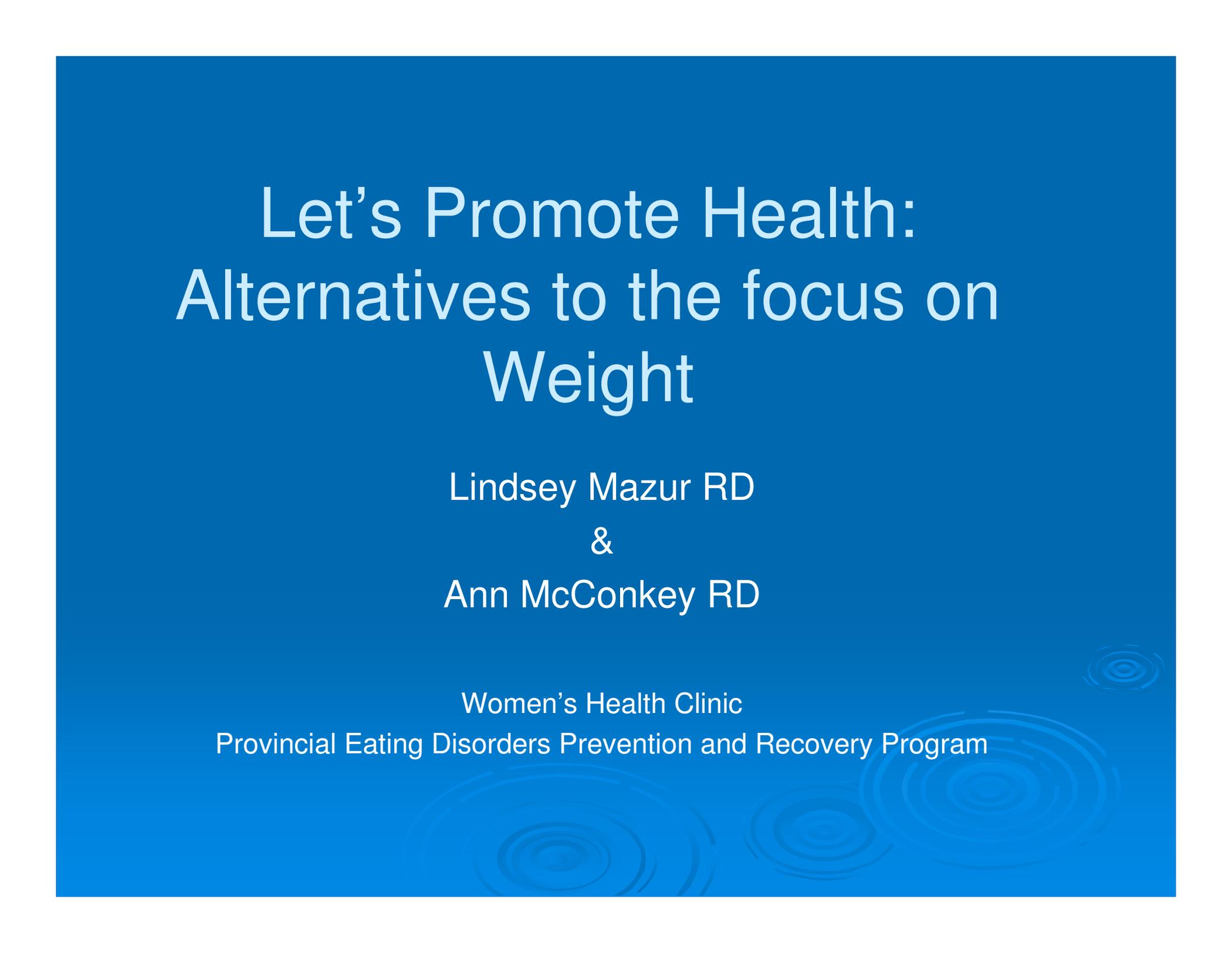
Lindsey Mazur RD

&

Ann McConkey RD

Women's Health Clinic

Provincial Eating Disorders Prevention and Recovery Program



Workshop Objectives

- 1) a critical look at the health risks of weight
- 2) mental and physical effects of weight bias
- 3) Health at Every Size approach
- 4) ways we can truly promote health and healthy behaviours

Assumptions

Fat is unhealthy

Health risks
increase as our
weight increases

Mortality rates
increase as our
weight increases



Is this true?

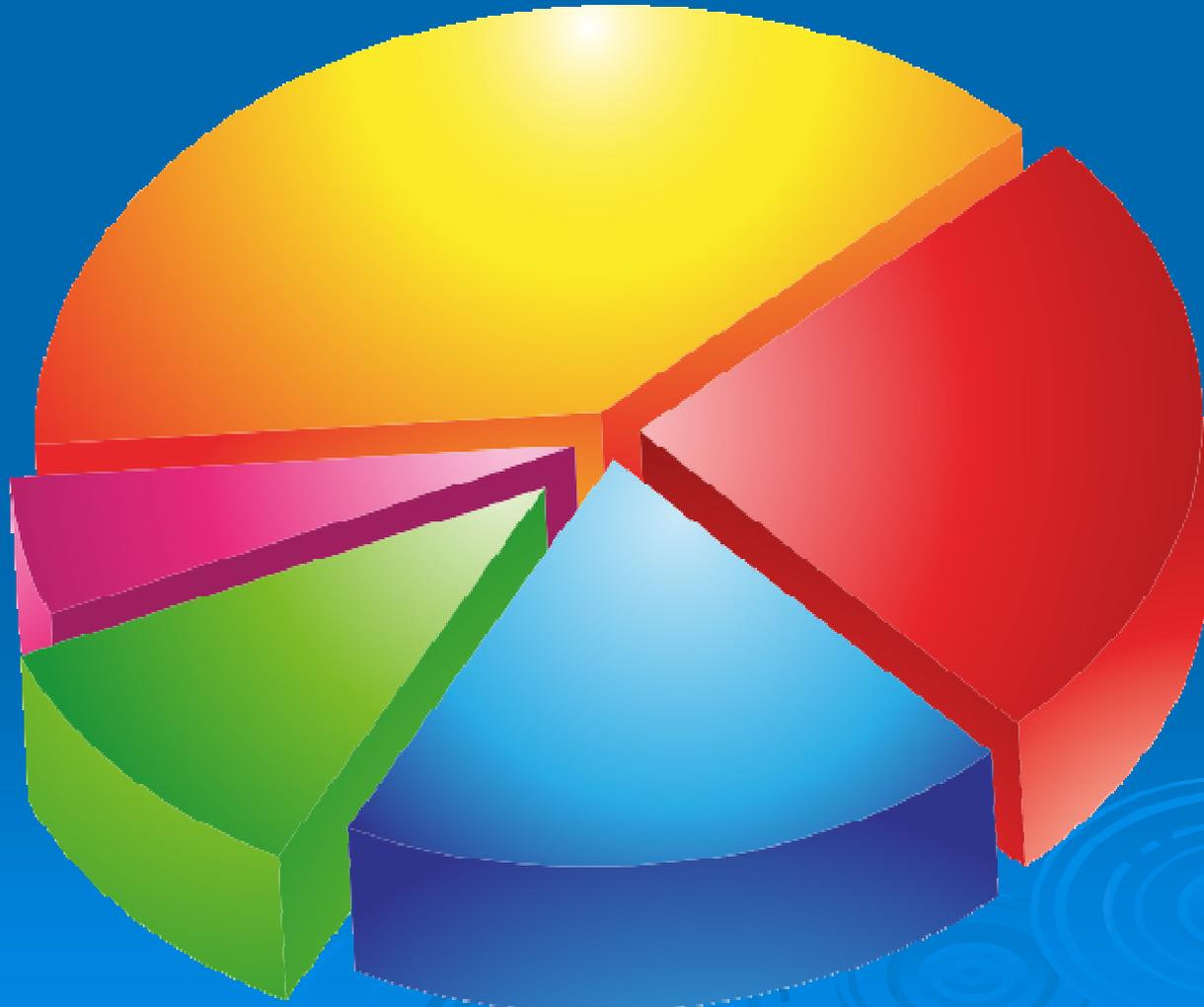
Or accurate?

BMI and Mortality

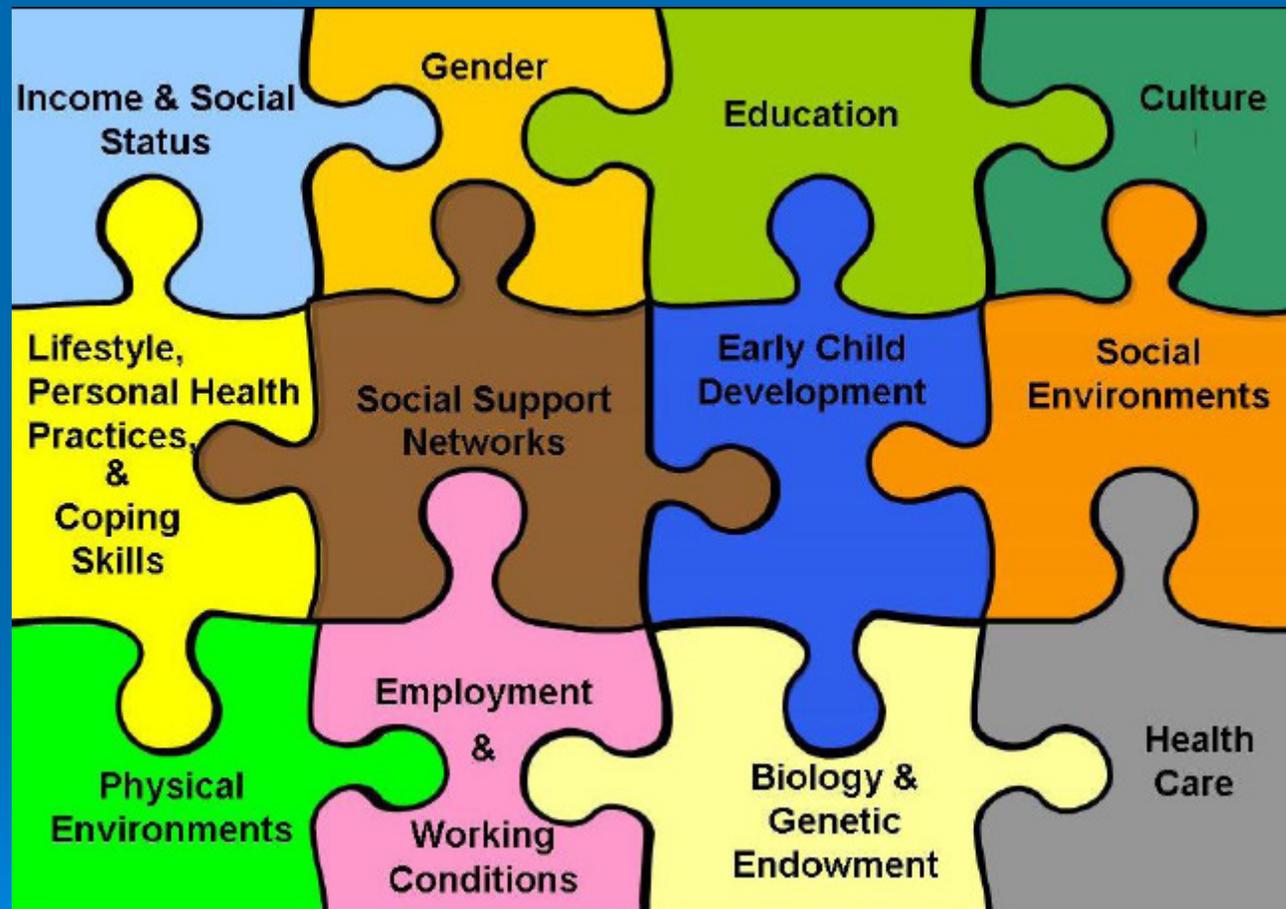
- **Lowest** mortality Overweight BMI
(BMI 25-29.9)
- **No increase** in mortality for obese class one
(BMI 30 – 34.9)

(Flegal et al, 2005, Orpana et al, 2009, Flegal et al, 2013)

The Reality About Weight: It is Only One of Many Risk Factors



The Reality about Health

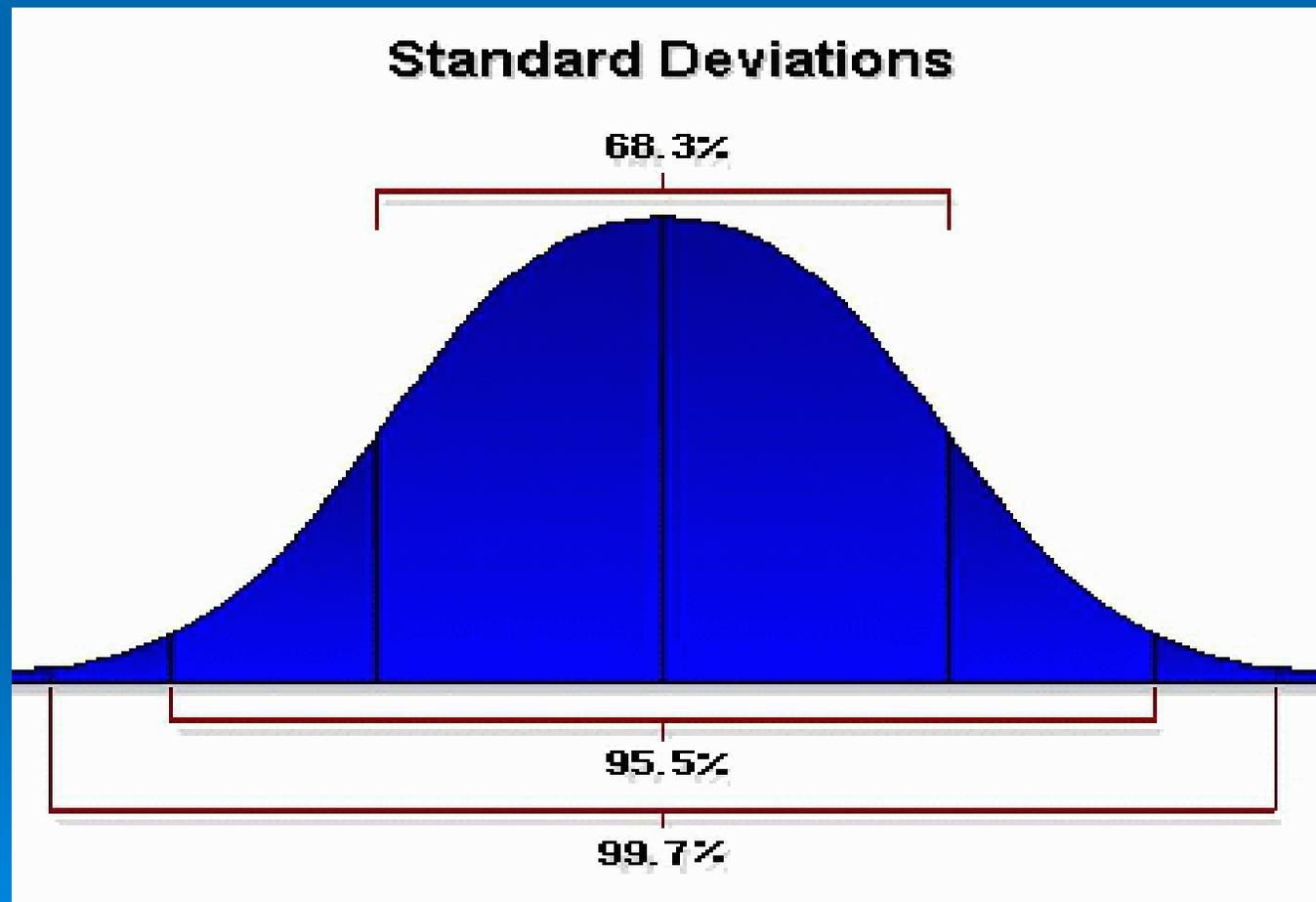


Reality

- People come in different shapes and sizes
- Just as we see people of different heights, we see people of different weights



Normal curve of Distribution



Is A Larger Body Size Unhealthy?

Fat does not equal unhealthy

Thin does not equal healthy

(Campos, 2004, Bacon, 2011)



Do Diets Work?

- 95 -98% of those who lose weight on diets gain it all back and more within 1-3 yrs (Mann et al, 2007)
- While all diets lead to short-term weight loss, losses are not maintained; and dieting cannot be considered effective (Mann et al, 2007)
- There are documented difficulties associated with maintaining a reduced weight over the long term (Hainer et al., 2008; Wing and Phelan, 2005)

Why people regain weight

- Weight regain is not due to 'lack of willpower'
- It is due to:
 - metabolic changes
 - a changed relationship to food
 - the powerful drive of the body to return to it's own genetic set point (Chaput 2012)
- This can lead to repeated cycles of loss and gain known as chronic dieting or yo-yo dieting

Weight Cycling

- Weight cycling has been demonstrated in numerous studies to be more dangerous than maintaining a high but stable weight

(BC Health Authority, BC Mental Health & Addiction Services, Rzehak et al., 2007)

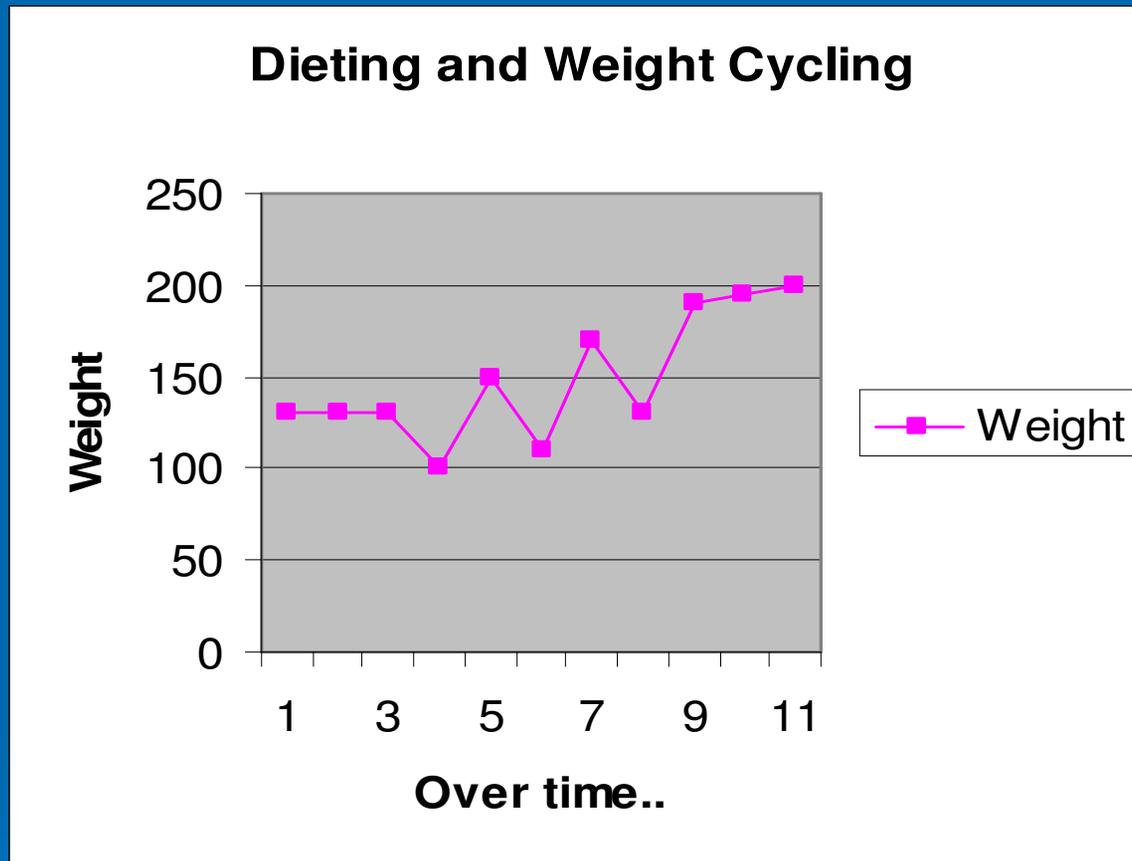
- Mortality is minimized if weight remains stable at any level throughout adult life

(Bosomworth, 2012)

- Weight variability or fluctuation is associated with a higher mortality risk

(Diaz, Mainous, & Everett, 2005; Lee et al., 2011; Rzehak et al., 2007)

Yo-Yo Effect



DiETING is connected with increased weight in adults and adolescents

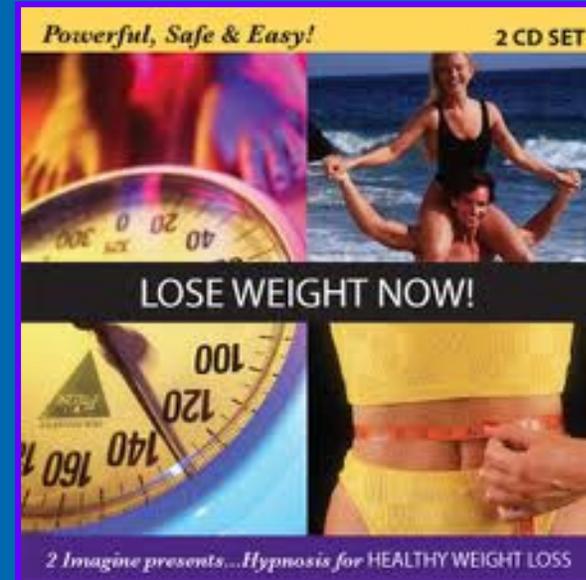
(Jones, Bennett, Olmsted, Lawson & Rodin, 2001, Pietilaineet al, 2011, Jones et al, 2001, Haines, Neumark-Sztainer, 2006, DC Position paper, 2008, Mann et al, 2007, Pietiläinen, 2012)

➤ Warning Dieting Causes Weight GAIN
by Evelyn Tribole MS RD [youtube.com](https://www.youtube.com)

\$\$\$

- Dieting is the 'perfect' product

THE DIET INDUSTRY: A \$60 billion industry in North American alone



Let's Talk Ethics

- Would we use other treatment approaches that have a 95 – 98% failure rate???
- Is it ethical for anyone to continue to recommend weight loss?

Weight Not a Modifiable Risk Factor?

- Perhaps weight is more like height
- If we thought of height like weight what would the following information inspire us to do?

Association or Cause?

- Height and Heart Disease:
- People less than 160.6cm (5'4") have a 50% higher risk of CVD and a 50% higher chance of dying prematurely
(Paajanen et al 2010)
- Men taller than 5'10" have higher chance of dying from aortic aneurysm, pulmonary embolism, melanoma and cancers of the pancreas, prostate, colorectum, blood and lungs
(Int J Epidemiol. 2012;41(5):1419-1433)

Activity

Let's try the Air Diet!



Why Diets Don't Work

- The body and mind feel deprived
- The body makes you think of food
 - Especially the food you 'can't' have
- Over-eating or bingeing a natural reaction to under-eating
 - particularly with 'forbidden' foods
- Many studies have demonstrated that restriction leads to disinhibition
 - (Polivy, Heatherton & Herman; 1988, Bryant et al, 2008)
 - defined as "lack of restraint"

Feelings after overeating or bingeing

- Shame
- Guilt
- Self-loathing



Reaction to weight loss

- How do others react to weight loss?
- Powerful positive reinforcement

Reaction to inevitable weight regain

- No feedback or negative feedback from others
- Feel out-of-control, guilty, ashamed, weak

Diet Mentality

- Dieting leads to a 'diet mentality'
- 'All-or-nothing', 'good or bad'
- People see themselves as being 'good' or 'bad' depending on what they ate

Diet Mentality

- I'll just have one piece of cake..
- "I've blown it now"
- "I may as well just eat the whole thing"
- "I'll start my diet again tomorrow"

Dieting Cycle



Low self-esteem/poor body image
Feeling Fat... worried about weight



Gain weight +
Feel like a failure



Go on a diet

Lose weight
Get compliments



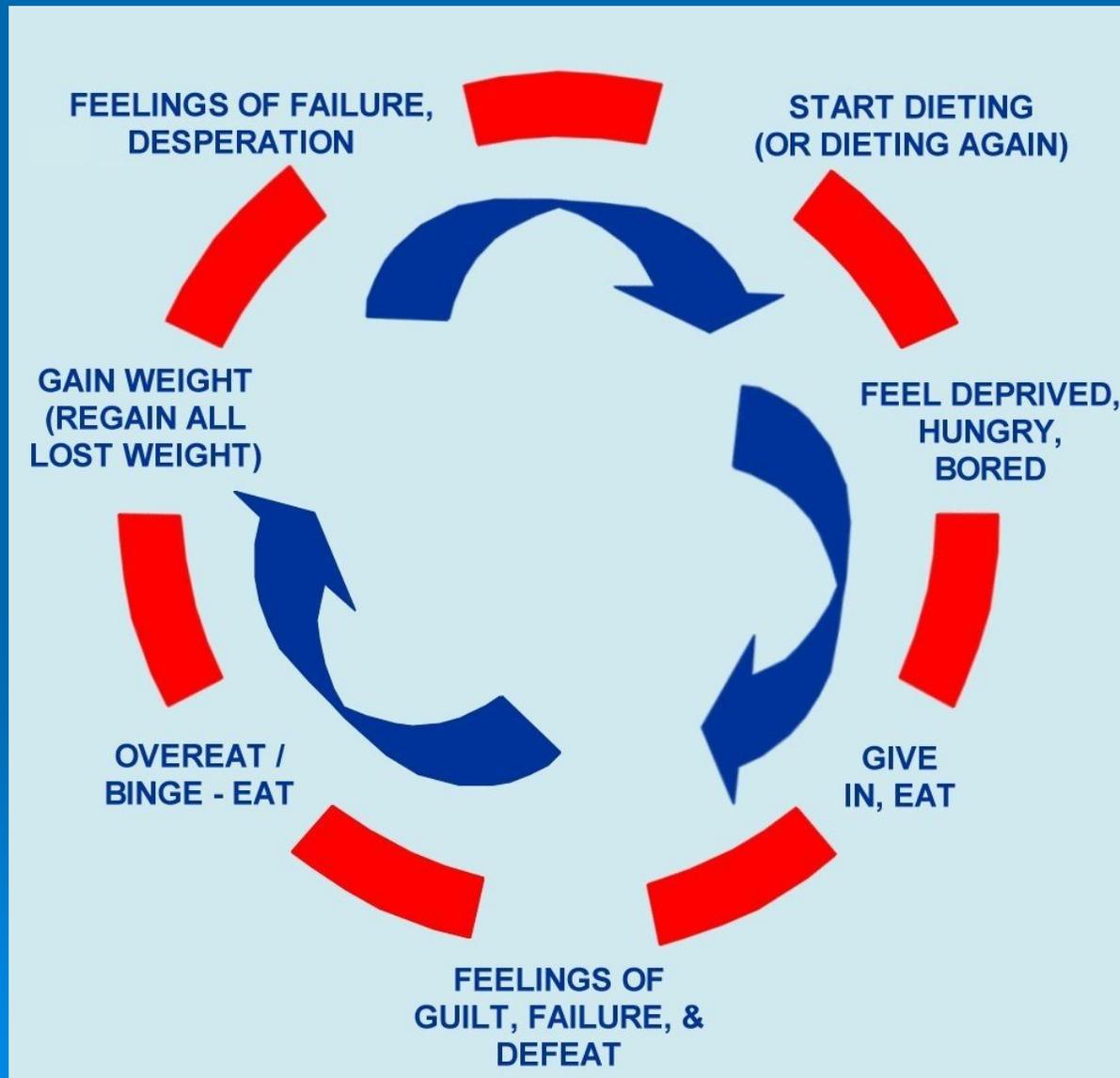
Feel Hungry
Low energy, sad, irritable
Feel deprived



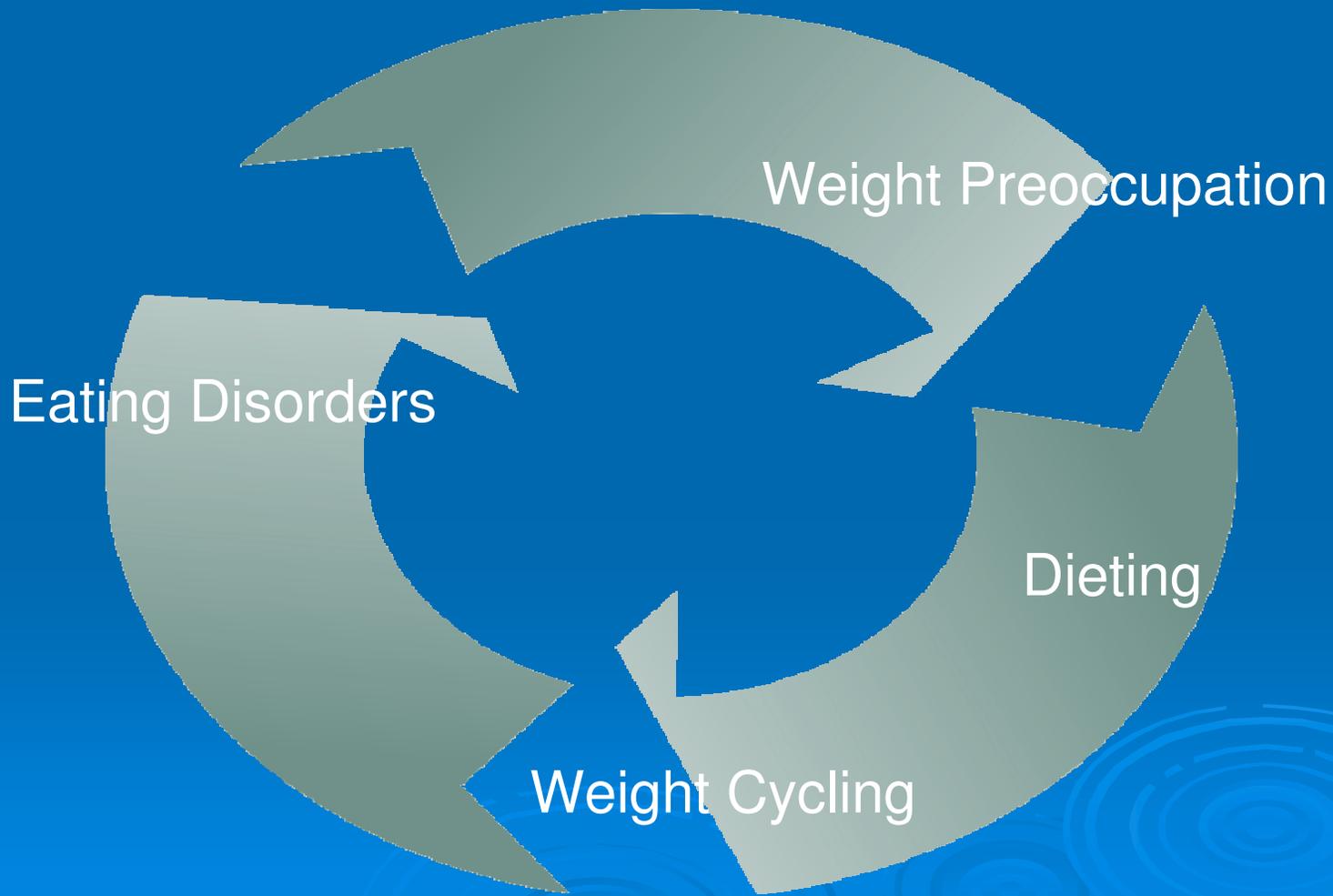
Begin to eat normally
Or binge eat



Dieting Cycle



Weight Loss Messaging: What are the Consequences?



Weight Loss Messaging: What are the Consequences?

Dieting

- 53% of female adolescents in a 'healthy weight' category reported actively trying to lose weight

(McCreary Centre Society, 2009)

- Almost 40% of girls in Grade 9 & 10 reported feeling "too fat"

(Boyce, King, & Roche, 2008)

- 85% of female & 70% of male students used moderate dieting behaviors such as eating less

(Project Eat)

Consequences of Dieting

Eating Disorders:

- Almost all eating disorders start with dieting/restrictive eating
- Established link between dieting, bingeing and purging

(Jones, Bennett, Olmsted, Lawson & Rodin, 2001; McCreary Centre Society, 2009; Haines & Neumark-Sztainer, 2006; Dietitians of Canada: Position Paper 2008)

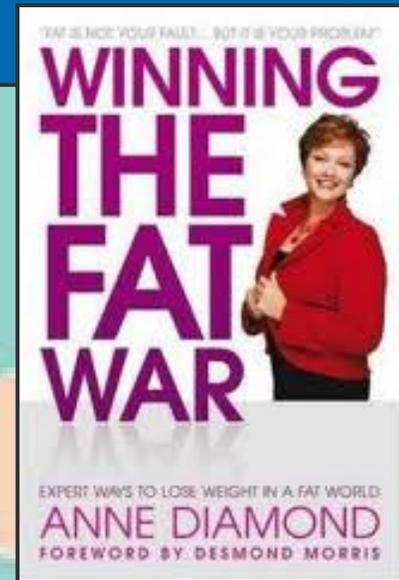
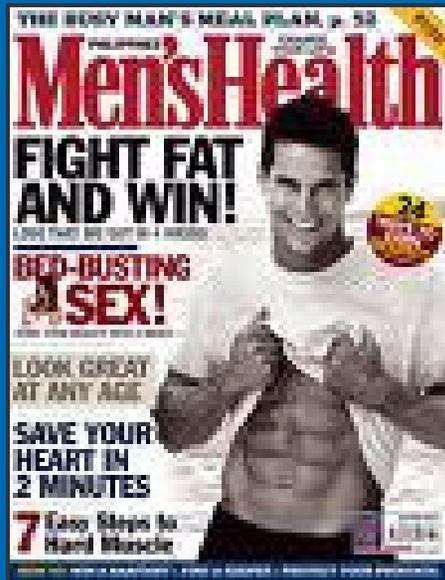
As Messages About Weight Reduction Continue, the Incidence of Eating Disorders Will Increase



(O'Reilly, 2011; Bacon & Aphramor 2011; O'Hara & Gregg, 2010).

Weight Stigma





THIN, THIN, THIN, THIN, THIN
BE THIN, VERY THIN
NOW STAY THIN
BE THINNER, THINNER
ALWAYS THINNER
YOU'RE NOT THIN ENOUGH
THIN, THIN, THIN
ALWAYS THIN



Effect of 'obesity' messaging

➤ Large-bodied individuals think:

- *'This is a war on my body'*
- *'My body is a burden to society'*
 - *(Lewis et al, 2010)*
- *'My body is the problem'*
- *'If I just lost weight everything would be better'*

Everyone who lives in a fat-hating culture, internalizes fat hatred.



Stereotypes of thinner bodies

- Attractive
 - Healthy
 - Physically active
 - Smart
 - Successful
 - Lucky
 - Eats healthily
 - In control
- 

Stereotypes of larger bodies

- Weak-willed
- Inactive
- Eat unhealthily
- Unattractive
- Lazy
- Lack self-discipline
- Unintelligent
- Unhealthy
- Non-compliant with weight loss treatments

(Puhl & Heuer, 2010)

Discrimination of larger bodies

- The myth that dieting works, promotes discrimination against heavier individuals implying they could lose weight, if they just “tried hard enough”

(Sharma, 2009)

- Weight stigma seems to be the one of the few socially condoned forms of prejudices

(Puhl & Heuer, 2010)

Weight Stigma and Health Behaviours

➤ Weight stigma is associated with:

- More frequent binge eating
- Increased caloric intake
- Lowered exercise

(Puhl et al, 2007. Carels et al, 2009. Carels et al, 2010)

- individuals who internalize stigma may be especially vulnerable to abdominal obesity and glucose intolerance

(Puhl and Heuer, 2010)

Psychological effects of weight bias

- Increased stress
- Decreased quality of life
- Depression & anxiety
- Reduced self-esteem
- Poor body image

(Puhl & Heuer, 2010, Puhl et al, 2007. Carels et al, 2009. Carels et al, 2010)

Schools 'need to make fat kids run'

CATHY O'LEARY
MEDICAL EDITOR

Every school child should be made to do at least 30 minutes of daily exercise, such as running or swimming

A growing number of young obese children were showing subtle abnormalities in their heart function that were markers of future heart disease, though they were potentially reversible if children lost weight and exercised.

laps, causing development of diabetes. The Coalition for Governmental Action to curb childhood obesity is being formed. Its goal is to get schools to provide a minimum of 30 minutes of daily physical activity for children. Patricia O'Leary said her research shows that children who are obese are more likely to become obese adults.



**WEIGHT LOSS
SUMMER CAMPS
FOR KIDS**



WARNING

**FAT KIDS
BECOME FAT
ADULTS.**

stopchildhoodobesity.com

Weight-based teasing/bullying

- Found to be primary reason for bullying

(Puhl, Luedicke, &Heuer, 2012)

- Teens cope with weight based teasing by:

- Avoiding gym class
- Increased food consumption
- Binge eating
- Skipping school
- Grades dropping

(Puhl & Luedicke, 2011)

Weight Stigma: Health Care Professionals

- Physicians, nurses, medical students, dietitians, and psychologists commonly exhibit negative stereotypes and attitudes toward large individuals

➤ (Puhl and Heuer, 2010)

- 200 dietetics students from 14 Universities –
- 98% had negative views toward ‘obese’ people

(Puhl et al, 2009)

How Can We Improve Health Without Focusing on Weight?



What Should We Do: Reducing Our Risk for Mortality & Disease

It is important to identify methods other than weight loss for risk reduction in individuals of all sizes

(Lee et al., 2010)



Health at Every Size

- Enhancing holistic health without focusing on weight loss
- Size and self-acceptance
- The pleasure of eating well
- The joy of movement
- An end to weight bias



Health at every Size (HAES) Study

- 2 groups of female chronic dieters ages 30-45
- Weight loss group (led by RD) Topics covered- nutrition, eating behaviours, social support, and exercise
 - focus on **losing weight**
- HAES group – Topics covered - nutrition, eating behaviours, social support, cueing into hunger/satiety and exercise
 - focus on **body acceptance, not on weight loss**
- Attrition – wt loss group – 41%
HAES group – 8%

At the 2 yr follow-up:

Wt loss group

- Initially lost weight but then regained.
- **were *not* more physically active**
- **were *not* eating better**
- **had *lowered* self-esteem**

The HAES group

- had no change in weight,
- **were eating much better,**
- **were much more physically active**
- **had increased measures of self-esteem**
- **Positive bloodwork changes**

Positive behaviour changes

- Many studies show positive effects of food and exercise choices on lowering blood pressure, blood sugars and cholesterol, *irrespective of weight changes*

(Roberts & Barnard, 2005)

- Activity is associated with decreased morbidity and mortality in both men and women independently of other risk factors, e.g. age, smoking, body size

(Carnethon et al, 2003; Chase et al, 2009; Kodama et al, 2009; Lee et al, 2009b, Lee et al, 2010, Lee et al, 2011)

Positive health outcomes

- At a stable 'elevated' weight people can have:
- improved physical fitness
- reduction of highly metabolically active abdominal fat
- improvement of cardio-vascular risk factors

(Bosomworth, 2012)

A decorative graphic consisting of several sets of concentric circles, resembling ripples in water, located in the bottom right corner of the slide.

To Help People Become Healthier

Goal	To Help People Become Healthier	
Approach	Focus on weight/body size	Health At Every Size
Focus	<p>Being fat or larger bodied is unhealthy</p> <p>Weight loss through diet and exercise is recommended for improved health</p> <p>“Eat less, move more”</p>	<p>People can be healthy at a wide variety of shapes and sizes</p> <p>Improved health achieved through size acceptance and positive behaviour changes</p>
Outcomes	<p><i>short term:</i></p> <ul style="list-style-type: none"> - weight loss and health improvements <p><i>long term:</i></p> <ul style="list-style-type: none"> - increased wt, wt cycling, wt bias, risk for disease, disordered eating and eating disorders - decreased self-esteem 	<p><i>long term:</i></p> <ul style="list-style-type: none"> - weight stabilization - sustained health behaviours and health measures - improved self-esteem

Positive Behaviour Changes and Weight

- Set health goals with clients - realistic behaviour changes
 - Weight or waist circumference are NOT behaviours
- **If people make healthy behaviour changes they will be healthier, regardless of their weight**

Kids and Food

- Kids have their own wonderful ability to eat exactly the right amount of food for their bodies
- They need to know they'll have enough to eat at meals and snacks
- Kids who are restricted in any way end up heavier than they're meant to be

Continued

- Restriction could be in the amount of food, in the types of food or from parental messages
- Adults need to ensure kids are offered a variety of reasonably healthy foods at regular meals and snacks
- Then, the child chooses to eat as much or as little as they want

continued

- As Ellyn Satter says: if your *intention is to make the child eat or weigh less,* then the child will get fatter, not thinner
- We need to help children stay in touch with their natural ability to eat the right amount for them and to maintain a joyful relationship with food

Kids and Body Size

- We want all kids to be eating well and to be physically active regardless of their body size and shape
- Let's focus on those healthy behaviours for all kids (and adults) and take the focus off of weight
- **Shaming people of any age is not a good motivator for change**

Activity: Improving Our Health



**Any Increase in Activity is
Associated with Measurable
Health Benefits**

Benefits of Activity

- Healthier Bones = Less Fractures
- May decrease the incidence of certain cancers
- Lower blood pressure
- Lower cholesterol (increases HDL or “good” cholesterol, decreases LDL or “bad” cholesterol)
- Reduces the risk of heart disease & stroke

Benefits of Activity

- Lowers risk of Type II Diabetes and improves blood sugar levels if you have diabetes
- Improves sleep
- Lowers rate of depression
- Improves quality of life/sense of well-being
- Lowers mortality rates

Weight is not a behaviour

- Focus only on modifiable behaviors; weight is not a behaviour and therefore not an appropriate target for behaviour modification

(Bacon & Aphramor, 2011)

- People can set health behaviour goals for themselves
- Weight may or may not change

What can you do to make a difference?

- The most important action you can take is to not focus on weight in your personal or professional life
 - Never promote dieting behavior – regardless of someone's body size or shape
- 

What can you do to make a difference?

- Emphasize positive lifestyle changes that can improve health with no negative side effects
- Focus on what matters – helping people be healthy – body, mind and spirit
- Health truly does come in all shapes and sizes

This scale simply provides a number that should not be used to determine your self-worth or the kind of day you are going to have. It also can not be used reliably to determine your physical health and wellness.

Beautiful and healthy bodies come in all shapes and sizes.
Be kind to yours.



Shifting the focus...

- Market as “health promotion”, not “obesity prevention”
- Avoid language like “overweight” and “obesity”
- Focus on determinants of health

(Bacon & Aphramor, 2011)



**Knowing our BMIs
tells you nothing
about our LIVES**

Stop waging war on people's bodies!

Promote health campaigns that:

- ◆ **Portray people of all sizes actively engaged in meaningful relationships & enjoying life**
- ◆ **Provide healthcare environments, policies, & services free from weight stigma**
- ◆ **Teach children & adults to treasure their individual bodies & look to them for wisdom**
- ◆ **Transform a culture of weight-obsession into one that celebrates diversity**



WE STAND

**FOR HEALTHY, HAPPY CHILDREN...
NO MATTER THEIR SIZE.**

Stop weight bigotry.

Health At Every Size®