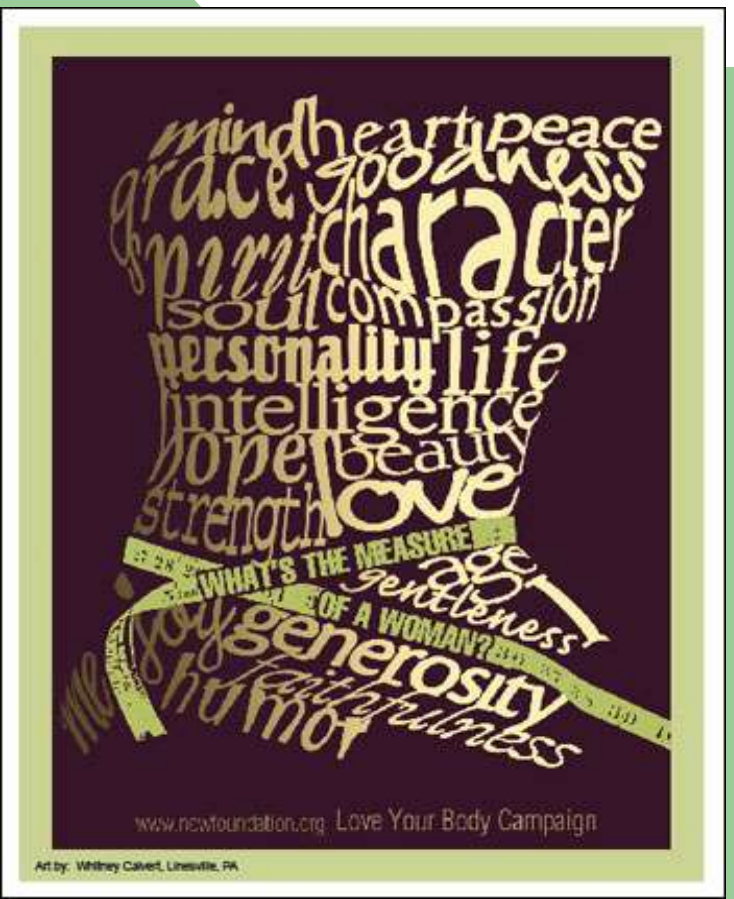
The impacts of a ‘Healthy Weight’ approach on public health: What are the alternatives?



Maree Burns (PhD, Grad Dip Counselling)

&

Jane Tyrer (Grad Dip counselling)

www.eden.org.nz

EDEN
EATING DIFFICULTIES EDUCATION NETWORK

"Strategies to achieve and maintain a healthy weight should not, at the same time, lead to an increase in the number of people (especially young women) who are underweight. More serious attention needs to be given to countering the culture of 'thinness', a goal which is neither healthy nor readily achievable by most New Zealanders."

(Agencies for Nutrition Action, 1996. p.3)

Questions?

- How do we deliver congruent messages and promote activities that do not inadvertently contribute to overconcern with weight and shape, unhealthy weight control practices and weight bias?
- How do we promote good nutrition, active living and body satisfaction for everybody?
- Why is this important?

Overview

- Weight based approaches
- Anecdotal evidence
- Health at Every Size approach
- Using this alternative paradigm
- References

Weight based approaches

- Interventions organised around obesity prevention/weight control land in a cultural context in which slenderness is already idealised and fatness is abhorred for many reasons not necessarily related to health
- Utilising BMI as the sole indicator of health is reductionist and ignores important factors for mortality and morbidity risk such as past weight cycling and dieting history, smoking history and levels of physical fitness (for review see Ernsberger & Kolestky, 1999).
- Some studies show that optimal weight for health is the 'overweight' category in BMI scales (e.g. Flegal et al, 2007)
- Maintaining a reduction in BMI is an unachievable goal for the majority. There is little research evidence to show that weight loss is sustainable over time nor that it improves health outcomes (for review see Gaesser, 2002).

- Research has shown that health outcomes are improved by increased physical activity and improved nutrition regardless of weight loss/weight status (e.g., Dengel, Katzel & Goldberg, 1995).

- Overemphasising obesity's health risks increases stigma, worsens guilt and blame and increases social and medical pressures on people of size (Berg, 1995) and makes people within so-called 'healthy' weight ranges, terrified of any weight gain (Burns & Gavey, 2004).

- Given that people from lower SES and ethnic minority groups are more likely to be characterized overweight or obese, health interventions focused upon weight loss, risk feeding into discriminatory attitudes and practices (Berg, 1995, Campos, 2004).

- Obesity prevention health messages and messages about the dangers of body weight are often interpreted as dieting messages by the general public (Austin, 1999).
- Disordered eating and ‘obesity’ are seen as separate and unrelated, requiring different interventions
- Weight loss per se has not been shown to contribute to improved health outcomes independently of better nutrition and increased physical activity (Andres, Miller & Sorkin, 1993; Blair et al, 1993).
- Dietary restriction, weight cycling (yo-yo dieting), and weight loss have been associated with negative health outcomes (for review see Ernsberger & Koletsky, 1999).

- Obesity phobia is so pervasive among female adolescents that it has been described as a ‘normative discontent’ (Ryan, Gibney & Flynn, 1998).

- Restrictive eating is a risk factor for the development of disturbed eating patterns and eating disorders (Hsu, 1997; Stice, Shaw & Nemeroff, 1998, Patton et al, 1999).

- Dieting and food restriction is counter productive given it ironically leads to dysregulation of normal appetite system, binge eating (Brownell & Rodin, 1994; Polivy & Herman, 1985) and long term weight gain (Field et al, 2003; French et al, 1994; Stice, et al, 1999)

- Mechanistic understandings of the body construct it as a machine and deny the complexity of our relationships with food and our bodies (e.g., energy in / energy out)

- Young people associate weight control with smoking at increasingly earlier ages, and are using cigarettes as part of their weight control/loss attempts (Klesages, Elliot & Robinson, 1997)

- From a sample of 17000 girls and boys Tomeo et al, (1999), found that dieting frequency was positively associated with the prevalence of weekly and daily tobacco use for girls.

- Fear of weight gain inhibits smoking cessation attempts, and can contribute to relapse (Bowen, et al, 2001).

- Recent Youth 07 survey
- 10% of young people fitting the ‘obese’ category

However…

- 69% of female students had tried to lose weight
- 71% of female students were worried about gaining weight

(University of Auckland)

Anecdotal Evidence at EDEN

- Obesity phobia and fat prejudice is a problem in New Zealand schools as well as more broadly within society.
- Weight teasing and bullying (including by text messaging) is common among young people.
- Big students and girls concerned about their appearance less likely to participate in sports and PE because they feel vulnerable to teasing and uncomfortable taking part due to a climate of fat phobia.

- Body dissatisfaction, dieting and disordered eating practices amongst female students (of all weights and sizes) is a significant problem

- For EDEN clients we notice that a climate of restriction and prescription around eating and exercising often sets up cravings and supports patterns of bingeing and purging.

- Among EDEN clients, dieting and exercise for weight loss are prioritized over eating well and participating in sustainable and enjoyable activity for wellbeing.

- “But it [being slender] does have some health benefits because I think…we’re less likely to develop diabetes and heart disease and all these things [laughing]. It’s gotta be good for the country and the health thing, doesn’t it?”

(Burns and Gavey, 2004)

The Health at Every Size Movement (HAES): an alternative paradigm

Rather than weight loss at any cost the focus moves to health at any weight.

HAES basic principles

- Accept and respect the diversity of body shapes /sizes
- Recognise that health and well-being are multi-dimensional and include physical, social, spiritual, occupational, emotional and intellectual aspects
- Promote all aspects of health and well-being for people of all sizes
- Promote eating in a manner that balances individual nutritional needs, hunger, satiety, appetite and pleasure
- Promote individually appropriate, enjoyable, life-enhancing physical activity, rather than exercise focused on weight loss

Source: Association for Size Diversity and Health

Operationalising a HAES approach

- Examine our own attitudes and values around body size and shape.
- Familiarise ourselves with the critical obesity literature
- Consider “is this content appropriate for people of any size?”
- Remove the words ‘obesity’ and ‘overweight’ from initiatives and materials

- Focus on wellbeing, energy levels, lipids, glucose, cardiovascular fitness etc rather than weight
- Focus on improving nutrition and activity levels and body satisfaction irrespective of weight
- Provide concrete reasons not to diet while offering an alternative (see EDEN's website re body trust)
- Avoid size-related assumptions

- Discuss weight and body image concerns with people of all sizes rather than targeting big people
- Develop programmes that include a holistic view of health including social, emotional, spiritual and physical aspects of health
- Interventions should not only provide opportunities for appropriate levels of physical activity and healthy eating, but also promote self-esteem, body satisfaction and respect for body size diversity

- Interventions should focus on creating supportive environments rather than targeting individuals

- When measurement is absolutely necessary, consider using individual growth charts so that individuals can be compared with themselves over time rather than using standardised BMI measurements

In summary

"The ideal intervention is an integrated approach that addresses risk factors for the spectrum of weight-related problems, including screening for unhealthy weight control behaviours; and promotes protective behaviours, such as decreasing dieting, increasing balanced nutrition, encouraging mindful eating, increasing activity, promoting positive body image and decreasing weight-related teasing and harrassment" (Academy for Eating Disorders Guidelines for Childhood Obesity Prevention Programmes).

References

- Andres, R., Muller, D.C., Sorkin, J. D., (1993). Long term effects of change in body weight on all-cause mortality: a review. *Annals of Internal Medicine*, 119, 737-743.
- Austin, S. B. (1999). Fat, loathing and public health: The complicity of science in a culture of disordered eating. *Culture, Medicine and Psychiatry,* 23, 245-268.
- Berg, M (1995). Health risks of weight loss. *Healthy Weight Journal* 1-158.
- Blair, S., Shaten, J, Brownell, K, Collins, G & Lissner, L. (1993). Body weight change, all-cause mortality, and cause-specific mortality in the multiple risk factor intervention trial. *Annals of Internal Medicine, 119*, 749-757.
- Bowen, D., McTiernan, A., Powers, D., & Feng, Z. (2001). Recruiting women into a smoking cessation program: Who might quit? *Women and Health,* 31, (4). 41-66.
- Brownell, K. & Rodin, J. (1994). Medical, metabolic, and psychological effects of weight cycling. *Archives of Internal Medicine, 154*, 1325-1330.
- Burns, M. & Gavey, N. (2004). Healthy weight at what cost? Bulimia and a discourse of weight control. *Journal of Health Psychology, 9*(4), 549-565.
- Campos, P. (2004). The obesity myth: Why our obsession with weight is hazardous to our health. London: Penguin Books Ltd.

References

- Dengel, J.L., Katzel, L. I., & Goldberg, A. P. (1995). Effect of an American Heart Association diet, with or without weight loss, on lipids in obese middle-aged and older men. *American Journal of Clinical Nutrition, 62*, 715-721.
- Ernsberger, P., & Koletsky, R. J. (1999). Biomedical rationale for a wellness approach to obesity: an alternative to a focus on weight loss. *Journal of Social Issues, 55,* 221-260.
- Field, A.E., Austin, S.B., Taylor, C.B. Malspeis, S., Rosner, B. Rockett, H.R., Gillman, M.W., & Colditz, G.A. (2003). Relation between dieting and weight change among preadolescents and adolescents. *Pediatrics, 112*(4), 900-906.
- Flegal, K. M., Graubard, B. I., Williamson, D. F., & Gail, M. H. (2007). Cause-Specific Excess Deaths Associated With Underweight, Overweight, and Obesity. The Journal of the American Medical Association. *298*(17), 2028-2037.
- French, S.A., Jeffrey, R.W., & Wing, R.R. (1994). Food intake and physical activity: A comparison of three measures of dieting. *Addictive Behaviours, 19*, 401-409.
- Gaesser, G. (2002). *Big fat lies: The truth about your weight and your health.* California: Gurze Books.
- Hsu, L. K. G. (1997). Can dieting cause an eating disorder? *Psychological Medicine,* 27, 509-513.

References

- Klesages, R.C., Elliot, V.E., Robinson, L.A. (1997). Chronic dieting and the belief that smoking controls body weight in a biracial, population-based adolescent sample. *Tobacco Control*, 6: 89 – 94.
- Patton, G.C., Selzer, R., Coffey, C., Carlin, J.B., Wolfe, R. (1999) Onset of adolescent eating disorders: population based cohort study over three years. *British Medical Journal*, 20, 765-768.
- Polivy, J., & Herman, C.P. (1985). Dieting and binge eating: A causal analysis. *American Psychologist, 40,* 193-204.
- Ryan, Y. M., Gibney, M. J., & Flynn, M.A.T. (1998). The pursuit of thinness: A study of Dublin schoolgirls aged 15 years. *International Journal of Obesity*, 22, 485-487.
- Stice, E., Cameron, R.P., Killen, J.D., Hayward, C., & Taylor, C.C. (1999). Naturalistic weight-reduction efforts prospectively predict growth in relative weight and onset of obesity among female adolescents. Journal of Consulting and Clinical Psychology, 67 (6), 967-974.
- Stice, E., Shaw, H.E. & Nemeroff, C. (1998). Dual pathway model of bulimia nervosa: Longitudinal support for dietary restraint and affect-regulation mechanisms. *Journal of Social and Clinical Psychology, 17,* 129-149.
- Tomeo, C.A., Field, A.E., Berkey, C.S., Colditz, .G.A., Frazier, A.L. (1999) Weight concerns, weight control behaviours, and smoking initiation. *Pediatrics.* 104, 918-924.