Health at every size

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Checking Our Bias

- Consider initial judgments about her health.
  - Do any assumptions about her eating habits or exercise habits come up?
  - Does she "look" like she eats "healthy" and exercises regularly?
- Consider that she doesn't exercise at all? Or exercises 2 hrs a day?
- Consider if she only eats fast food? What about if she restricts her nutrition?

Any of the above are possible!

But if we just go off our initial judgment, approach on how we see her / her care could vary.

Weight demystified. Focus on HEALTH

Goals for today

- Understand that body size ≠ health
- Explore how diet culture invades our healthcare system and strays us from evidenced-based healthcare

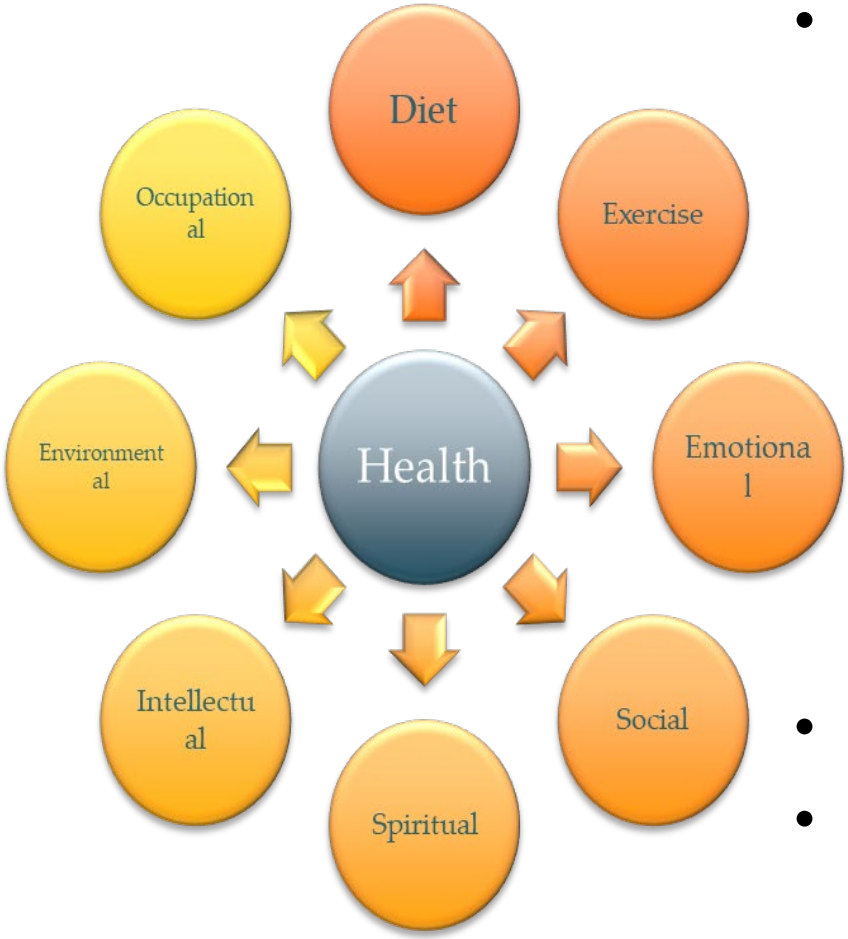
- Feeling confused, resistant or defensive is common. We are all part of the solution!

Definition of Health At Every Size®

- HAES® supports people in adopting health habits for the sake of health and well-being (rather than weight control).
- HAES encourages:
  - Eating in a flexible manner that values pleasure and honors internal cues of hunger, satiety, and appetite.
  - Finding the joy in moving one's body and becoming more physically vital.
  - Accepting and respecting the natural diversity of body sizes and shapes.

Principles of Health At Every Size®

1. **Weight inclusivity:** Accepting and respecting the diversity of body shapes and sizes
2. **Health enhancement:** Improving access to information & services; attending to physical, spiritual, social, economic, emotional, & other needs
3. **Respectful care:** Owning biases, ending weight stigma & discrimination
4. **Eating for well-being:** Promoting eating in a manner which balances individual nutritional needs, hunger, satiety, nutritional needs, and pleasure
5. **Life-enhancing movement:** Promoting individually appropriate, enjoyable, life-enhancing physical activity, rather than exercise that is focused on a goal of weight loss



- Messages about health in the media
  - Health depends on weight
    - Thin = healthy
    - Fat = unhealthy
  - Eat better and you will be healthier
  - Exercise more and you will be healthier
- Health is about more than weight
- Health is about more than diet and exercise

- Correlation ≠ Causation
  - An important concept for understanding weight science
    - Correlation: a connection between two or more things
    - Causation: the action of causing something

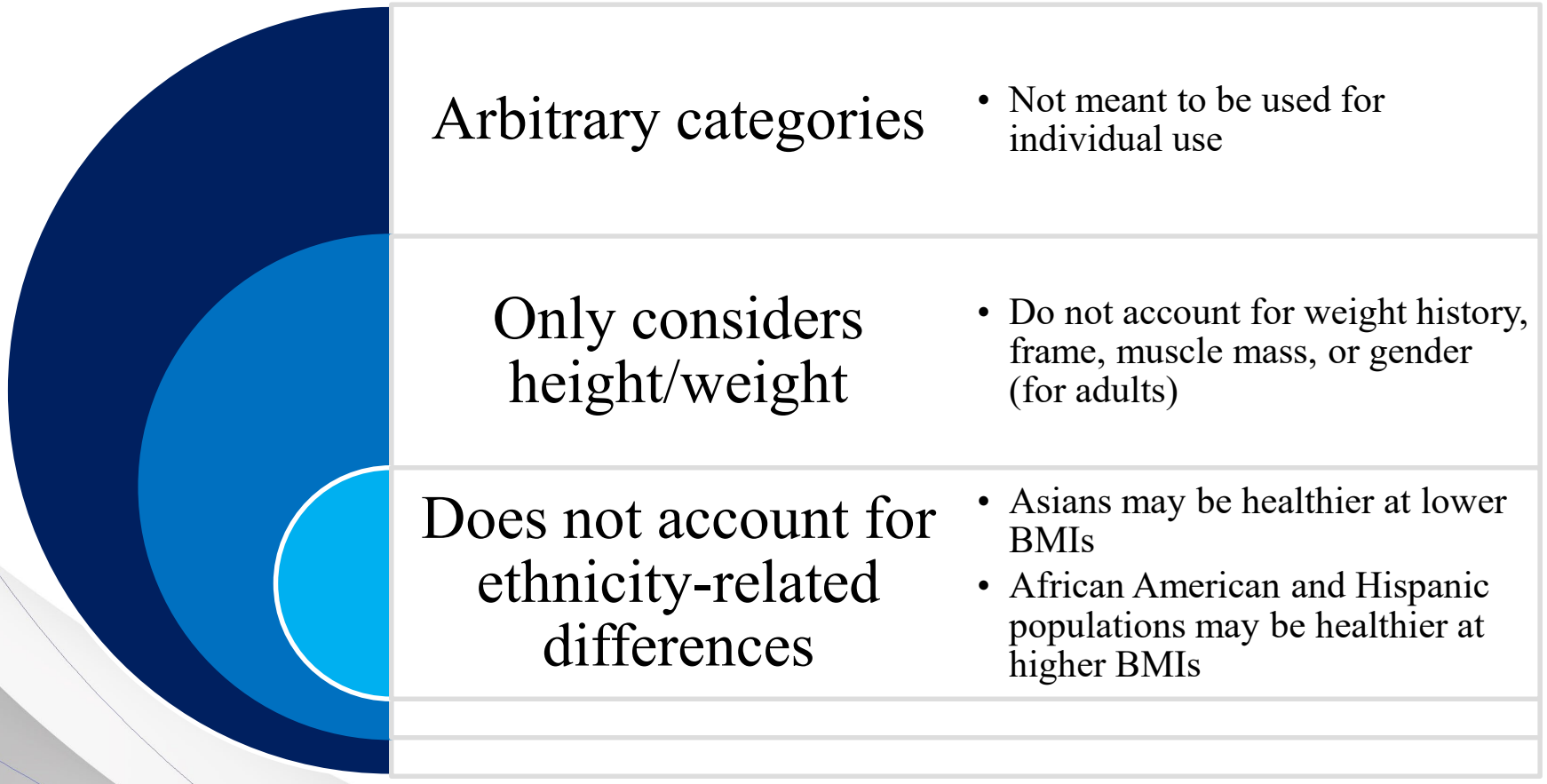
Center for Disease Control and Prevention (CDC) says:
"Obesity-related conditions include:
heart disease
stroke
type 2 diabetes
certain types of cancer
…which are some of the leading causes of preventable death."

* associated?

History of BMI "Quetelet Index"

- **Created by an *astronomer* in the 1830's to test the laws of probability**
- **In 1899, insurance directors noticed a correlation in mortality rates in "overweights"**
- **Science did not drive the use of BMI in healthcare**
  - Insurance companies lobbied the medical community to incorporate weight as an outcome of health ($$$)
  - Later, in 1998 the NIH modified BMI criteria → created "obesity epidemic" overnight
  - The new BMI cutoff criteria were based on a report published by the IOTF (International Obesity Task Force), a group which was largely funded by two companies who manufactured weight loss drugs, Hoffman LaRoche and Abbott Laboratories. (Moynihan R. (2006).
  - The chair of the NIH panel on obesity was a doctor who was a paid consultant for drug and weight loss company (Oliver, *Fat Politics,* 2005)

What's wrong with BMI?



Herrin & Larkin, 2013

Why BMI is not to blame?

"While it is well established that obesity is *associated* with increased risk for many diseases, causation is less well-established. Epidemiological studies rarely acknowledge factors like fitness, activity, nutrient intake, weight cycling, or socioeconomic status when considering connections between weight and disease. Yet all play a role in determining health risk. When studies *do* control for these factors, increased risk of disease disappears or is significantly reduced." (Bacon & Aphramor, 2011)

Healthy life in a larger body

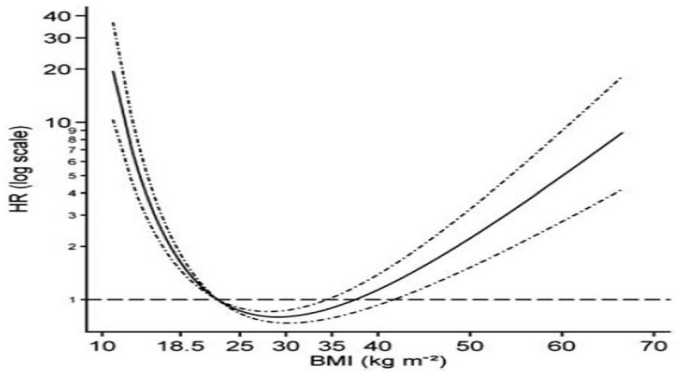
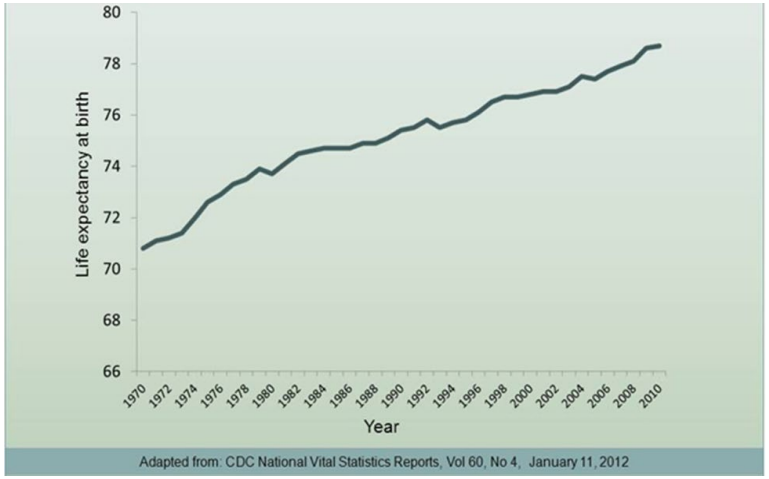


Figure 1 Functional form of the association of BMI with the relative hazard of death estimated in a Cox proportional hazards model adjusted for age, gender, smoking, alcohol consumption and survey year. The function was fitted using two-term fractional polynomial functions with powers (log, log). The function was standardized such that the HR was 1 at the mean of the desirable weight category for BMI ($18.5-<25\,kg\,m^{-2}$) = $22.57\,kg\,m^{-2}$. Dot-dash lines indicate the 95% confidence interval.



EPIDEMIC?

- BMI between 25 and 35 = lowest incidence of early death
- Nearly 1 in 3 adults (30.7%) are overweight (BMI 25-30)
- More than 2 in 5 adults (42.4%) have obesity (BMI 30+) (Fryar CD et al 2021)

Set point and health

- The human body has mechanisms that help us maintain a healthy weight aka “set point weight.”
- The set point is usually a weight range– typically between 10-20 lbs for most people– **not a static number.**
- At our set point weight range, our bodies are able to support optimal physical and mental function, so we can lead full, active, and healthy lives.

What can affect weight/set point?

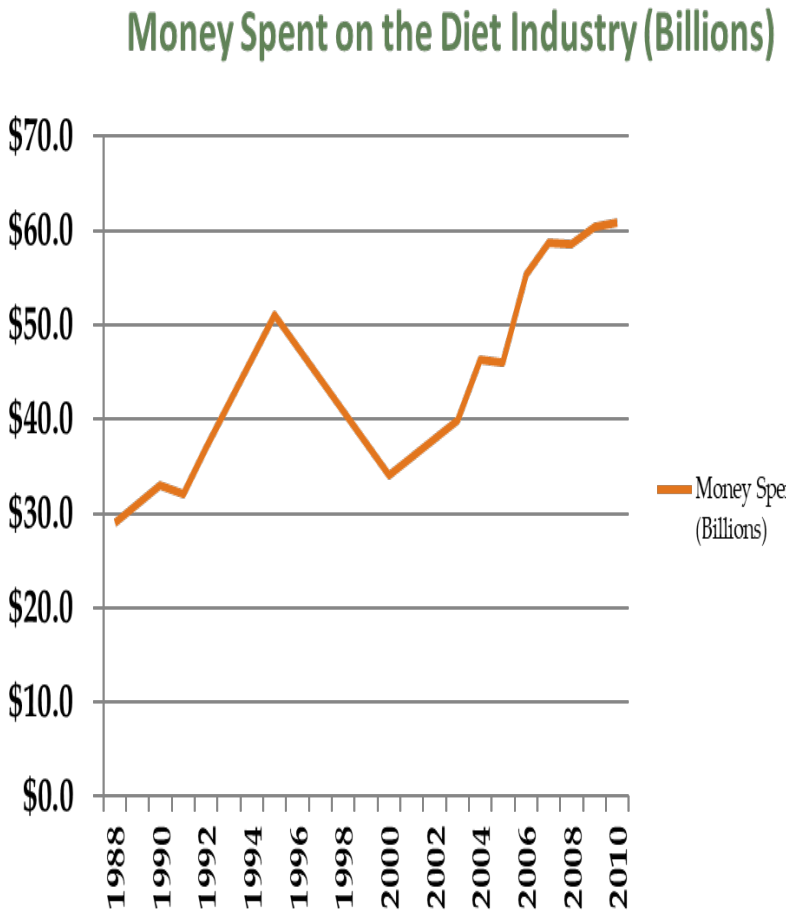
- Hormones (cortisol, leptin, TSH, estrogen, testosterone, insulin)
- Genetics
  - 70% of individual differences in body weights are dictated by genes (Logel,2015)
- Chronic illness (illness itself, dietary needs, activity limitations)
- Medication side effects
- Yo-yo dieting
- ADVICE TO LOSE WEIGHT WHEN NOT MEDICALLY INDICATED?

Fighting the setpoint or the biology of restrict/binge cycle

…and why it has nothing to do with self control

- When we restrict (diet), your body is in survival mode. It can't detect that you're doing this on purpose, so it signals the brain to increase the search for food
  - Increased hunger hormones (ghrelin)
  - Reduced fullness sensors/hormones (leptin, peptide YY, cholecystokinin)
  - So you can "store" food in case of further starvation
  - Your brain will crave carbohydrates because they are the most energy-dense macronutrients
  - Reduced thyroid and SNS activity (which help regulate metabolism)
  - Brain will increase the reward value of food

(Ochner,2013)



Weight cycling

Kruger et al, 2004; Strohacker & McFarlin, 2010

Increased risk for osteoporosis

Bacon et al, 2004; Van Loan & Keim, 2000

Increased chronic psychological stress & cortisol production

Tomiyama et al, 2010

Increased anxiety about weight

Davison et al, 2003; Holms, 2007

Eating disorder behaviors

Daníelsdóttir et al, 2007

Weight gain

Neumark-Sztainer et al, 2006

Stigmatization and discrimination against fat individuals

Puhl, 2008

Tribole & Resch, 2013

It doesn't matter if losing weight would cure us of our ailments because ***intentional weight loss overwhelmingly does not work.***

- Large-scale 2015 study of 278,000 people showed within 5 years, 95-98% regained all of lost weight (or more) (Fildes et al, 2015)

- A 1992 NIH Panel exploring bodies of research found 90-95% of people regain up to 2/3 of weight lost within 1 year, and almost all of it within 5 years (Brody, 1992)

But still, when you go to the doctor..

"Food is bad for you. Can you recommend a good alternative?"

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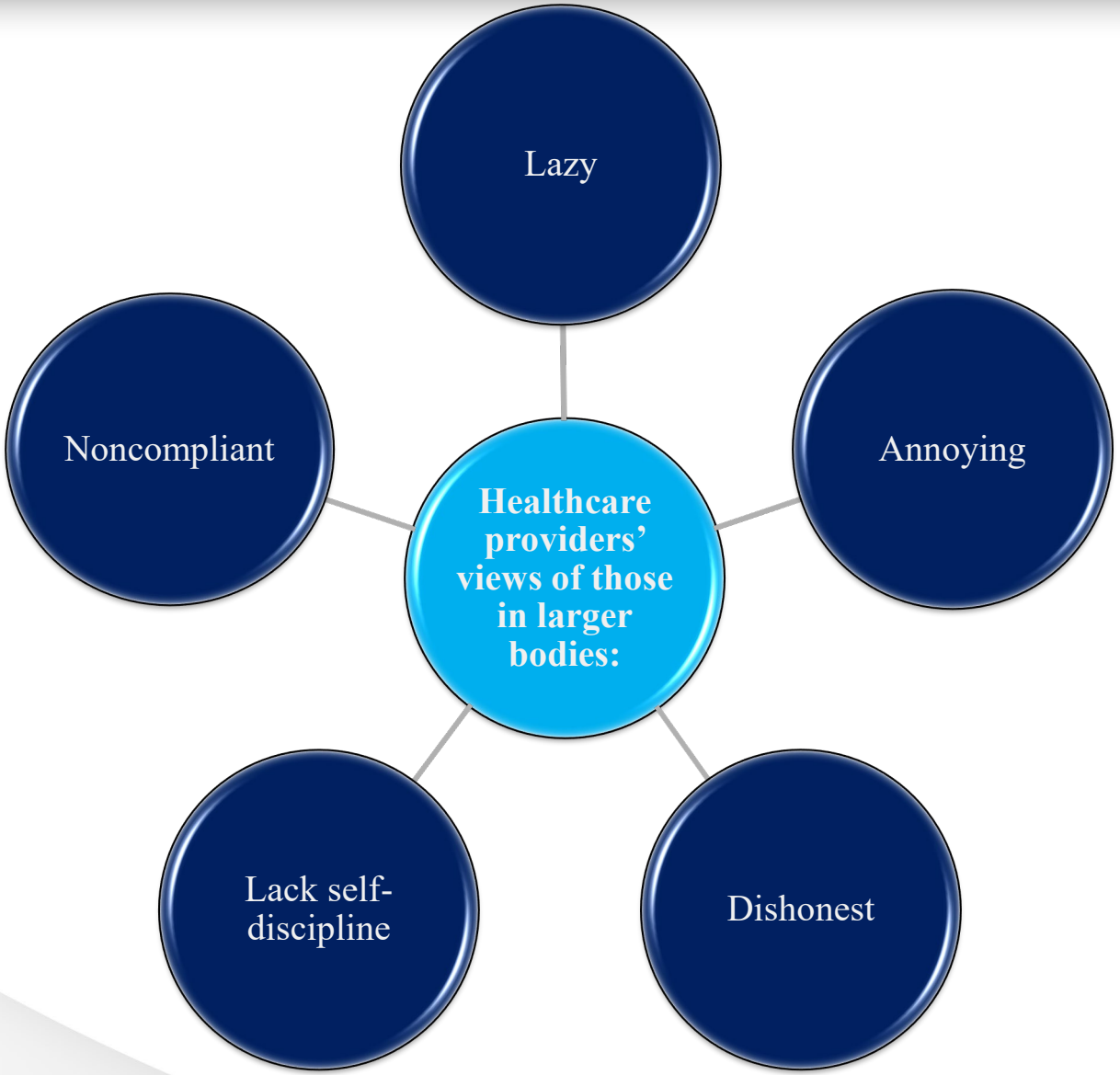

i.e., Puhl & Heuer, 2010

Consequences of Weight Discrimination

- **Patients:**
  - Avoid obtaining healthcare
  - Feel disrespected by healthcare providers
  - Do not feel they will be taken seriously due to their weight and report feeling all their health problems are blamed on weight
  - Reluctant to express weight concerns with healthcare providers
- **Health Outcomes:**
  - Increased food consumption
  - Increased blood pressure
  - Avoidance of physical activity
  - Chronic inflammation
  - ~60% increased risk of mortality
  - Depression, anxiety, suicidal thoughts/actions, and lower overall self-esteem

*Effect of weight discrimination on mortality is stronger than other forms of discrimination and is comparable to the risk associated with a history of smoking

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Flint, 2021; Puhl & Brownell, 2006; Puhl & Heuer, 2010; Sutin, Stephan, Terracciano, 2016

Patients in Larger Bodies:

i.e., Puhl & Heuer, 2010

Weight Stigma in Healthcare

The dieting and weight management industry is a multi-billion-dollar industry, reaching $192.2 billion in 2019 worldwide (Vig & Deshmukh, 2021). Healthcare providers are not immune to this.

Doctors are within the top 2 most frequent sources of weight stigma (Puhl & Brownell, 2006)

Providers spend less time with and engage in less health education with patients in larger bodies (Bertakis & Azari, 2005; Hebl, Xu, & Mason, 2003

Medical students in larger bodies have who internalize weight stigma have higher rates of depression and substance abuse (Phelan et al., 2015)

HAES Approach

- Encouraging healthy habits and attitudes
- Taking the focus off of weight
- Let a person's weight settle where it may
- Supporting people to feel good about themselves, no matter the outcome
- Eating in a flexible manner that values pleasure and honors internal cues of hunger, satiety, and appetite
- Finding the joy in moving one's body and becoming more physically vital.
- Accepting and respecting the natural diversity of body sizes and shapes.

How to use this knowledge to receive better medical care

- Ask questions about conditions/lab abnormalities rather than accept weight being the problem- data is in most case correlational, not causational.
- Have an informed consent discussion about the pros/cons of pursuing weight loss if the provider believes the data is causational.
- Call out providers for body shaming and “easy fixes” like eating less/exercising more
- Report and discuss weight changes/ changes in eating behaviors

Introspective Considerations

- Be aware of own biases around weight/size/food.
- Consider how you speak about weight and food.
- Continue to learn and reflect.

In summary

- Eating and exercise habits are important components of health. Weight, in isolation, is not.
- Efforts to lose weight are often futile and even harmful
- NOT everyone is healthy regardless of weight, we need to know more
- Our bodies crave variety and will eventually find their healthy set point with wellness oriented lifestyle habits
- Fighting weight stigma and advocating for body acceptance is everyone's responsibility

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Questions?

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