

Weight Bias AND STIGMA

Although the American Medical Association has recognized obesity as a complex, chronic disease since 2013, there are still misperceptions and biases that interfere with treatment. Assumptions that obesity is caused by laziness, lack of self-control, and non-compliance will contribute to obesity stigma and discrimination in employment, education, and healthcare. The consequences of this weight bias can have a serious and negative impact on quality of life.

To illustrate the complexity of obesity, following is a list of factors that impact weight:

- **Genetics:** Recent studies suggest that genetics contribute to 40-70% of obesity. More than 50 genes have been identified; their presence or absence can protect or predispose to obesity.²
- **Brown adipose tissue (BAT) vs. white adipose tissue (WAT):** Studies suggest that people who have more BAT (which is more metabolically active than WAT) may explain why some people are less likely to gain weight or are able to lose it more easily.³
- **Microbiome:** Differences in the composition of the gut's microbiome may impact weight.⁴
- **Neurotransmitters:** Biochemical imbalances of neurotransmitters leading to depression and anxiety may trigger cravings for foods high in sugar and/or fats.⁵
- **Adverse Childhood Experiences (ACEs):** Research data shows a strong association between ACEs and the development of binge eating disorder and obesity.⁶

Psychological	Social	Physical
Depression	Rejection by peers, bullying	Unhealthy eating practices
Anxiety	Impaired interpersonal relationships	Eating disorders
Low self-esteem	Negative impact on academic, professional, interpersonal, and relationship outcomes	Avoidance of physical activity
Poor body image	Negative impact on employment opportunities	Weight gain
		Development of chronic weight-related medical conditions

- **Parental influence:** Parents who are overly controlling, critical, or shaming or who are obsessed with their own weight and body image may negatively influence their children's relationship with food and their body image.⁷
- **Poverty:** People who are food insecure or live in food deserts may lack the resources to purchase and prepare nutritious food, ending up relying on foods low in nutritional value and high in calories.⁸
- **Prenatal Influences:** Smoking habits, weight gain, and blood sugar levels during pregnancy can influence fetal development as well as long term health and the risk of obesity.⁹
- **Sleep deprivation:** Chronic lack of sleep influences the production of hormones which drive hunger and satiation and allows for more hours of eating.¹⁰
- **Ultra-processed foods:** Lack of time for meal planning and cooking contribute to over-reliance on ultra-processed foods which have been linked to adverse cardiometabolic outcomes and obesity.¹¹
- **Hormones:** Many women experience weight gain after menopause.¹²
- **Medications:** Steroids, antidepressants, antipsychotics, anti-seizure, antihypertensives, antihistamines, and diabetes medications may cause weight gain.
- **Environmental obesogens:** More than 80,000 chemicals are used in the US and it is now recognized that some of these are endocrine disruptors that may be directly or indirectly contributing to the obesity epidemic.¹⁴ Intervention studies testing the impact of modified fasting and time restricted feeding on weight and metabolic biomarkers associated with risk of diabetes, cardiovascular disease (CVD), and cancer.

Seeking healthcare can easily become a negative and shaming experience for individuals affected by obesity because of weight stigma. To compassionately serve patients with obesity, healthcare professionals need to address the issue of weight bias within themselves, their medical staff, and colleagues. This requires honest reflection of one's own attitudes and weight bias. Education can help increase awareness about the pervasiveness and consequences of weight bias and can encourage providers to adopt a more accurate and empathic understanding of their patients affected by obesity.¹⁵⁻¹⁷

Weight Bias AND STIGMA

Discussing body weight with patients is a sensitive issue. The language used in discussing a patient's weight can be very important as to how the message is received.¹⁵

An important component of a comprehensive obesity treatment program includes conversations about obesity bias. Encouraging patients to share their experiences of stigma and helping them understand the root of weight bias stems from outside themselves is essential. Clinicians can help individuals identify ways to effectively cope with stigma, such as using positive “self-talk,” obtaining social support from others, and participating in activities that they may have restricted due to feelings of shame about their weight. These tools can help reduce the tendency of individuals affected by obesity to internalize negative stereotypes of obesity and blame themselves, both of which can negatively impact their health and emotional well-being.

When patients were asked what language they preferred regarding discussions about their weight, their preferences were as follows:

Least Stigmatizing/More Humanizing	Instead of:	Most Stigmatizing
Weight		Fat
Unhealthy, weight, overweight		Morbidly obese, chubby
High BMI		Obese

People-first language versus condition-first language puts people ahead of their disability or health condition.¹⁶ It positively affects attitudes and behavioral intentions towards patients.

Examples include:

- “My patient with diabetes arrived late” **instead of** “my diabetic patient arrived late.”
- “Patient with obesity” **instead of** “obese patient.”
- “The woman was affected by obesity” **instead of** “the woman was obese.”
- “The man with obesity needed assistance getting in the elevator” **instead of** “the obese man needed assistance getting on the elevator.”

Finally, healthcare professionals can do a great service to their patients with obesity by improving the physical and social environment of healthcare settings. This means having bathrooms that are easily negotiated by heavier individuals, sturdy armless chairs in waiting rooms, offices with large exam tables, gowns and blood pressure cuffs in appropriate sizes, and reading materials for individuals that are appropriate and “weight-friendly” (rather than fashion magazines with thin supermodels).¹⁷ By facing these biases and educating ourselves, our staff, and our colleagues about providing optimal care for patients with obesity, clinicians can give patients the gift of body acceptance and improved health.

References

1. <https://www.obesityaction.org/get-educated/public-resources/brochures-guides/understanding-obesity-stigma-brochure/> Accessed 9.11.19
2. <https://obesitymedicine.org/obesity-and-genetics/> Accessed 9.11.19
3. **Symonds, ME et al.** Recent advances in our understanding of brown and beige adipose tissue: the good fat that keeps you healthy. *F1000Res*. 2018;7:F1000 Faculty Rev-1129.
4. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6058473/>
5. **Krajmalnik-Brown RK et al.** Effects of Gut Microbes on Nutrient Absorption and Energy Regulation. *Nutr Clin Pract*. 2012;27(2):201–214. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3601187/>
6. **Singh, M.** Mood, food, and obesity. *Front Psychol*. 2014; 5: 925. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4150387/>
7. **Palmisano GL.** Life adverse experiences in relation with obesity and binge eating disorder: a systematic review. *J of Behav Addictions*. 2016;5(1):11-31
8. **Scaglioni S et al.** Influence of parental attitudes in the development of children eating behaviour. *Br J Nutr*. 2008;99 Suppl 1:S22-5. <https://www.ncbi.nlm.nih.gov/pubmed/18257948>
9. Food Research and Action Center. Dec. 2017. Hunger and Health – The impact of Poverty, Food Insecurity, and Poor Nutrition on Health and Well-Being. <https://www.frac.org/research/resource-library/hunger-health-impact-poverty-food-insecurity-poor-nutrition-health-well>
10. <https://www.hsph.harvard.edu/obesity-prevention-source/obesity-causes/prenatal-postnatal-obesity/> Accessed 9.11.19
11. **Scheer FA.** Hungry for Sleep: a role for endocannabinoids? *Sleep*. 2019;39(3):495–496. <https://academic.oup.com/sleep/article/39/3/495/2453912?searchresult=1>
12. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5787353/> Accessed 9.11.19
13. **Davis SR et al.** Understanding weight gain at menopause. *Climacteric*. 2012;15(5):419-29. <https://www.ncbi.nlm.nih.gov/pubmed/22978257>
14. <https://obesitymedicine.org/medications-that-cause-weight-gain/>
15. <https://www.niehs.nih.gov/health/topics/conditions/obesity/obesogens/index.cfm> Accessed 9.11.19
16. <http://www.uconnruddcenter.org/weight-bias-stigma-health-care-providers> Accessed 9.11.19
17. <https://www.obesityaction.org/action-through-advocacy/weight-bias/people-first-language/> Accessed 9.11.19
18. <https://www.obesityaction.org/action-through-advocacy/weight-bias/weight-bias-guides/> Accessed 9.11.19

www.OPTIFAST.com • 1-800-662-2540
Bridgewater, NJ 08807 U.S.A.

Unless otherwise noted, all trademarks are owned by Société des Produits Nestlé S.A., Vevey, Switzerland.

©2019 Nestlé. All rights reserved. OPTI-14822-1219

