

Setting the Stage: Obesity & Pediatrics

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PLEASE
**DON'T WEIGH ME
UNLESS IT'S (REALLY)
MEDICALLY
NECESSARY**

If you really need my weight, please
tell me why so that I can give you
my informed consent.

WHY? BECAUSE:

- ✓ Most health conditions can be addressed without knowing my weight.
- ✓ When you focus on my weight I get stressed (and that's not healthy).
- ✓ Weighing me every time I come in for an appointment and talking about my weight like it's a problem perpetuates **weight stigma** (a known & serious health risk).
- ✓ I pursue healthy behaviors regardless of my weight status (see: **Health at Every Size**).



How did we get here?

What did we do wrong?

*Should we even be talking
about this topic anymore?*

FUTURE OF PEDIATRICS



Objectives

1

Explore pragmatic reasons why we must discuss obesity

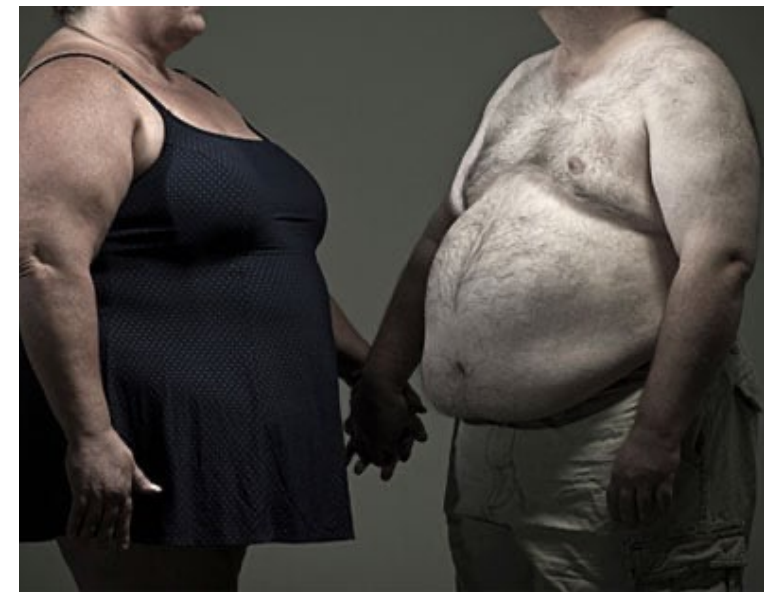
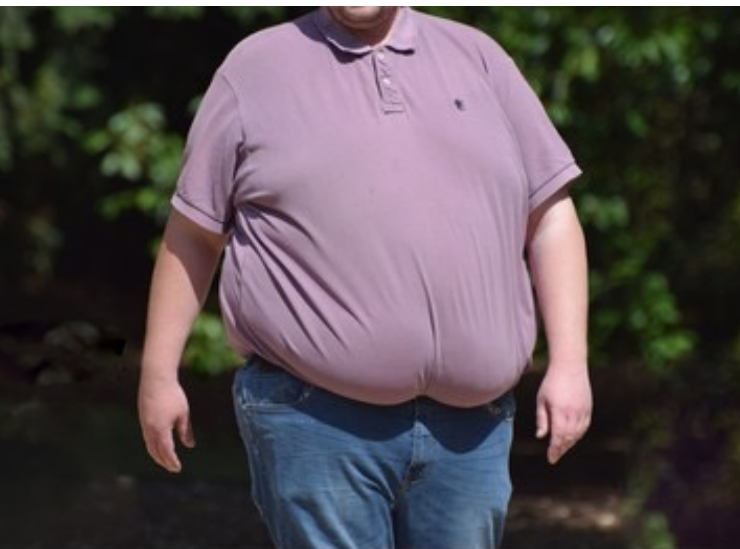
2

Identify the posture of empathy required to discuss obesity



obesity





TIME

**SPECIAL
HEALTH ISSUE**

Our Super- Sized Kids

It's not just genetics and diet. An in-depth look at how our lifestyle is creating a juvenile obesity epidemic—and the scoop on how to cure it



“Stop Sugarcoating It, Georgia” Campaign



WARNING

**IT'S HARD TO BE A LITTLE GIRL
IF YOU'RE NOT.**

Stop childhood obesity.

strong4life.com

Brought to you by Children's Healthcare of Atlanta



*"It has to be harsh. If it's not, nobody's going to listen," says Linda Matzigkeit, vice president of **Children's Healthcare of Atlanta**, the pediatric hospital running the campaign. -NPR(1/9/12)*

Dehumanizing

Belittling

Humiliating

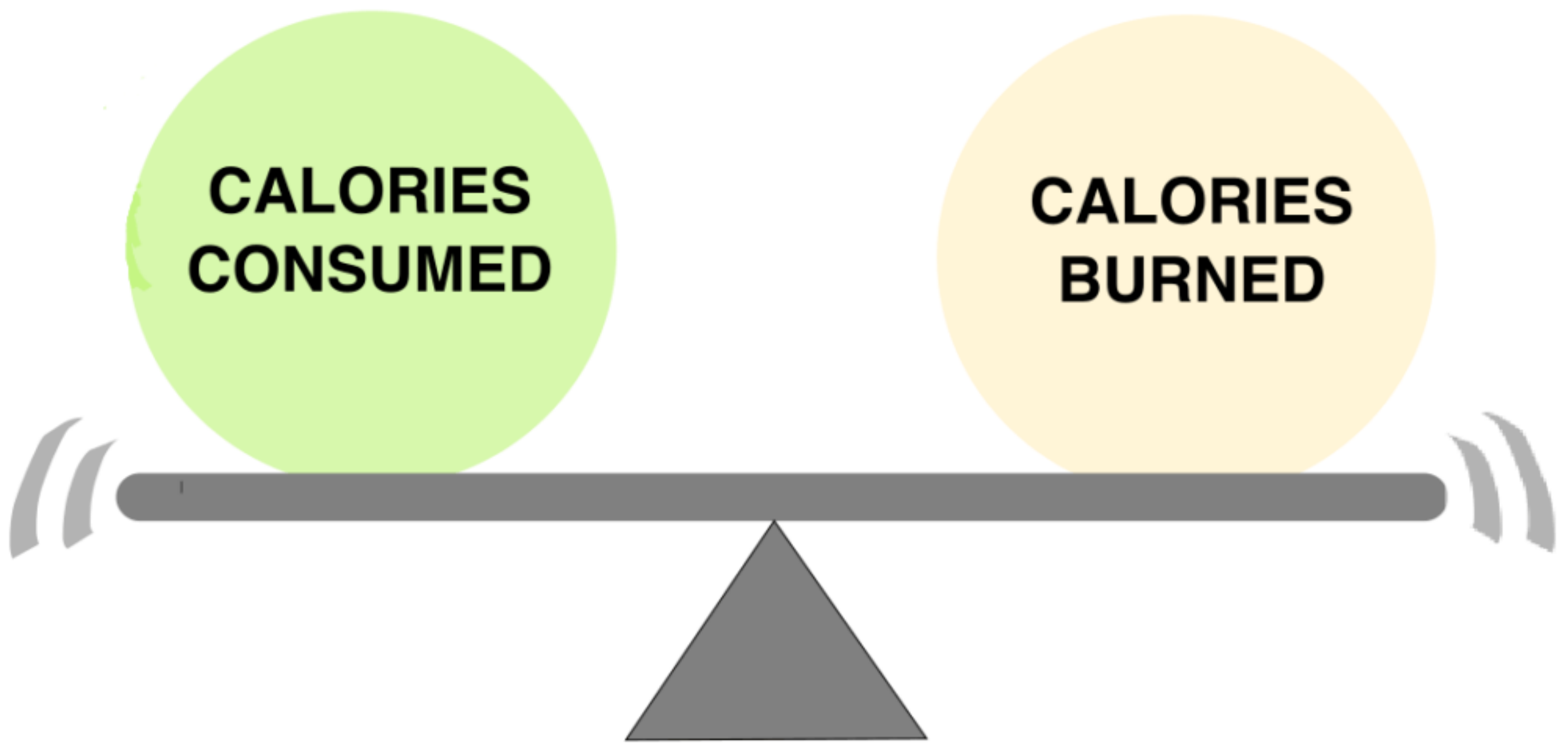
Stigmatizing

Strategic/Intentional



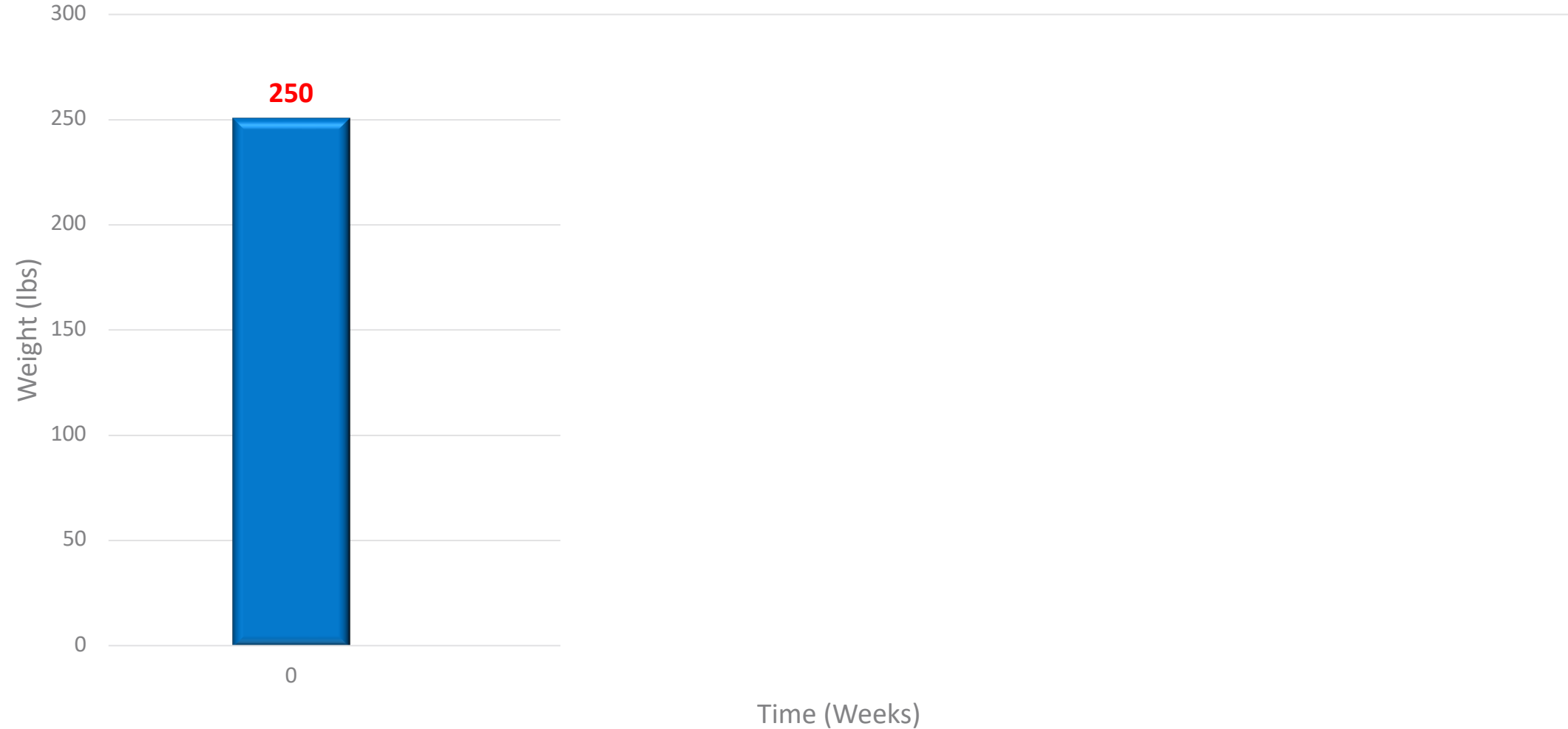
FUTURE OF PEDIATRICS

What is Obesity?



3500 Calories = 1 Pound

Weight Loss Over Time







FUTURE OF PEDIATRICS



Persistent Metabolic Adaptation 6 Years After “The Biggest Loser” Competition

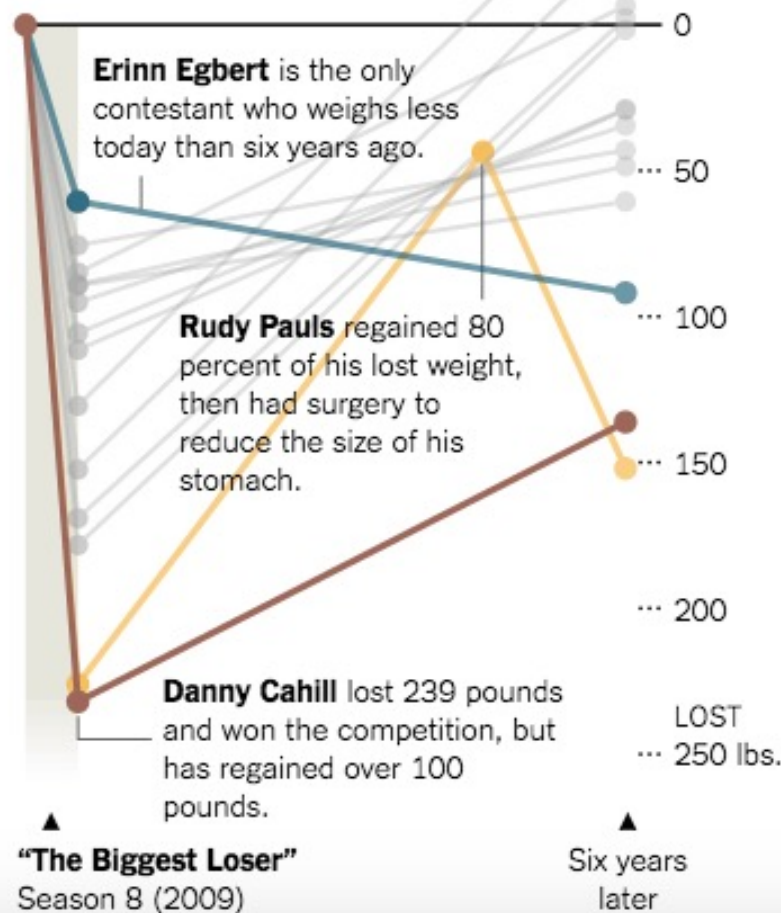
Erin Fothergill¹, Juen Guo¹, Lilian Howard¹, Jennifer C. Kerns², Nicolas D. Knuth³, Robert Brychta¹, Kong Y. Chen¹, Monica C. Skarulis¹, Mary Walter¹, Peter J. Walter¹, and Kevin D. Hall¹

Biggest Losers Fight a Slower Metabolism

A study of contestants from "The Biggest Loser" found their metabolisms slowed during and after the competition, making it difficult to maintain weight loss.

REGAINING LOST WEIGHT

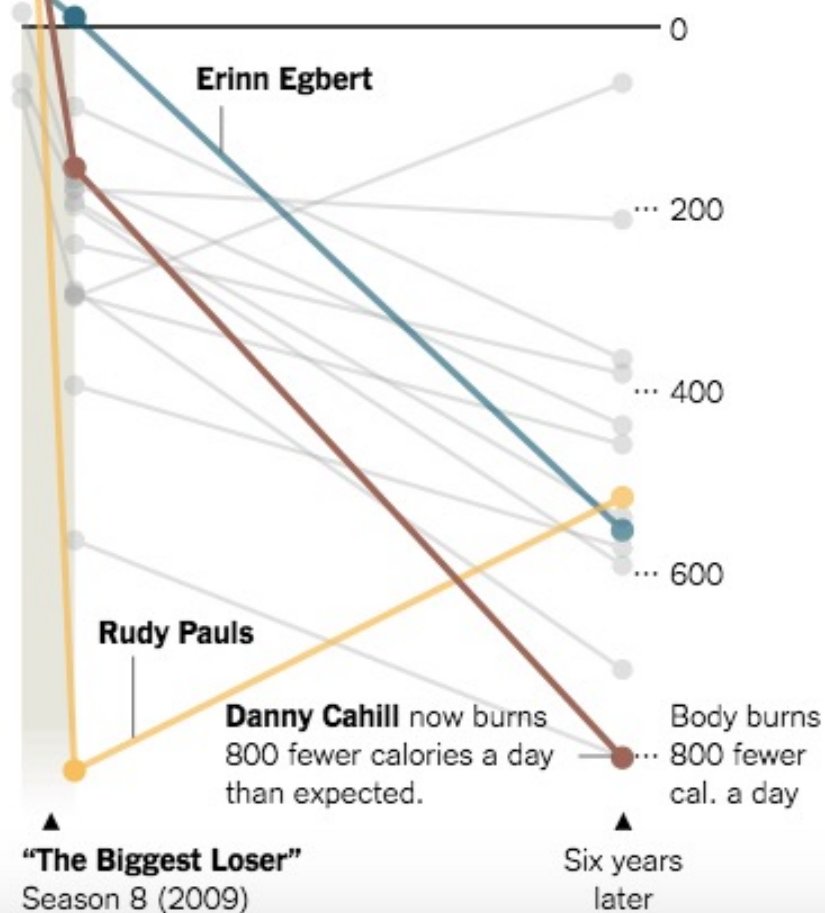
13 of the 14 contestants studied regained weight in the six years after the competition. Four contestants are heavier now than before the competition.



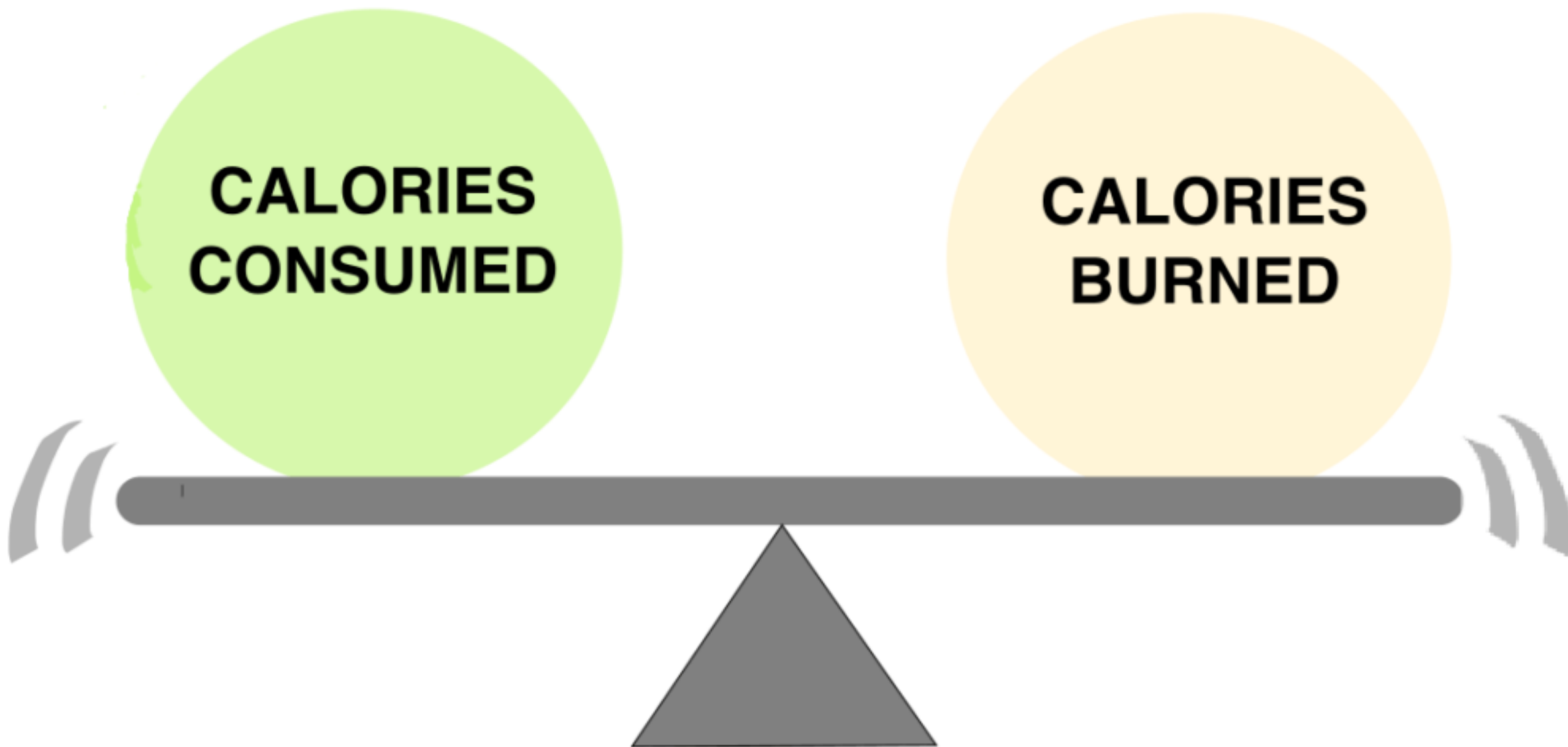
A SLOWING METABOLISM

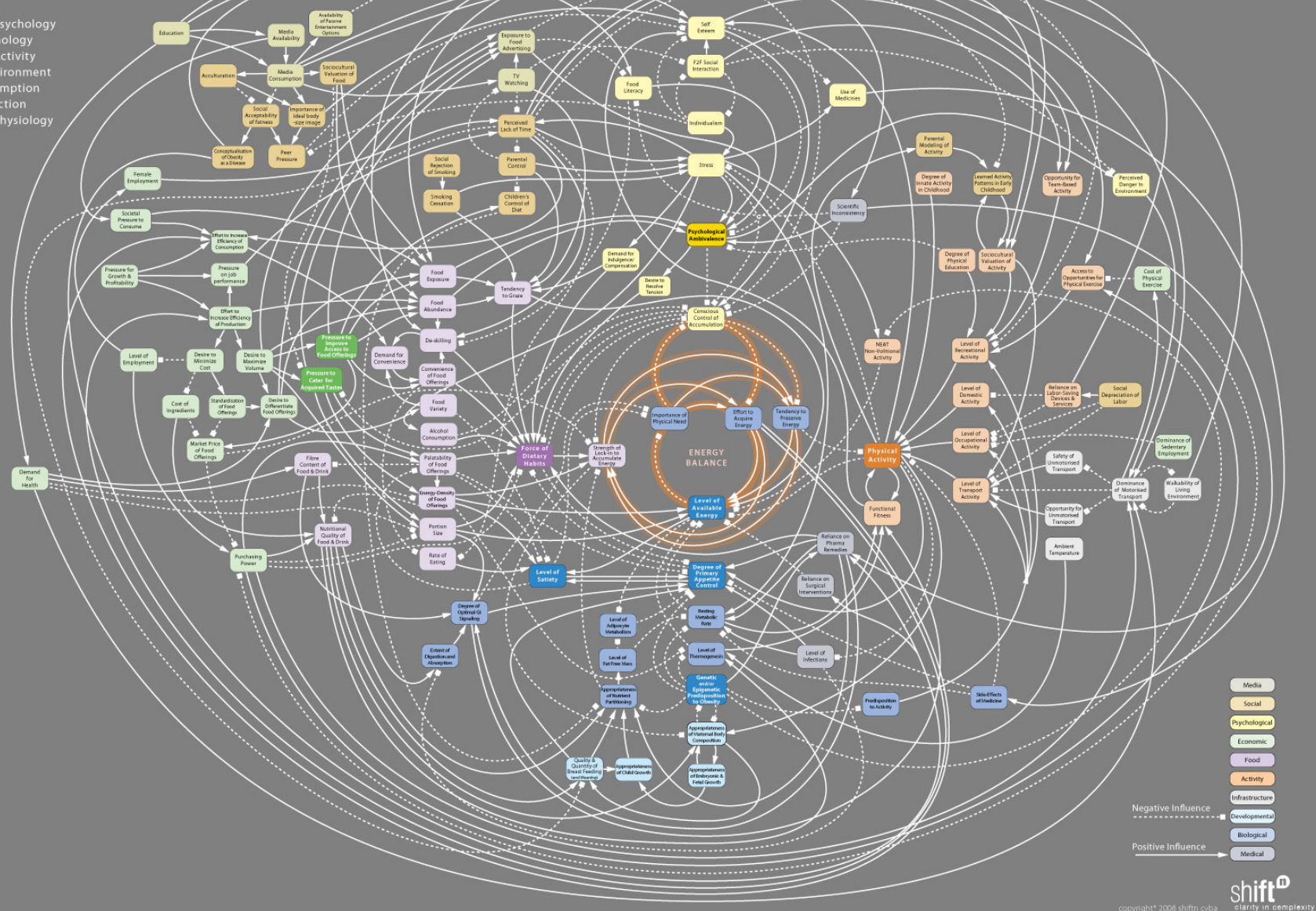
Nearly all the contestants have slower metabolisms today than they did six years ago, and burn fewer calories than expected when at rest.

... Body burns 200 more cal. a day



<https://www.nytimes.com/2016/05/02/health/biggest-loser-weight-loss.html>





1. Anorexigenic/
Orexigenic Pathways
2. Set Points/
Metabolic
Adaptation
3. Genetics/
Epigenetics
4. Altered Food Supply
5. Decreased physical
activity
6. Stress and Distress
7. Sleep
8. Drugs
9. Social Risk
10. Etc.

“A chronic, progressive, relapsing, and treatable multi-factorial, neurobehavioral disease, wherein an increase in body fat promotes adipose tissue dysfunction and abnormal fat mass physical forces, resulting in adverse metabolic, biomechanical, and psychosocial health consequences.”

“While body mass index may be sufficiently diagnostic for populations and many patients, accurate diagnosis of adiposity in an individual may require anthropometric assessments beyond body weight alone (e.g., waist circumference, percent body fat, and android/visceral fat).”

-Obesity Medical Association, 2022

AMA New Policy

The House of Delegates adopted new policy recognizing:

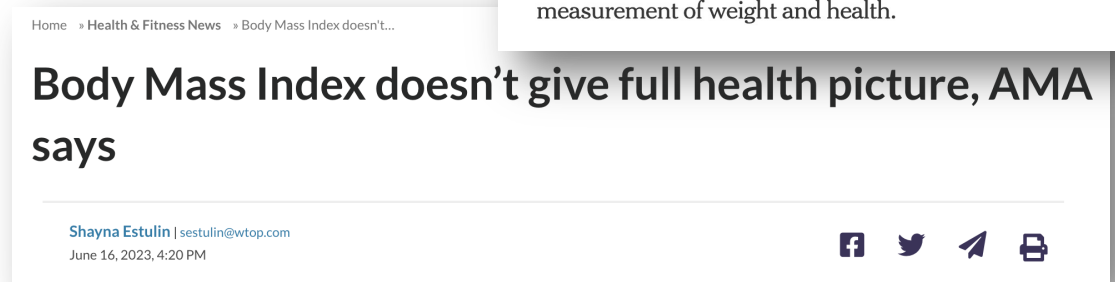
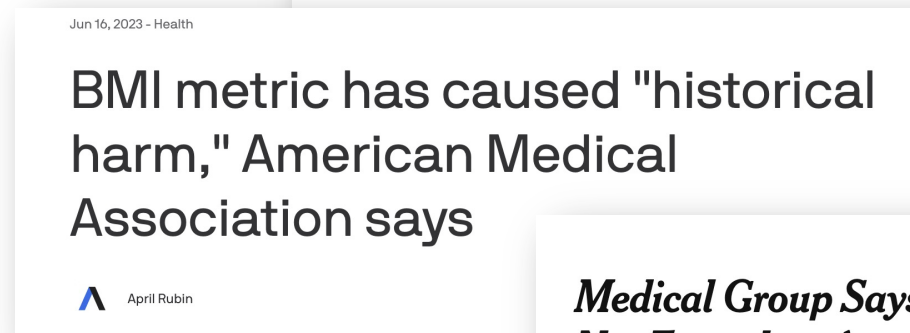
“Significant limitations and potential harms associated with the widespread use of body mass index(BMI) in clinical settings and supports its use only in a limited screening capacity when used in conjunction with other more valid measures of health and wellness.”

“In children...BMI-for-age is currently the gold standard” for clinical settings.

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American Medical Association says use of BMI metric on its own has done ‘historical harm’





Deranged endocrine and immune responses



Sick Fat Disease (SFD) (Adiposopathy)

Endocrine/metabolic:

- Elevated blood glucose
- Elevated blood pressure
- Dyslipidemia
- Other metabolic diseases



Abnormal and pathologic physical forces



Fat Mass Disease (FMD)

Biomechanical/structural:

- Stress on weight-bearing joints
- Immobility
- Tissue compression (i.e., sleep apnea, gastrointestinal reflux, high blood pressure, etc.)
- Tissue friction (i.e., intertrigo, etc.)

What is Obesity Bias?

Weight Bias

- **Explicit weight bias:** *overt, **consciously held negative attitudes** that can be measured by self-report.*
- **Implicit weight bias:** *automatic, negative attributions and stereotypes **existing outside of conscious awareness***
- **Internalized weight bias(self-directed bias):** *occurs when individuals engage in self-blame and self-directed weight stigma because of their weight. Internalization includes agreement with stereotypes and application of these stereotypes to oneself and self-devaluation.*

Extent to which individuals living with larger bodies endorse negative weight-biased beliefs about themselves

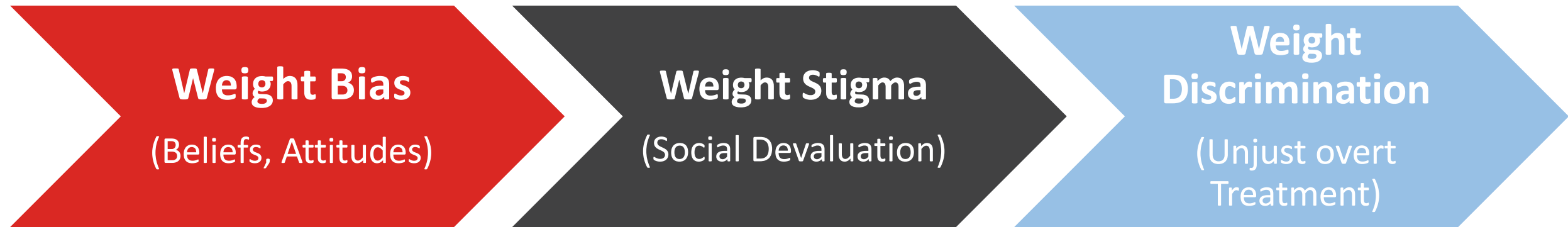
Weight Stigma: ***social devaluation and denigration of individuals*** because of their body weight, and can lead to negative attitudes, stereotypes, prejudice, and discrimination.

- ***Persons placed in categories to separate into “us” vs. “them”***

Weight Discrimination: ***overt forms of weight-based prejudice and unfair treatment***(biased behaviors) toward individuals with larger body sizes.

Link,Phelan, Ann Soc, 2001; Haqq, AM., et. al, Child Obesity, 2021;
Rubino, et. al, Nature Medicine, 2020; Kirk, SFL, et. al, Canadian Adult
Obesity Guidelines, 2020

Weight Bias Continuum



Haqq, AM., et. al, Child Obesity, 2021; Rubino, et. al, Nature Medicine, 2020; Kirk, SFL, et. al, Canadian Adult Obesity Guidelines, 2020

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Case Study

Physician Labels for Patients with Obesity

Noncompliant

Unattractive

Awkward

Lazy

Sloppy

Dishonest

Lack self-control

Ugly

Hostile

Decreased medication adherence

Poor hygiene

Weak-willed

Reduced health

Low Self-esteem

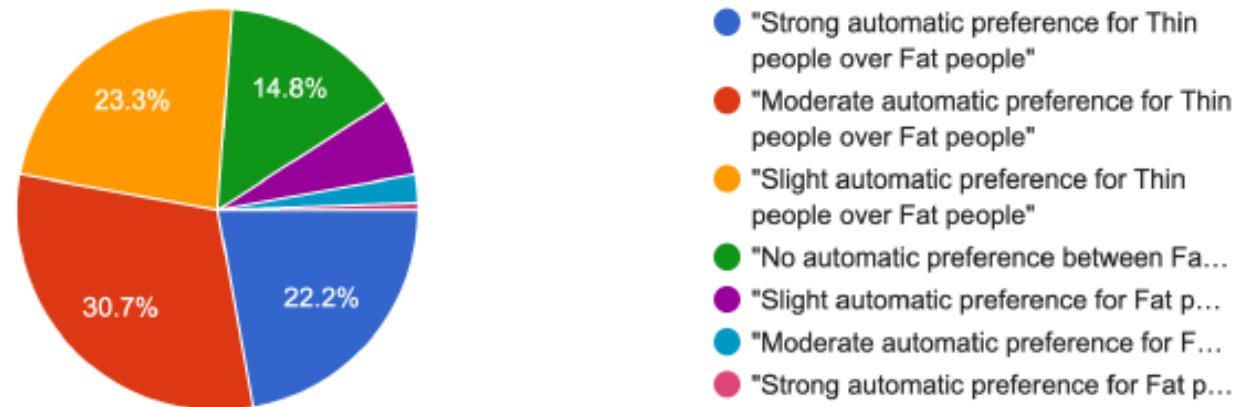
Reduced sexual attractiveness

Less intelligent


- 175+ preclinical medical students and explored their reflections when confronted with their own unconscious bias
- Completed Harvard Implicit Association Test-weight
- ~500 word reflection & Completed Qualitative Analysis *(Adapted from Dr. Thomas Sherman-Georgetown)*

What are your results from the IAT you completed?

176 responses



- **76.2% Automatic preference for “Thin” people over “Fat” people**
- **14.8% No automatic preference for either**
- **9% Automatic preference for “Fat” people over “Thin” people**



***Weight stigma is
not an effective tool
for weight loss or
improving health!***



Weight Stigma Effective in...(Associations)

- **Worsening depression**, anxiety, self-esteem, stress
- Maladaptive relationships with food (i.e. **binge eating**, emotional overeating)
- **Avoidance** of physical activity
- Increasing **weight gain**
- Worsening obesity
- Parental/**caregiver distress** ★



Haqq, AM., et. al, Child Obesity, 2021; Rubino, et. al, Nature Medicine, 2020; Kirk, SFL, et. al, Canadian Adult Obesity Guidelines, 2020

Stigma
towards
parents/
caregivers
leads to...

Feelings of Isolation

Feelings of Blame

Fear concerning health of child

Internalization of self-blame

Worry about suspicion of neglect

Parental Perceptions of Weight Terminology That Providers Use With Youth

- Cross Sectional Study with 427 parents of children 2-18yo
- Assess perceptions of weight terminology and explore perceived interactions with their clinicians

Most Desirable: “weight” and “unhealthy weight”

Most Motivating: “unhealthy weight” and “weight problem”

Most Undesirable, Stigmatizing, Blaming and Least Motivating: were “fat,” “obese,” and “extremely obese”

Potential reactions after feeling stigmatized by child’s doctor:

36% Have child go on a strict diet

35% Seek a new doctor

24% Avoid future appointments with doctor

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10 Strategies for Pediatricians to Establish a Posture of Empathy

1. Increase **personal & collegial awareness** (i.e. IAT-weight)

2. **Train Staff & Colleagues**

3. Incorporate **personal narratives & experiential learning** opportunities into training

4. Recognize the **complexity** of the disease of obesity

7. Establish an **equitable** establishment

6. Hyperfocus on **Health > Weight**

5. Respect **autonomy** of family

8. Commit to **person first language** with colleagues

9. Be aware of **stigmatizing images**

10. **Advocate & Take the pledge**

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Pediatric Health Network

Box 1 | Pledge to eliminate weight bias and stigma of obesity

We recognize that

- Individuals affected by overweight and obesity face a pervasive form of social stigma based on the typically unproven assumption that their body weight derives primarily from a lack self-discipline and personal responsibility.
- Such portrayal is inconsistent with current scientific evidence demonstrating that body-weight regulation is not entirely under volitional control, and that biological, genetic, and environmental factors critically contribute to obesity.
- Weight bias and stigma can result in discrimination, and undermine human rights, social rights, and the health of afflicted individuals.
- Weight stigma and discrimination cannot be tolerated in modern societies.

We condemn

- The use of stigmatizing language, images, attitudes, policies, and weight-based discrimination, wherever they occur.

We pledge

- To treat individuals with overweight and obesity with dignity and respect.
- To refrain from using stereotypical language, images, and narratives that unfairly and inaccurately depict individuals with overweight and obesity as lazy, gluttonous, and lacking willpower or self-discipline.
- To encourage and support educational initiatives aimed at eradicating weight bias through dissemination of current knowledge of obesity and body-weight regulation.
- To encourage and support initiatives aimed at preventing weight discrimination in the workplace, education, and healthcare settings.

We pledge

- To treat individuals with overweight and obesity with **dignity and respect**.
- To **refrain from using stereotypical language, images, and narratives** that unfairly and inaccurately depict individuals with overweight and obesity as lazy, gluttonous, and lacking willpower or self-discipline.
- To **encourage and support educational initiatives** aimed at eradicating weight bias through dissemination of current knowledge of obesity and body-weight regulation.
- To encourage and **support initiatives aimed at preventing weight discrimination in the workplace**, education, and healthcare settings.

Joint international consensus statement for
ending stigma of obesity

Thank You!

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