Practical Tips for Addressing our Patient's Weight Concerns: *Changing the Conversation for Lasting Wellness*

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Disclosures & Acknowledgements

- NCBA Nutrition Seminar Program
- Colorado Beef Council

Objectives

- Describe at least three common misconceptions about weight and a "healthy" diet.
- Discuss controllable changes that can positively impact health.
- List three ways to help patients make lasting nutrition and health changes without over-valuing weight.

Privileges & Benefits

- Financial/Economic
- Educational
- Body
- Lived experience
  - Mine
  - Yours
  - Theirs

Think about your heritage & genetics

Weight does not equal health.

Can assuming this cause harm?

It makes sense that we still assume this

- Weight-centric training & research design
- Deep pockets of the diet industry
- Continued use of Body Mass Index
- Highlight short-term weight loss interventions (diets DO work…for a bit)
- Long-term weight loss intervention studies >3-5 yr are costly and history suggests are futile (diets DO NOT work for long)
- Often confuse associated risk with causation

Ref: Bacon L, Aphramor L. Weight science: evaluating the evidence for a paradigm shift [published correction appears in Nutr J, 2011.
Tomiyama et al. Misclassification of cardiometabolic health when using body mass index categories in NHANES 2005-2012. Int J Obes, 2016.
Mann, et al., Medicare's search for effective obesity treatments: Diets are not the answer. American Psychologist, 2007.

That's not science, that's diet culture

- Diet foods & fads
- Calories in, calories out
- Documentaries
- Media sound bites & social influencers
- "Health" class & related readings
- Thinking eating disorders & disordered eating are rare
- Our patient's behaviors
- Our own behaviors

Ref: Kalm et al., They starved so that others be better fed: Remembering ancel keys and the Minnesota experiment(Review), Journal of Nutrition, 2005.
Galmiche et al, Prevalence of eating disorders over the 2000-2018 period: a systematic literature review, The American Journal of Clinical Nutrition, 2019.
Reba-Harrelson et al., Patterns and prevalence of disordered eating and weight control behaviors in women ages 25-45. Eat Weight Disord. 20

Diet culture is a system of beliefs

- Over values thinness and equates body size to health and moral virtue
- Promotes weight loss as a way to higher status
- Demonizes certain ways of eating while elevating others
- Oppresses those who don't look like a picture of "health"

Adapted from Christy Harrison, MPH, RDN, https://christyharrison.com/blog/what-is-diet-culture

Is weight loss sustainable?

Evidence suggests it is not

Are we setting patients up for failure?

- 95% failure rate - dieters regain ALL+ lost weight back by 2-5 years
- Dieting is the most consistent predictor of weight gain (& eating disorders)
- Weight cycling contributes to metabolic conditions (like CVD, DM)
- Perpetuating weight stigma

Ref: Mann et. al.. Medicare's search for effective obesity treatments: Diets are not the answer. American Psychologist, 2007.
O'Hara et.a al., What's wrong with the 'war on obesity?' A Narrative Review, SAGE Open, 2018.

Weight-loss diets are not the answer

"…the studies do not provide consistent evidence that dieting results in significant health improvements, regardless of weight change. In sum, there is little support for the notion that diets lead to lasting weight loss **or health benefits.**"

Ref: Ouote - Mann et al.. Medicare's search for effective obesity treatments: Diets are not the answer. American Psychologist, 2007.
O'Hara et al., What's wrong with the 'war on obesity?' A Narrative Review, SAGE Open, 2018.

Look AHEAD

- **A**ction for **Hea**lth in **D**iabetes
- Largest DM LI study to date
- Tracked CVD development
- 16 sites
- n=5000+
- Type II + BMI >25
- Controls received DM education
- Intervention received intensive coaching, caloric restriction, and exercise programming

Ref: Pi-Sunyer X. The Look AHEAD Trial: A Review and Discussion Of Its Outcomes. Curr Nutr Rep. 2014.

Look AHEAD, further

- At year ~4, participants who had lost weight had gained roughly half (or more) of the weight back
- The intervention was stopped early because weight loss failed to promote CV benefit - "stopped for futility after a median follow-up of 9.6 years"
- The participants experienced health benefits
- Behavioral and support related vs. weight related
- Weight loss diets lack evidence improving long-term health

Ref: Pi-Sunyer X. The Look AHEAD Trial: A Review and Discussion Of Its Outcomes. Curr Nutr Rep. 2014.

Weight-loss diets are not long-term solutions

"This review concludes that the majority of high-quality follow-up treatment studies of individuals with ob*sity are not successful in maintaining weight loss over time. The results suggest that excess weight can be lost but is likely regained over time, for the majority of participants."


obesityreviews WORLD OBESITY

OBESITY TREATMENT

The challenge of keeping it off, a descriptive systematic review of high-quality, follow-up studies of obesity treatments

Morten Nordmo, Yngvild Sørebø Danielsen, Magnus Nordmo

First published: 01 November 2019 | https://doi.org/10.1111/obr.12949

Read the full text

Summary

The aim of this systematic review is to answer the question: Is substantial, stable, and long-term weight loss a viable goal for adults with obesity? To answer this question, we conducted a broad systematic search of non-surgical and non-pharmacological obesity treatment studies with the following strict criteria: (a) minimum 3-year follow-up, (b) 5% body mass lost, (c) no continued interventions in the follow-up period, (d) prospective

Ref: Nordmo et.al., The challenge of keeping it off, a descriptive systematic review of high-quality, follow-up studies of obesity treatments. Obesity Reviews. 2020

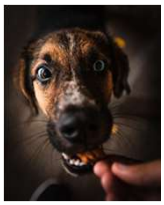
The yo-yo diet aftermath

- Body retains fat most after the diet ends —> fat overshoot
- Each attempt at dieting results in a slower rate of weight loss, metabolic damage, and subsequent attempts restrict even further
- Increased risk of premature death, heart disease/damage
- Increased fat storage in the abdominal area, decreased HDLs, associated with an increased risk of heart disease
- Depression, bone loss, loss of libido, hormone dysregulation, suppressed immune system

Ref: Neumark-Sztainer, et al. JAND 2006 Obesity, Disordered Eating, and Eating Disorders in a Longitudinal Study of Adolescents: How Do Dieters Fare 5 Years Later?
Leibel et al., Changes in Energy Expenditure Resulting from Altered Body Weight. N Engl J Med. 1995.
Tylka et al. The weight-inclusive versus weight-normative approach to health: evaluating the evidence for prioritizing well-being over weight loss. J Obes. 2014
Dulloo et al., Collateral fattening in body composition autoregulation: its determinants and significance for obesity predisposition. Eur J Clin Nutr. 2018
O'Hara et.a al., What's wrong with the 'war on obesity?' A Narrative Review, SAGE Open. 2018.

Diet aftermath - physical & behavioral changes

- Overeating and cravings
- Decreased metabolic rate and lower energy
- Increased rate of food storage (and propensity toward weight gain)
- Increased preoccupation with food and eating
- Increased feelings of deprivation
- Increased sense of failure
- Decreased ability to detect fullness
- Increased body dissatisfaction



Ref: Neumark-Sztainer, PhD, MPH, RD et al., JAND 2006 Obesity, Disordered Eating, and Eating Disorders in a Longitudinal Study of Adolescents: How Do Dieters Fare 5 Years Later?

Diet aftermath - mental health consequences

- Dieting is highly correlated with the development of eating disorders
- Independent of body weight, dieters quickly feel failure
- Decreased self-trust and self-confidence
- Depression/hopelessness (regardless of weight)
- Sense of loss of control when diet fails
- Increased social anxiety (regardless of weight)
- Poor body satisfaction
- Increased belief cultural messages about body shape and eating

Ref: Neumark-Sztainer, PhD, MPH, RD et al., JAND 2006 Obesity, Disordered Eating, and Eating Disorders in a Longitudinal Study of Adolescents: How Do Dieters Fare 5 Years Later?

Are we missing the bigger picture?

Health is more than a number

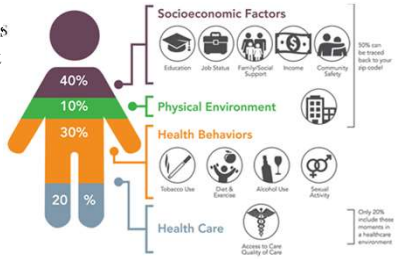
Determinants of health

WHO defines health determinants as 'the range of behavioural, biological, socioeconomic and environmental factors that influence the health status of individuals or populations.'

https://www.who.int/social_determinants/en/

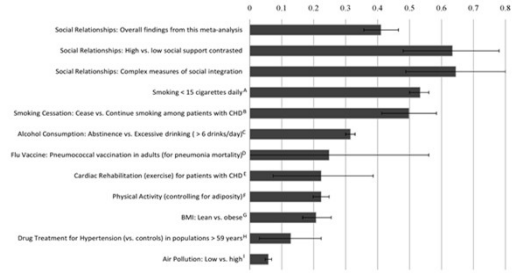
Social determinants of health

- Socioeconomic factors
- Physical environment
- Health behaviors
- Health care



Source: Institute for Clinical Improvement, Going Beyond Clinical Walls, Solving Complex Problems (October, 2014). www.promedica.org/socialdeterminants/

Social determinants of health



Ref: Holt-Lunstad et al. Social Relationships and Mortality Risk: A Meta-analytic Review. PLOS Medicine, 2010.

We are social beings

"Social relationships, or the relative lack thereof, constitute a major risk factor for health—rivaling the effect of well established health risk factors such as cigarette smoking, blood pressure, blood lipids, ob*sity and physical activity."

—House, Landis, and Umberson; *Science* 1988

What about ACEs?

Adverse Childhood Experiences (ACEs) describe 10 categories of adversities in three domains experienced by 18 years of age:

- Abuse - physical, emotional, or sexual
- Neglect - physical or emotional
- Household dysfunction - parental incarceration, mental illness, substance use, parental separation or divorce, or intimate partner violence

Ref https://www.acesaware.org/treat/the-science-of-aces-toxic-stress
Felitti et al. Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. Amer can Journal of Preventive Medicine, 1998.
Dubeet al., The impact of adverse childhood experiences on health problems: evidence from four birth cohorts dating back to 1900. Preventive Medicine, 2003.

ACEs and health

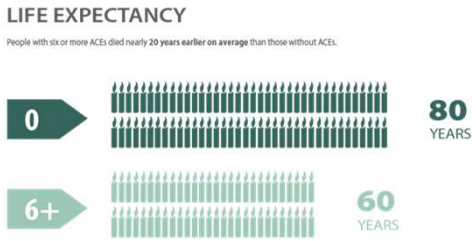
People with four or more ACEs are:

- 37.5 x as likely to attempt suicide
- 3.2 x as likely to have chronic lower respiratory disease
- 2 to 2.3 x as likely to have a stroke, cancer, or heart disease
- 1.4 as likely to have diabetes

The higher the ACE score, the greater the risk.

Ref: https://www.acesaware.org/treat/the-science-of-aces-toxic-stress
Centers for Disease Control and Prevention. Leading causes of death by age group 2015.
Hughes et al., The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. The Lancet Public Health 2017.
https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/resources.html

ACEs and early death



https://vetoviolence.cdc.gov/apps/phl/resource_center_infographic.html

The impact of shame on health

"Shame is regarded as being a negative emotion that arises when one is seen and judged by others (whether they are present, possible or imagined) to be flawed in some crucial way, or when some part of one's self is perceived to be inadequate, inappropriate or immoral."

Ref: Dolezal L, Lyons B. Health-related shame: an affective determinant of health?. Med Humanit. 2017.

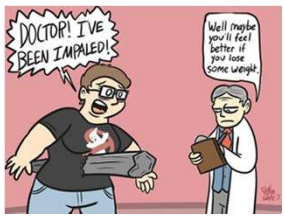
The impact of shame on health

- Acute shame avoidance behavior
- Chronic shame-induced, health-related behaviors
- Stigma and social status threat
- Biological mechanisms

Ref: Dolezal et al., Health-related shame: an affective determinant of health?. Med Humanit. 2017.

Weight stigma & bias

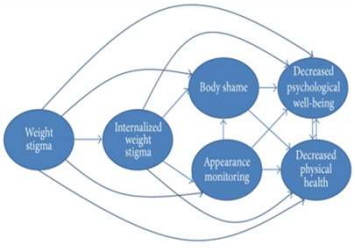
- We've all got it - we live in diet culture https://implicit.harvard.edu/implicit/takeatest.html - Weight IAT
- We are among the major offenders
- BIAS - Assuming those in larger bodies to be lazy, lacking in willpower
- Unmotivated to improve health, and generally noncompliant



Ref: Phelan et al. Impact of weight bias and stigma on quality of care and outcomes for patients with obesity. Obesity Reviews, 2015.
http://www.uconnruddcenter.org/weight-bias-stigma-health-care-providers

The impact of weight stigma in health care

"When patients feel judged or stigmatized about their weight, this can lead to lower trust of their healthcare providers, poorer treatment outcomes, and avoidance of future health care."



Ref: Quote - http://www.uconnruddcenter.org/weight-bias-stigma-health-care-providers
Model-Tylka et al. The weight-inclusive versus weight-normative approach to health: evaluating the evidence for prioritizing well-being over weight loss. J Obes. 2014

We must change the conversation

"It is unethical to continue to prescribe weight loss to patients and communities as pathways to health, knowing the associated outcomes... are connected to further stigmatization, poor health, and well-being."

Ref: Tylka et al. The weight-inclusive versus weight-normative approach to health: evaluating the evidence for prioritizing well-being over weight loss. J Obes. 2014

Positively impacting health

What can we control?

Weight-centric to weight-inclusive

- Weight-inclusive providers care for patients without seeking intentional weight loss
- Focuses on well-being vs. weight
- Health at Every Size principles® (not healthy)
  1. Weight inclusivity
  2. Health enhancement
  3. Respectful care
  4. Eating for well-being
  5. Life-enhancing movement

Ref: Tylka et al. The weight-inclusive versus weight-normative approach to health: evaluating the evidence for prioritizing well-being over weight loss. J Obes. 2014. https://sizediversityandhealth.org/index.asp & Poodle Science https://www.youtube.com/watch?v=H89QQfXlc-k

Weight-inclusive care can improve health

We are more likely to care for our bodies when we appreciate and have positive feelings about it. Non-diet interventions can improve:

-Blood lipid values, blood glucose, BP
-Body image & depression
-Fitness levels
-Diet quality
-Binge eating scores
-Emotional health

Ref: Tylka et al. The weight-inclusive versus weight-normative approach to health: evaluating the evidence for prioritizing well-being over weight loss. J Obes. 2014
Clifford et al., Impact of Non-Diet Approaches on Attitudes, Behaviors, and Health Outcomes: A Systematic Review, J Nutr Educ Behav, 2015.

How do we change the conversation?

...for lasting wellness

Conversations that ↑wellness & ↓stigma

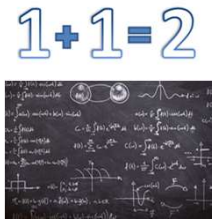
- Ask about health and self-care behaviors (avoid assumptions based on body size)
- Ask for the patient's **consent** before discussing weight-related risks (RISK ≠ CAUSE)
- Let bloodwork be the guide, not weight
- If asked about weight loss for health, shift conversation to focus health-promoting behaviors

Reality check about overall health

Health is not 'it worked for me so you should try it too.'

That is not evidence-based medicine.

This ignores social determinants of health, lived experience, genetics, and abandons clinical judgement.



Before we enter the exam room

- Check yourself...
- Think about SDOH & ACEs - do you know what you need to know about this patient?
- Lived experience MUST be taken into account in order to not do harm.
- Is weight needed for this visit? If so, how can it be measured without causing harm?

From the waiting room to the exam room

- When is weight a vital sign?
- Who is the "gatekeeper?"
- Is this practice harming vs. helping?
- Are we shutting patient's down?

Remember, weight is NOT a behavior!

Dear Health Provider,
I understand your general procedures may include collecting weight data at every visit.
As the research on weight science suggests, I find it health-promoting to avoid weighing myself unless it is absolutely medically necessary for my treatment.
I understand weight may be helpful when determining anesthesia dosage, determining pediatric & some adult drug dosages, low weight anorexia treatment, tracking child growth trajectory, kidney failure, & a handful of other health scenarios. I will be happy to comply with being weighed in such medically necessary circumstances. I also understand weight is *not* necessary for routine check-ups, sore throats, or many other general visits.
Unless my weight will impact today's treatment recommendations, I decline being weighed.
If it is necessary, I would like:
____ To be informed as to how the weight information will impact or inform my treatment
____ To be weighed blind
____ For it not to be written on the chart I carry to the front desk
Thank you for respecting my refusal to be weighed during our sessions and thank you for providing me care.

Source: Maria Paredes, PhD, LPCS, CEDS-S & Kirsten Ackerman, MS, RDN

What about that weight box?

"As far as I understand, writing 'Declined' in a chart underweight suffices to satisfy governmental and private payers.

Patient autonomy must be placed ahead of checkboxes, and providers have a legitimate appeal to file should insurance try not to reimburse based on not checking weight, as long as documented accordingly.

Writing in the assessment and plan, 'Checking a weight would not change management and stands to harm this patient far more than it would benefit them' is also reasonable!"

Jennifer L. Gaudiani, MD, CEDS-S, FAED
Founder & Medical Director, Gaudiani Clinic

Meet Tam

- Presents with overwhelming fatigue
- Biochemical markers WNL (Vit. D ~51)
- BP normal, ov*rweight - ob*se per BMI
- Has 2 children, partner lost job
- Hx of food insecurity, ACE score 4, chronic dieting since 15 yo, depression, anxiety
- Gained and lost the same 30-50 lbs over 20 years
- Generally avoids going to medical visits
- Are we setting up for failure (again)?

"What if I told you I care more about how you care for your body than the weight of your body?"

You open the door for lasting change

Reducing harmful behaviors

What weight-centric behaviors could be undermining overall health and well-being?

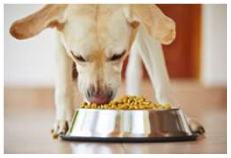
- Restrictive eating
- Dichotomous thinking around food/food items
- Binge-diet cycle
- Screen time/social media
- Compulsive tracking & weighing
- Legalistic views around exercise (run vs. walk)

Ref: Levinson et al., My Fitness Pal calorie tracker usage in the eating disorders. Eat Behav. 2017.
Romano et al. Helpful or harmful? The comparative value of self-weighing and calorie counting versus intuitive eating on the eating disorder symptomology of college students. Eat Weight Disord. 2018.
Fardouly et al., Instagram use and young women's body image concerns and self-objectification: Testing mediational pathways. New Media & Society, 2018.

Prioritizing self-care behaviors

Is this patient caring for themselves in ways that foster overall health & well-being?

- Adequate sleep
- Regular eating patterns
- Joyful movement
- Social connection
- Regular medical check-ups
- Mental health
- Self-compassion



Ref: Tylka et al. The weight-inclusive versus weight-normative approach to health: evaluating the evidence for prioritizing well-being over weight loss. J Obes. 2014

Health-promoting behaviors

- When it comes to nutrition – let *the patient's* values and food availability lead the way
- Use *Intuitive Eating* (IE) principles to help support self-regulation and regain body trust

- IE is "defined as eating based on physiological hunger and satiety cues rather than situational and emotional cues—encourages rejecting the diet mentality and instead cultivating a positive relationship with food and the body."

Ref: Hazzard et al., Intuitive eating longitudinally predicts better psychological health and lower use of disordered eating behaviors: findings from EAT 2010–2018. Eat Weight Disord, 2020.

Health-promoting principles - *Intuitive Eating*

- Reject the diet mentality
- Honor your hunger
- Make peace with food
- Challenge the food police
- Discover satisfaction
- Feel your fullness
- Cope with your feelings with kindness
- Respect your body
- Enjoyable movement
- Health, gentle nutrition

Ref: Tribole & Resch. Intuitive Eating, 4th Edition: A Revolutionary Anti-Diet Approach. St. Martin's Essentials; 4 edition. 2020.
Hazzard et al. Intuitive eating longitudinally predicts better psychological health and lower use of disordered eating behaviors: findings from EAT 2010 - 2018. Eat Weight Disord, 2020.

The body is wise - IE

Ditch external controls and focus on body awareness by:

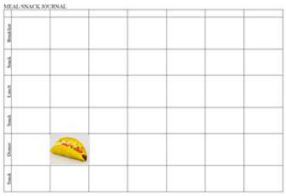
- Rejecting diet mentality
- Honoring hunger
- Making peace with food
- Challenging the food police
- Discovering satisfaction
- Feeling your fullness
- Cope with your feelings with kindness
- Respect your body
- Enjoyable movement
- Health, gentle nutrition

- 10=Feeling sick from overfilling (like Thanksgiving after dessert)
- 9=Stuffed (like Thanksgiving)
- 8=Full, mildly uncomfortable
- 6-7=***Satisfied*** but not overfull, comfortable
- 5=Neutral, neither hungry or full
- 3-4=Hunger pangs/Stomach growling to subtle hunger feelings
- 1-2=Empty to ravenous

Ref: Tribole & Resch. Intuitive Eating, 4th Edition: A Revolutionary Anti-Diet Approach. St. Martin's Essentials; 4 edition. 2020.
Hazzard et al. Intuitive eating longitudinally predicts better psychological health and lower use of disordered eating behaviors: findings from EAT 2010 - 2018. Eat Weight Disord (2020)

Health-promoting behaviors - Nutrition

- Rule #1 & permission to eat
- Increase awareness around eating, hunger, & fullness
- Foods that fit for your patient
- Plan meals, snacks, grocery lists
- Neutralize food
- Provide additional resources and support



Health-promoting behaviors - Connection

- Fostering healthy relationships
- Planning to connect with friends & family
- Connecting with community or spiritual groups
- Engaging in "family" meals as often as possible.

Ref: Holt-Lunstad et al., Advancing social connection as a public health priority in the United States. American Psychologist, 2017
Dallacker et al., The frequency of family meals and nutritional health in children: a meta-analysis. Obesity Reviews, 2018.

Health-promoting behaviors - Movement

- Exercise vs. joyful movement
- The gold standard
- Fitness is a better predictor of all-cause mortality than BMI
- Sustainable movement is health-promoting movement

Ref: Vaughn et al., Fitness vs. Fatness on All-Cause Mortality: A Meta-Analysis, Progress in Cardiovascular Diseases, 2014.

Health-promoting behaviors - Mental health

- ACEs
- Trauma
- Allostatic load
- You're not alone
- At least 1 in 5
- Mental health support

Cognitive dissonance

- "The state of discomfort felt when two or more modes of thought contradict each other. The clashing cognitions may include ideas, beliefs, or the knowledge that one has behaved in a certain way."
- Semmelweis Reflex – wash your hands!

Ref: https://www.psychologytoday.com/us/basics/cognitive-dissonance

"Two roads diverged in a wood, and I – I took the one less traveled by, and that has made *all* the difference."

-Robert Frost

Thank you!

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