

Compassionate Approach to Tackling Obesity (Weight Neutral)

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Exploring a weight neutral approach

- Came about from a conversation with Doncaster
- We want to try a new approach to issues of weight and health that is driven primarily by compassion, takes blames away from individuals and fully acknowledges the mental and financial burden poverty and inequality places on people.
- **Weight neutral** is an intervention or service where weight change or weight control is not the sole intended outcome, and that often the evidence suggests that they do not necessarily lose weight.....but hear me out....



Why be weight neutral?

- **Weight focused** interventions - evidence suggests:
 - Gains from initial weight loss not sustained over long term
 - Weight regained in large proportion of people over time
 - Weight loss interventions may lead to harmful weight cycling and dysfunctional relationships with food and body
- **Weight neutral** interventions – evidence suggests:
 - Health gains maintained over longer term
 - Better psychological outcomes
 - No evidence of harm



	Diet/weight loss approach	Weight neutral approach
Intention	To achieve body weight loss or body shape change	To encourage/enable healthy behaviours regardless of current weight status or body shape
May include	Meal plan, portion control, dietary prescription/manipulation, exercise prescription, counselling in behavioral modification techniques, psychological support and encouragement	Mindful eating training, hunger-fullness awareness training, experimentation with responding to body cues, pursuit of joyful movement, exploration of dieting history and reframing value of body weight and shape, psychological support and encouragement.
What to expect	Weight loss and improvement of biochemical markers during first 12 weeks with likely weight regain to original weight by 3-5 years. Biochemical markers may also revert to pre-treatment levels	Long term weight stability at 5 years after possible initial weight fluctuation. Possible improvement in blood pressure, cholesterol, cortisol level. Likely improvement in intuitive eating behaviours and dietary quality, reduced body dissatisfaction, sustained physical activities.
Risks	Development of disordered eating or maladaptive eating patterns, weight cycling, increased body dissatisfaction, increased weight from baseline	Lack of support from family/friend due to their unfamiliarity with approach, initial unease with letting go of long-held dietary beliefs, grief due to loss of 'thin me' dream



- Approx 90% of people in all BMI categories have room for improvement in their dietary quality, so why are we only having conversations with those with a BMI 25+
- The picture is similar in terms of meeting recommended levels of PA, but we generally assume that those with a higher BMI are inactive.
- Neither does BMI necessarily classify who is cardiometabolically healthy and who isn't (BP, cholesterol, insulin resistance, etc) - approx. 50% are misclassified!
- Obesity is mostly determined by the wider social, economic, commercial and environmental determinants of health, even if it appears to be grounded in individual behaviour.
- When focussing on weight loss, energy deficit is improved and it is this that in turn improves biochemical results, not the weight loss per se.



What a weight neutral intervention would look like

- Size accepting - encourage/enable healthy behaviours regardless of current weight status or body shape
- Emphasis on body acceptance and self worth
- Focus on health gains and longevity boosters that are independent to weight, size , or shape e.g.
- Regular activity/movement
- Improving diet quality/better nutrition



- Social support
- Sleep
- Smoking cessation
- Reduced alcohol consumption
- Keep a process focus rather than end-goals, day-to-day quality of life
- Maintains a holistic focus given that health is multidimensional
- Increase access, opportunity, freedom.
- Rooted in principles of social justice, aiming to lift up the systematically disadvantaged and challenge the environmental and social structures that create inequalities



For those who chose to pursue weight loss

- Ultimately the wishes of the individual must be respected
- Can still incorporate principles of weight neutral approaches (self compassion; joyful movement; improving nutrition etc)
- Be honest about pros and cons of pursuing weight loss, offer an alternative
- There would be some caveats, e.g. obesity during pregnancy; pre-surgery; MSK issues, etc.



An example of a weight-neutral approach – Non-Diet Approach

- Fiona Willer – Australian Dietitian developed this as a clinical approach to her Health at Every Size (HAES) values.
- HAES values =
 - Weight inclusivity
 - Health enhancement
 - Respectful care
 - Eating for wellbeing
 - Life enhancing



- Weight Inclusivity:
 - Accept and respect the inherent diversity of body shapes and sizes and reject the idealizing or pathologizing of specific weights
- Health Enhancement:
 - Support health policies that improve and equalize access to info and services, and personal practices that improve human well-being, including attention to individual physical, economic, social, spiritual, emotional and other needs



- Respectful Care:
 - Acknowledge our biases, and work to end weight discrimination, weight stigma and weight bias. Provide info and services from an understanding that socio-economic status, race, gender, sexual orientation, age and other identities impact weight stigma, and support environments that address these inequalities
- Eating for Wellbeing:
 - Promote flexible, individualised eating based on hunger, feeling full, nutritional needs, and pleasure, e.g. ‘intuitive eating’ rather than any externally regulated eating plan focused on weight control.
- Life Enhancing Movement:
 - Support physical activities that allow people of all sizes, abilities and interests to engage in enjoyable movement, to the degree that they choose



Finally....

- Assumptions are made that heavier people are unhealthy, this is not necessarily so
- Weight loss through dieting is not sustainable over time
- We would be acting on behalf of our population if we centralise health for people at all points along the weight continuum and work to eradicate stigma in all settings, including healthcare
- Weight loss leads to body pre-occupation, distracts from other health goals and wider determinants, reduced self-esteem, eating disorders, other health decrement, weight stigmatisation and discrimination
- It would negate the need for people to have embarrassing conversations about weight with adults and children. It would be a more positive conversation about health.
- NCMP



Want to know more?

<https://www.openlearning.com/healthnotdiets/courses/introduction-to-the-non-diet-approach/homepage/?cl=1>

