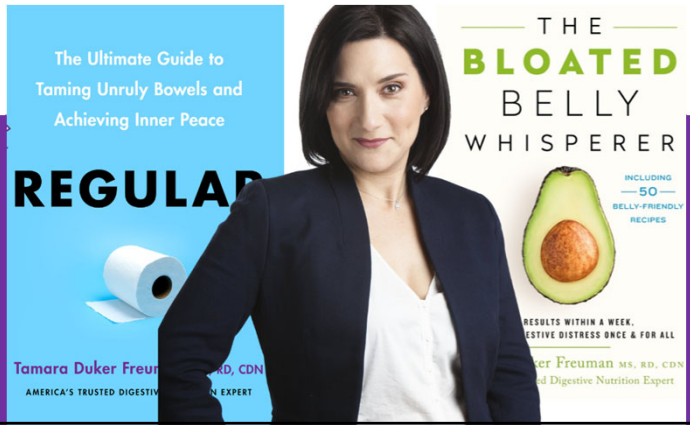
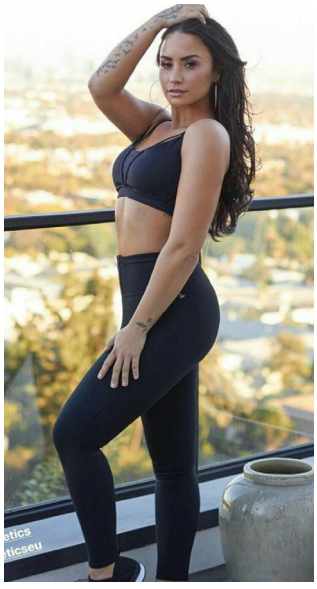
Weight Stigma & Your Wellbeing

July 2023

Tamara Duker Freuman, MS, RD, CDN



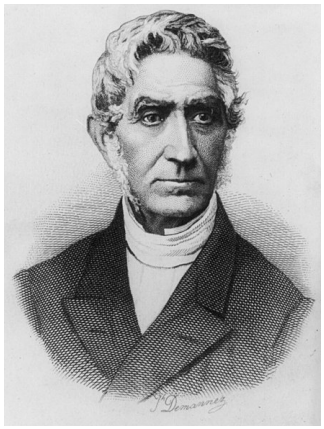
Weight and health: It's waaaay more complicated than you were led to believe!

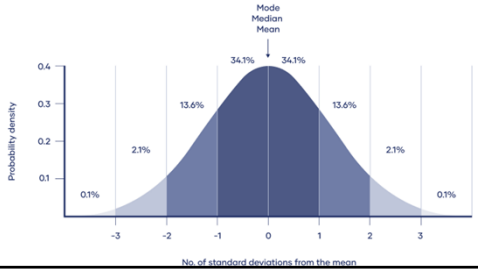


2

What is Body Mass Index (BMI)?

- A calculated ratio of your weight to your height: Defined as kg/m^2
- Invented in 1842 by Belgian sociologist/ mathematician/statistician Adolphe Quetelet (kwet-uh-let), called the "Quetelet Index"
- Quetelet's aim was to develop an index to classify "the average man": as a stats guy, he wanted to prove that measurable human traits were distributed along a normal curve just like other data sets are





3

How did "Quetelet's Index" become a health metric?

In the early/mid 1900s, it was co-opted by insurance company actuaries who were noting correlations between higher body weights and decreased life expectancy among their (white, wealthy, male) customers (many of whom were smokers and all of whom could afford life insurance)… they needed a standardized way to express weight across customers of different heights

1972: Physiologist Ancel Keys argued for the use of this index as a superior weight classification metric and dubbed it "Body Mass Index"

4

BMI is *not* a diagnostic tool

BMI cut-offs for different classification categories have been arbitrary (not based on health risks associated with the categories), and have changed over time

- 1970s: categories were initially just based on percentiles: everyone >85% percentile was considered "overweight"
- 1995: "overweight" BMI cutoff was 27.8 for men and 27.3 for women
- 1998: the NIH and CDC changed the cutoffs to 25… and voila! 30 million people became "overweight" literally overnight!

Arbitrary BMI cutoffs have created the so-called "the obesity paradox," which is:

- People who fit in the "overweight" BMI category actually live the longest
- …and, people who fit in the "obese" BMI category are not at significantly higher risk of death than those who fit in the "normal" weight BMI category when controlled for lifestyle behaviors

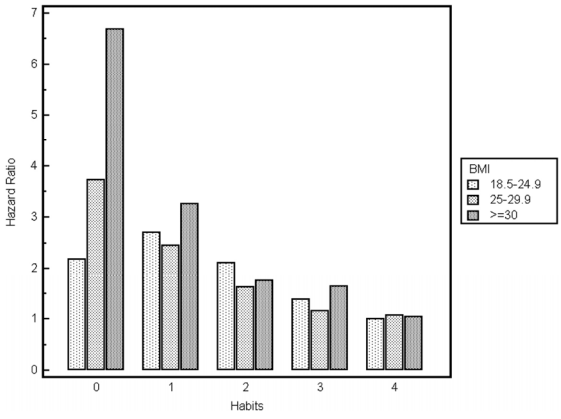
Looking at BMI alone at an individual level cannot tell you anything about that person's health status or health risks

Nuttall 2015, Ades PA and Savage PD 2010

5

Health-promoting behaviors are a great equalizer across weight/BMI categories

Risk of all-cause mortality by weight category and number of healthy habits



Healthy Lifestyle Habits:

- Not currently smoking
- Eating 5 servings of fruits and vegetable per day
- Doing something physically active more than 12x per month
- Drinking moderately or less

Matheson EM (2012)

Note: n=11,761 adults age 21+, all participants from NHANES III data set. Data controlled for: age, sex, race, marital status, education

6

A weight inclusive approach to health assumes everyone can achieve health and well-being independent of their weight by focusing on health-promoting behaviors rather than the number on the scale

What happens when we tell someone to "lose weight"?

What are you supposed to actually DO when told to "lose weight"?

Most people pick some sort of "diet" to follow

- (Almost) all diets result in weight loss... because they all result in calorie restriction through some mechanism
- But the weight loss only lasts so long as you stick to the diet
- The more restrictive, the faster the loss... and the harder it is to stick with long term
- When you go back to your normal way of eating, the weight returns ("weight cycling" or "yo-yo dieting")
  - Weight cycling itself has been associated with increased cardiovascular health risk

When highly restrictive diets demonize certain eliminated foods…

- …it can trigger a lot of guilt and fear about these foods... and in many cases, extreme fad diets plant the seeds for eating disorders

"What's wrong with wanting to lose weight?"

- Nothing! But “weight loss” is not a behavior.
- Weight inclusive providers focus on **behaviors you can control.**
- Often weight loss will accompany behavior change, but we can't promise this or micromanage how much weight loss your body will experience if it does.
- All bodies are different, **and there is still tremendous value in engaging in healthy lifestyle behaviors regardless of what the scale says!**

9

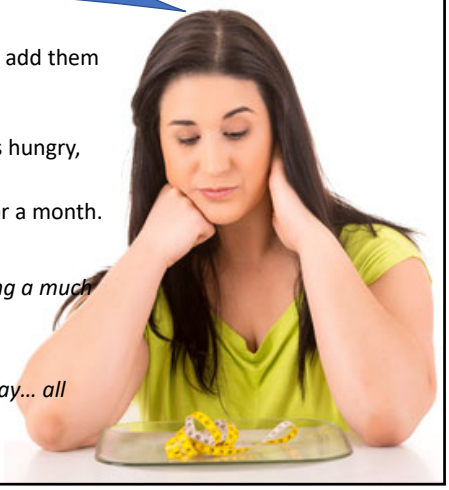
What's Different about Working with a Weight Inclusive Dietitian?

- Goal of treatment is the specific changes you are working towards
- While weight loss may be a side effect of treatment, it is not how you measure success
- Example goal: Eat when you are hungry, stop when you are satisfied.
- Weight-inclusive model: everyone who accomplishes this goal feels successful.
- Weight-centric model: only those who lose weight as a result of this change feel successful.

10

Example: Weight inclusive vs Weight Centric Approaches to Nutrition Care

"I want to lose 1-2 pounds per week… 20 pounds total"



- You don't currently eat very many vegetables.
- You work with a dietitian and together decide to add them into dinners
- You do this! You are eating sizeable portions of vegetables 5 nights per week. You feel fuller/less hungry, your bowel movements are more regular, too!
- BUT: you "only" lose 2 pounds after doing this for a month.
- **Weight- inclusive approach:** Success!
  - *"I met my goals, I'm feeling better and eating a much more nutrient dense diet"*
- **Weight-centric approach:** Failure!
  - *"I might as well go back to eating the old way… all this effort isn't worth two lousy pounds…"*

Benefits of a Weight Inclusive Approach

- Reduced LDL levels ("bad" cholesterol)
- Reduced blood pressure
- Improved blood sugar management
- Increased physical activity
- Reduced levels of disordered eating
- Improvements in depression
- Improved mood
- Increased self-esteem
- Improved body image

Tylka RA et al (2014)
Bacon L & Aphramor L (2011)

12

Health at Every Size (HAES)®

HAES is a social justice movement that focuses on self-care and behaviors within an individual's control. It emphasizes:

- **Respect**
- **Critical Awareness**
- **Compassionate Self-care**

13

Health at Every Size (HAES)®

Respect

- Celebrates body diversity;
- Honors differences in size, age, race, ethnicity, gender, dis/ability, sexual orientation, religion, class, and other human attributes.

Critical Awareness

- Challenges scientific and cultural assumptions;
- Values body knowledge and lived experiences.

Compassionate Self-care

- Finding the joy in moving one's body and being physically active;
- Eating in a flexible and attuned manner that values pleasure and honors internal cues of hunger, satiety, and appetite, while respecting the social conditions that frame eating options.

Haescommunity.com

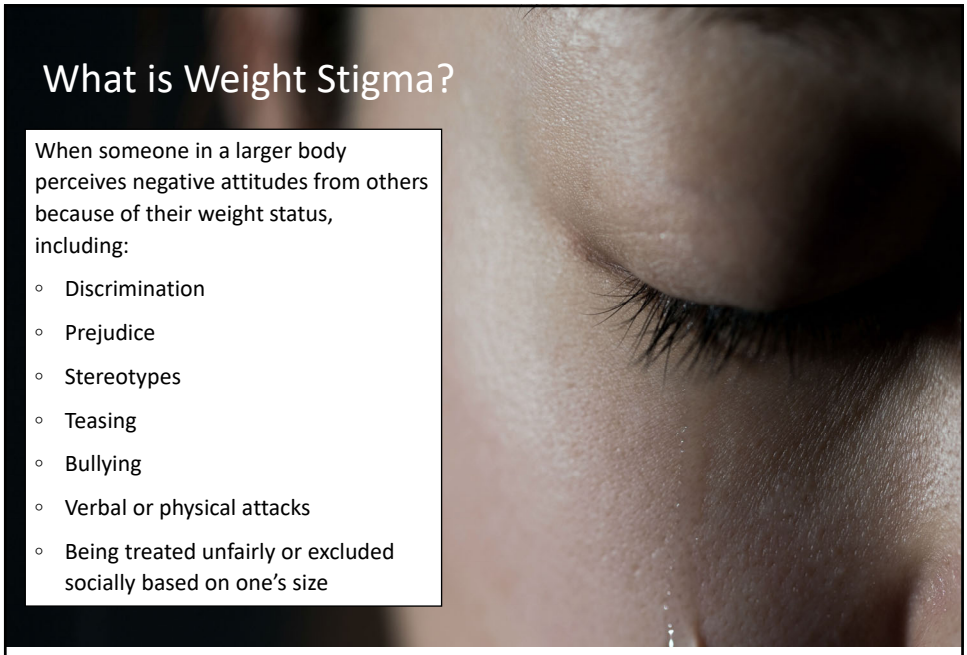
An edited excerpt from Body Respect: What Conventional Health Books Leave out, Get Wrong and Just Plain Fail to Understand about Weight, by Linda Bacon, PhD, and Lucy Aphramor, PhD, RD.

14

What is Weight Stigma?

When someone in a larger body perceives negative attitudes from others because of their weight status, including:

- Discrimination
- Prejudice
- Stereotypes
- Teasing
- Bullying
- Verbal or physical attacks
- Being treated unfairly or excluded socially based on one's size

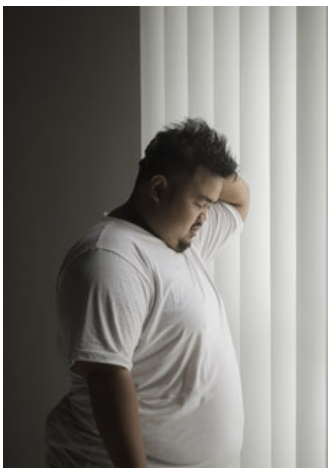


Wu YK & Berry DC (2018)

15

Weight Stigma is related to...

- Difficulty taking medications as prescribed
- Higher blood sugar
- Risk for type 2 diabetes
- Elevated C-reactive protein levels (a marker of inflammation)
- Higher cortisol levels (a stress hormone)
- Lower motivation to exercise
- Overeating
- Anxiety
- Depression
- Low self-esteem
- Substance abuse
- Binge eating disorder
- Bulimia & anorexia nervosa
- Social isolation
- Social phobia
- Panic & PTSD
- Suspiciousness & hostility
- Antisocial behavior & perceived stress



Wu YK and Berry DC (2018)

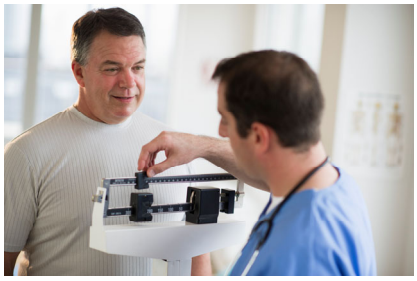
16

Weight Stigma in Healthcare

Healthcare experiences can increase or decrease weight stigma

Practices that increase weight stigma

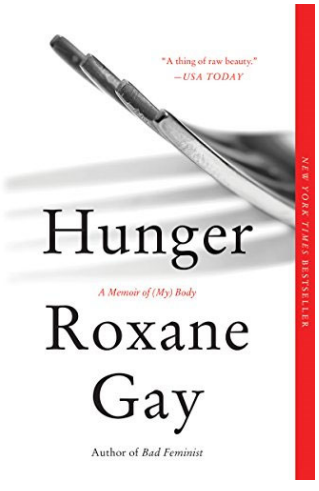
- Getting weight advice when unrelated to the reason for a visit (e.g, sore throat)
- Being weighed at every medical visit
- Receiving different recommendations/treatment based on body size
- Using medical equipment that doesn't fit all bodies
- Complimenting patients on weight loss
- Using stigmatizing language



Tylka TL et al (2014)

17

Weight Stigma in Healthcare



"I definitely hope that people gain a different empathy for different bodies...I would love for doctors to read it and remember their oath and treat fat bodies better. As I say in the book, you can talk to me about my weight as a medical professional, but when I come into the office because of a sore throat you can't write on my chart 'obese.' That's not why I'm there, I'm really there for some penicillin. Give me the penicillin."

18

Weight stigma harms people in smaller bodies, too

Assuming a lower body weight is synonymous with good health/low health risk may result in underestimating risk/undertreating people with "lean" phenotypes, e.g,

- Study of 18,000 people examining prevalence of non-alcoholic fatty liver disease:
  - Having NAFLD is a greater risk factor for developing metabolic syndrome than simply just having a BMI >30
  - Lean women with NAFLD are at higher risk of developing metabolic syndrome than people w NAFLD at higher BMI
- Type 2 diabetes: worse blood sugar control among people in the "normal" BMI category compared to higher BMI categories in a large, representative population-based study

Table 2

Changes in hemoglobin A1C, glucose, insulin, and c-peptide levels among adults with diabetes according to weight classes, NHANES 1999–2006

Weight classes	Normal weight	Overweight	Obesity class 1	Obesity class 2	Obesity class 3	Overall diabetic	Non-diabetic
Hemoglobin A1C (%)	7.4 ± 0.1	7.2 ± 0.1	7.2 ± 0.1	7.0 ± 0.1	7.1 ± 0.1	7.2 ± 0.0	5.2 ± 0.0
Fasting Glucose (mg/dl)	157 ± 5.9	164 ± 5.2	156 ± 4.4	143 ± 4.1	148 ± 4.2	155 ± 2.3	95 ± 0.3
Insulin (μU/ml)	16 ± 1.4	21 ± 2.5	23 ± 1.2	24 ± 2.0	29 ± 2.4	22 ± 1.0	11 ± 0.2
C-peptide[a] (nmol/l)	1.0 ± 0.1	1.1 ± 0.1	1.2 ± 0.1	1.4 ± 0.1	1.6 ± 0.1	1.2 ± 0.0	0.8 ± 0.0

"For the entire cohort of adults with diabetes, the mean hemoglobin A1C level was 7.2 ± 0.0 and the levels were highest for individuals with BMI <25.0. "

19

Wang W et al (2022); Nguyen N et al (2011)

Weight stigma at home: What does it look like?

- Overt criticism of body size/weight
- Weight-based commentary delivered as 'concerns about your health'
- Complimenting weight loss, complimenting photos of a person when they were at a lower body weight than now
- Policing other family members' eating choice (what foods, how much)
- Nicknames based on body size
- "You have such a pretty face. If only…"

Managing Medical Weight Stigma

Strategies to help shift a medical conversation away from weight loss:

- "Weight loss attempts have been harmful for me in the past, can you give me some other ideas about what I might do to deal with this medical issue?"
- "Weight loss isn't a good option for me, what other treatment options would you recommend?"
- "If I were in a smaller body, what other interventions might you recommend?"

https://more-love.org/free-dont-weigh-me-cards/

21

Social media fuels internalized weight stigma (I)

Greater use of social media is linked to lower self esteem, increased incidence of body dysmorphia and greater risk of developing an eating disorder

22

Social media fuels messages that can promote disordered eating behaviors to young/vulnerable users

PLOS ONE

RESEARCH ARTICLE

Weight-normative messaging predominates on TikTok—A qualitative content analysis

Marisa Minadeo, Lizzy Pope*

TikTok

- November 2022 study by researchers at University of Vermont which analyzed 1,000 TikTok videos under the most popular hashtags related to body image and eating
- Included 10 hashtags with at least one billion or more views, including **#WhatIEatInADay (3.2 billion views)** and **#WeightLoss (10 billion views)**
- 44% of the shared videos included content about weight loss; 20% portrayed someone's weight transformation
- Many of the videos also assigned good or bad labels to food
- Only 1.4% of videos offering advice about nutrition were made by registered dietitians; most nutrition advice for weight loss was provided by people who aren't experts
- Most posts were created by white, female adolescents and young adults

"These types of videos likely spread and encourage harmful dieting interventions to a vulnerable audience that may not have strong media literacy skills"

23

Changing the culture at home

Normalize not talking about other people's bodies, period

- Not their noses, not their hair, not their size or shape!
- Practice limiting commentary about others to their actions, character, accomplishments or personality attributes

Break the habit of complimenting other people on weight loss

Think about what we are actually saying (and not saying) when we do this!

Do a social media detox

Unfollow all accounts and hashtags that post content about weight loss, dieting and that generally make you feel inadequate or bad about your body. Replace them with body-positive, truly healthy behavior-focused accounts from inspiring people of all sizes!

Watch out for your own negative self-talk

"The ricochet repercussion" can happen when you comment negatively about your own body size in front of others, and even though the comment wasn't aimed at others around you, it can hit them hard/in unanticipated ways

Focus on developing and encouraging healthy behaviors for the whole family, regardless of their respective body size(s)

Everyone benefits from regular intake of nutrient dense foods and physical activity

…and everyone deserves treats sometimes, too!

24

Key Takeaways

Health-related behaviors are more relevant to health status than body weight (and you can't tell anything about someone's behaviors just by their weight!)

BMI is a flawed metric whose utility is limited to population level statistics; it is not diagnostic of anything at the individual level

Focusing on higher body weight as primary determinant of health harms people at both higher and lower body weights

- Excessive focus on weight loss as a primary outcome can drive behaviors that actually undermine good health
- People with lower body weights can be under-screened/under-treated based on assumption that low weight=good health
- Weight stigma itself can actively harm health

You can take concrete measures to reduce weight stigma at home, online and through your healthcare interactions!

25

Questions?

26