

RESOURCES

Articles

1. Wind K. Why I no longer prescribe weight loss, calculate BMI, or use the term "obesity". This changed my practice. 2022 May.
2. O'Hara L, Taylor J. What's wrong with the 'war on obesity?' Sage Open. 2018 May;8(2):2158244018772888.
3. Bacon L, Aphramor L. Weight science: evaluating the evidence for a paradigm shift. Nutrition journal. 2011 Dec;10(1):1-3.
4. Pollack A. The New York Times. 2013 [cited 2023 Dec 15]. A.M.A. Recognizes Obesity as a Disease. Available from: <https://www.nytimes.com/2013/06/19/business/ama-recognizes-obesity-as-a-disease.html>
5. Campos P, Saguy A, Ernsberger P, Oliver E, Gaesser G. The epidemiology of overweight and obesity: public health crisis or moral panic?. International journal of epidemiology. 2006 Feb 1;35(1):55-60.
6. Sumner AE, Ricks M, Sen S, Frempong BA. How current Guidelines for obesity underestimate risk in certain ethnicities and overestimate risk in others. Curr Cardio Risk Rep. 2007 May;1(2):97-101.
7. Gaesser GA, Angadi SS. Obesity treatment: Weight loss versus increasing fitness and physical activity for reducing health risks. Jscience. 2021 Oct 22;24(10).
8. Bertakis KD, Azari R. The Impact of Obesity on Primary Care Visits. Obesity Research. 2005 Sep;13(9):1615-23.
9. Phelan SM, Burgess DJ, Yeazel MW, Hellerstedt WL, Griffin JM, van Ryn M. Impact of weight bias and stigma on quality of care and outcomes for patients with obesity. Obesity reviews. 2015 Apr;16(4):319-26.



Websites

- Association for Size Diversity and Health: <https://asdah.org>
- Campaigning to end medical weight stigma: <https://www.noweigh.org>
- HAES Health Sheet Library: <https://haeshealthsheets.com>
- Vancouver Coastal Health Resources: <https://www.vch.ca/sites/default/files/import/documents/VCH-Healthy-Weights-Key-Messages.pdf>



Books

- Harrison DL. Belly of the Beast: The Politics of Anti-Fatness as Anti-Blackness. California, US: North Atlantic Books; 2021.
- Gordon A. What We Don't Talk About When We Talk About Fat. Massachusetts, US: Beacon Press; 2020.



Podcasts

- Unsolicited: Fatties Talk Back: <https://linktr.ee/unsolicitedftb>
- My Black Body Podcast: <https://myblackbodypodcast.libsyn.com/2021/09>
- Maintenance Phase: <https://www.maintenancephase.com>



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WHAT IS WEIGHT-INCLUSIVE CARE?

- Approach prioritizing overall well-being and healthy behaviours without targeting body weight⁽¹⁻³⁾
- Weight loss is not safely sustainable long-term for the vast majority of people and pursuing weight loss can lead to harm^(1,2)



RE-THINKING OBESITY



- Declared a disease in 2013 by the American Medical Association against the advice of the steering committee⁽⁴⁾
- No specific symptoms, medicalizing body size could lead to overtreatment in healthy people^(1, 4, 5)
- Consider body size as part of a person's identity

THE PROBLEM WITH BMI

- BMI is not neutral or accurate health measure^(1, 3)
- Used to define obesity and identified the characteristics of the average white man⁽⁶⁾
- Driven by eugenics and life insurance companies⁽¹⁾



WEIGHT-CENTRIC APPROACH HARMS



WEIGHT CYCLING (7)

- Research shows that losing and then regaining weight, which is the most common outcome of dieting, appears more harmful than being at a high weight
- Weight cycling is counter-productive to weight-centric care prescriptions
- Little education regarding harms of weight cycling: eating disorders, weight stigma, medical complications



LESS HEALTHCARE (8)

- Shorter visits, less education, less patience and eye contact from providers, exam reluctance
- Missing life-threatening diagnoses, preventative care, and disease management by focusing on weight
- Not screening for adequate nourishment and disordered eating in patients of all sizes



TREATMENT DECISIONS (1,8)

- Delaying appropriate treatment for weight loss trial
- Choosing medications for appetite suppression or avoiding weight gain side effects
- BMI cutoffs for certain treatments and surgeries



DELAY OR AVOIDANCE (9)

- Due to experiences of being shamed or advised to lose weight, patients may delay or avoid care

WEIGHT-INCLUSIVE APPROACH



Do not focus on weight...

FOCUS ON HEALTH



Body respect



Joyful movement of any type



Intuitive eating, increase fresh produce and protein without calorie restriction

Key reminders:

- Address the chief complaint
- Only discuss weight if patient brings it up as directly impacting their health
- Screen for adequate nourishment and disordered eating in patients of all sizes
- Do not prescribe weight loss as a target outcome as it is not safely sustainable
- What about medications? Review GLP-1 Agonist Informed Consent: <https://sizeinclusivemedicine.org/glp1/>

WHAT TO DO INSTEAD OF WEIGHT LOSS

- Acknowledging barriers: food insecurity, gym body shaming
- Social support
- Sleep and stress reduction
- Access to nature
- Preventative health: vaccines, cancer screening
- Tobacco and alcohol cessation
- Managing medical comorbidities
- Providing safe spaces and care access



IN YOUR OFFICE

- Language: avoid obesity/BMI terms and do not comment on body size
- Education: use inclusive handouts and providers
- Furniture and equipment: have size-inclusive equipment, furniture, and gowns

