World Obesity Day 4 March 2022 EVERYBODY NEEDS TO ACT

END WEIGHT STIGMA

Images & GIF courtesy of World Obesity Federation

- **Weight bias** refers to the negative ideologies associated with obesity. Weight bias leads to weight stigma.
- **Weight stigma** refers to the discriminatory acts and ideologies targeted towards individuals because of their weight and size**.**

Weight stigma is one of the most common forms of discrimination in modern societies, alongside racism and sexism. It is estimated to be experienced by 19-42% of adults living with obesity[i]. (1)

Weight stigma has been well documented in a large variety of societal domains, such as education, the workplace, healthcare, and the media. According to the literature[ii] but also clinical experience, women experience:

- higher prevalence of stigma,
- higher levels of mental health effects associated with it, and

- an increased risk of internalising weight bias *compared to* men

What does weight stigma look like?

- Weight stigma can be implicit such as unsolicited suggestions to an individual to exercise or subtle weight loss advice, but it can also be displays of micro-aggressions such as rolling ones eyes, tutting etc.
- From a healthcare perspective it can manifest is subtle ways such as equipment which is inadequate for the patient's needs eg scales that do not measure beyond 150kg, or an inappropriate ill-fitting blood pressure cuff. These send a subliminal message to the patient that they're "too big".
- However, if the patients are "blamed" for equipment/clothing malfunction then this is obviously explicit weight stigma.

Why should we care?

- Firstly as healthcare professionals we have an ethical duty: "to do no harm". Our words and actions/ inactions *can* be harmful.
- We have already reported[iii] on the fact that there is a mean delay of almost 9 years from when a person with obesity first starts to struggle with their weight and when they first seek medical advice.
- During this time, such patients develop more severe obesity[iv] and or develop weight related complications and or comorbidities[v]

The consequences of weight stigma are serious and far reaching:

- Psychological sequelae: low self-esteem due to body image which may lead to or worsen existing mental illness such as depression and anxiety
- Fear of discrimination is a major factor in patients' avoidance of treatment. This can impact the frequency of healthcare screening services and result in delays in the detection of conditions such as cancer & other non-communicable diseases. As a result, people with obesity have poorer treatment outcomes.

This World Obesity Day what can we do?

- Provide training on weight stigma and weight bias to HCPs
- Provide obesity-focused training to HCPs to understand the complexities of obesity and its drivers.

- Develop guidance to support HCPs in diagnosing and treating individuals with obesity, how to discuss weight with their patients etc
- Provide more equitable coverage of obesity treatment therapies within policies and government funded treatment pathways
- Develop policies to ensure the appropriate tools/equipment are available to treat people with overweight/ obesity in healthcare settings and to support them to achieve their health goals – not just focusing on weight loss.

Change narrative from one of individual responsibility to one of shared responsibility

Given this year's theme, "Everybody needs to act", what can we do?

(1) Use people first language i.e. people living with obesity

(2) Use non stigmatizing images

(3) Language matters: tone and content

(4) Stick to the scientific facts: obesity is a chronic progressive condition; people don't choose to have obesity

(5) Focus on *gain in health* not just weight loss

(6) At an individual level:

- audit your life i.e. go over what you're watching, reading, clicking on. Then "unfollow" or dial back on those things which may bias or prejudice your attitude towards people living with obesity, while focusing on what lifts you up.
- talk back to yourself ie when you catch yourself speaking unkindly to yourself "This outfit makes me look big"… literally tell yourself something positive eg "my body deserves respect,… it is beautiful, functional, capable."
- speak up against weight stigma *if* you can and consider calling it out or otherwise offering your support to the person being harmed. eg if the person speaking says they're "just trying to help." "It's okay to say, 'Those comments are not helpful…"

(7) Collectively as healthcare professionals to help shift the narrative away from individual responsibility and blame, to one of shared responsibility:

- Develop and implement policies which recognise obesity as a disease,
- Recognise that preventing obesity is an environmental/social issue, rather than being down to individual behaviour
- Increased awareness of the biological mechanisms contributing to obesity and weight relapses[vi], and the importance of support, rather than stigmatising behaviour towards people with obesity struggling to maintain a healthy weight, are also required.

- Develop and implement policies which take a systems approach, focused on addressing the multiple drivers and solutions of obesity.
- Training on weight stigma should be encouraged in both healthcare, education and policy settings

(8) Government level:

- Policies should focus on addressing obesity through the entire continuum of care, from prevention to treatment and management.
- Public health campaigns and policies should focus on promoting health for all rather than focusing solely on weight.
- Include overweight and obesity in anti-discrimination legislation and policies.

RACGP Red BOOK 9th edition[vii] recommends:

- Measure waist circumference (WC) and calculate BMI:
  - every 2 years in all patients (screening)
  - annually for adults:
    - with diabetes, CVD, stroke, gout, liver disease, or
    - from high risk groups (eg Aboriginal, Torres Strait, Pacific Islands)
  - every 6 months for those already living with overweight or obesity

Raising the issue of weight and it's impact on health:

Seek permission to discuss obesity and it's impact on their health/ function

Open the discussion in a respectful, sensitive non-judgemental manner way[viii] and approach conversations in a sensitive manner[1]

Avoid words such as "fat" and "obese"; instead use "excess weight" or "BMI of .."

For additional help, visit[ix] www.obesityaction.org

Avoid explicit and implicit weight stigma and bias in clinical practice by ensuring you have:

- Wide sturdy chairs
- Scales that weight beyond 150kg
- Large and wide blood pressure cuffs
- Wide supportive examination tables

RACGP
Royal Australian College *of* General Practitioners

Obesity prevention and management

Position statement

February 2019

Recognise the key role of GPs in managing obesity

The RACGP recognises that a skilled and enabled primary care workforce is essential for obesity prevention and management.[33,34] GPs are in a unique position to bridge issues that cross primary care and public health; GPs deal with individuals day to day, but also have a deep understanding of the communities in which they work. The Department of Health has made available Medicare Benefits Schedule (MBS) provisions for GPs in this role, via the use of Chronic Disease Management Plans for the care of individuals with complex obesity.

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[i] Spahlholz J et al. Obesity and discrimination – a systematic review and meta-analysis of observational studies. Obesity Reviews. 2016;17(1):43-55.

[ii] Boswell RG et al. Gender differences in weight bias internalisation and eating pathology in overweight individuals. Advances in eating disorders (Abingdon, England). 2015;3(3):259.

[iii] Rigas *et al., Obes Res Clin Pract.* 2020;14:487–490

[iv] Kværner AS, Hang D, Giovannucci EL, et al. Trajectories of body fatness from age 5 to 60 y and plasma biomarker concentrations of the insulin-insulin-like growth factor system. Am J Clin Nutr 2018;108:388–97. doi: 10.1093/ajcn/nqy103.

[v] Bray GA. A guide to obesity and the metabolic syndrome: Origins and treatment. New York: CRC Press: Taylor and Francis Group, 2011. doi: 10.1201/b10790.

[vi] Sumithran P, Prendergast LA, Delbridge E, et al. Long-term persistence of hormonal adaptations to weight loss. N Engl J Med 2011;365(17):1597–604. doi: 10.1056/NEJMoa1105816.

[vii] Royal Australian College of General Practitioners (RACGP), National Preventative and Community Medicine Committee. Guidelines for preventive activities in general practice. Aust Fam Physician 2001;Spec No:S1i-xvi, S1-1-61.

[viii] National Institute of Diabetes and Digestive and Kidney Diseases (http://win.niddk.nih.gov/publications/pdfs/talkingwpawl.pdf).

[ix] Obesity Action Coalition (www.obesityaction.org)