1

Healthcare for Every Body

Caring for Higher-Weight Patients

WITH RAGEN CHASTAIN
RAGEN@WEIGHTANDHEALTHCARE.COM

1

2

Disclosures

- I have no financial conflicts of interest

2

Learning Objectives

3

- Identify the tenets of the Weight-Centric and Weight-Neutral Health Paradigms
- Explain the intersectional oppressions and harm of weight stigma in healthcare practice
- Name and employ 3 strategies to navigate, reduce, and eliminate weight stigma and bias

3

Introductory Info

4

- Format
- Language – Patient/Client
- Privilege
- An Invitation to Explore

4

A Word About Language

- "Obese" and "Overweight"
  - Origin/BMI
    - Sabrina Strings – Fearing the Black Body
    - Da'Shaun Harrison – Belly of the Beast
  - Impact
    - Profit to weight loss industry
    - Stigma and mistreatment of people in classifications
    - Fractured relationships between higher weight patients and HCPs
- Person First Language
  - Person with obesity, person with overweight
- Higher Weight, People of Size, Larger Bodies
- Fat

5

6

Weight Stigma in Healthcare Practice

6

Types of Weight Bias and Stigma

7

- Implicit
  - Subconscious weight stigma and bias
- Explicit
  - Conscious weight stigma and bias
- Internalized
  - When a higher-weight person internalizes negative beliefs about their own body. It often causes them to participate in their own poor treatment/disengagement from care and the poor treatment of other higher-weight people
- Structural
  - When things that higher-weight people need (chairs, to blood pressure cuffs, research, best practices, restaurant booths et al.) are created based on thin bodies and/or to the specific exclusion of higher-weight bodies

7

Impacts of Weight Stigma/Bias in Provider/Patient Relationship

8

- Patient Disengagement
  - Lack of early detection/screenings
  - Internalizing weight bias
  - Mistrust of other provider recommendations
- Provider weight distraction
  - See the patient as a pathology
  - Missed diagnoses and recommendations
  - Weight loss prescriptions and delayed care
  - Practicing stereotypes instead of medicine/healthcare

8

9

Considering the Weight Centric Paradigm

9

10

Weight-Centric Paradigm Core Beliefs

- Considers being higher-weight (by some definition) to be a health issue/disease
- Considers weight loss to be a treatment/healthcare intervention

10

Definition of Behavior-Based Intentional Weight Loss

Any attempt to purposefully decrease body size using food, movement and/or other behaviors

May be called

diet, lifestyle change, health plan, nutrition plan, medically supervised weight management et al.

If the goal is to use behaviors to induce weight loss, it is an intentional weight loss intervention

11

In Summary - The Truth about Weight Loss

12

"There isn't even one peer-reviewed controlled clinical study of any intentional weight-loss diet that proves that people can be successful at long-term significant weight loss. No commercial program, clinical program, or research model has been able to demonstrate significant long-term weight loss for more than a small fraction of the participants. Given the potential dangers of weight cycling and repeated failure, it is unscientific and unethical to support the continued use of dieting as an intervention for obesity."

--Wayne Miller, PhD, Professor of Exercise Science
George Washington University

12

Who Says Intentional Weight Loss Almost Always Fails?

(Partial List)

- 1959 Stunkard et al.
- 1992 National Institutes of Health
- 1999 W C Miller
- 2007 Mann, Tomiyama et al.
- 2013 Australian National Medical Health and Research Council
- 2020 Canadian "Obesity Expert" Panel
- 2021 Gaesser & Angadi
- 2024 Weeldreyer et al.

13

14

What The Research Finds

Most people lose weight weight short-term (1 year)

About 95% regain weight long-term (2-5 years)

Up to 66% of people regain more weight than they lost

14

15

Does 5-10% weight loss create clinically meaningful health benefits

How do we define significant?

- The history of "clinically significant" weight loss
  - Metropolitan Life Insurance height/weight tables
    - 20%
      - 5-10%
        - 3-5%

How do we define clinically meaningful?

- Claimed without clinical trials
- Claimed without a mechanism to separate impacts of behavior change from impacts of weight loss

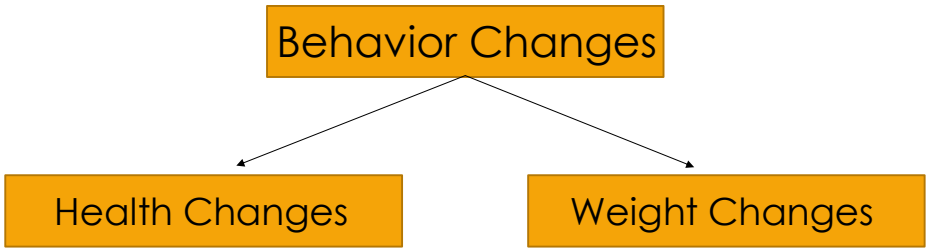
15

16

Tomiyama, Ahlstrom, and Mann, 2013

Long-term effects of dieting: Is weight loss related to health?

- "In correlational analysis we uncovered no clear relationship between weight loss and health outcomes related to hypertension, diabetes or cholesterol, calling into question whether weight change per se had any causal role in the few effects of the diets. Increased exercise, healthier eating, engagement with the health care system, and social support may have played a role instead."



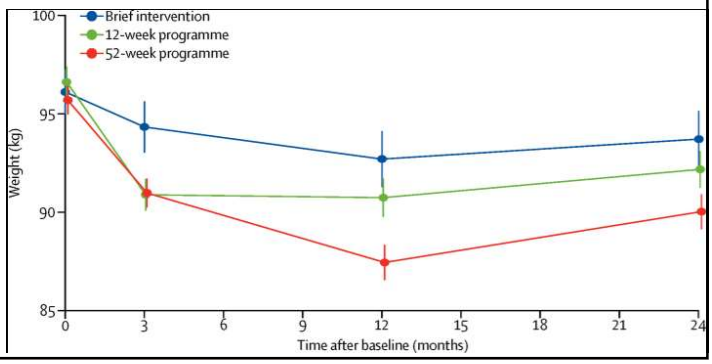
Tomiyama AJ, Ahlstrom B, Mann T. Long-term effects of dieting: Is weight loss related to health? Social and Personality Psychology Compass 2013; 7(12): 861-877.

16

17

How the research misleads us

- Short-term focus
- Ignores drop-out rates
- Poor design/inappropriate conclusions
- Example: Weight Watchers/WW
  - "Although it costs more, modelling suggests that the 52-week programme is cost-effective in the longer term"



Ahern, A. L., et al. (2017). Extended and standard duration weight-loss programme referrals for adults in primary care (WRAP): a randomised controlled trial. Lancet (London, England), 389(10085), 2214–2225. https://doi.org/10.1016/S0140-6736(17)30647-5

17

18

Wharton, Kuk et. al. 2019

Effectiveness of a Community-Based Weight Management Program for Patients Taking Antidepressants and/or Antipsychotics

- Headline: Psychiatric Drugs Aren't Barriers to Success in Weight-Loss Program
  - US Pharmacist "The Pharmacist's Resource for Clinical Excellence"
- Stated Conclusion (in front of paywall)
  - "Results of this study suggest that those who participate in a weight management program can lose significant amounts of weight regardless of psychiatric medication use."
- Actual results (behind paywall)
  - 2.9% body weight loss on average
  - "Indeed, while the overall amount of weight loss achieved in this sample was modest (3.4 kg or 2.9%), this is consistent with 3% achieved on average from long-term lifestyle interventions"

18

19

Ryan et al., 2024

Long-term weight loss effects of semaglutide in obesity without diabetes in the SELECT trial

- The claim
  - Abstract:
    - "A208 weeks, semaglutide produced clinically significant weight loss and improvements in anthropometric measurements versus placebo. Weight loss was sustained over 4 years. "
  - Results
    - "[weight loss] was sustained for the study period through week 208"
  - Conclusion
    - "the weight loss was sustained over 4 years during the trial."

Ryan, D.H., Lingvay, I., Deanfield, J. et al. 2024. Long-term weight loss effects of semaglutide in obesity without diabetes in the SELECT trial.

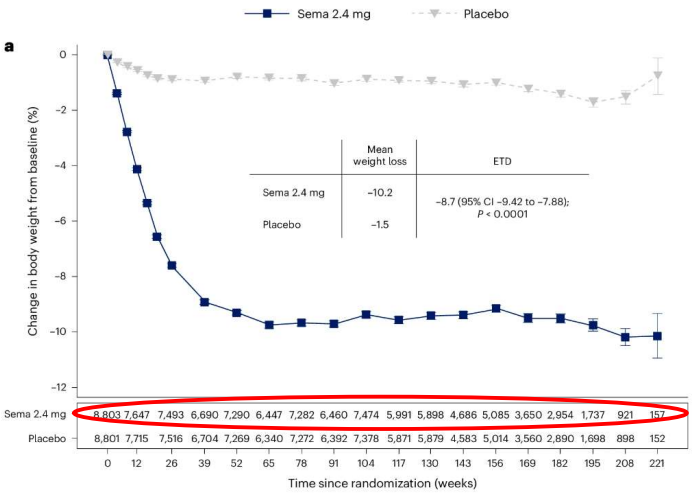
19

20

The Reality of Ryan et al.

Fig. 1: Percentage change in mean body weight from baseline through week 208 for all patients in-trial[21] and first on-treatment.

From: Long-term weight loss effects of semaglutide in obesity without diabetes in the SELECT trial



20

21

Research Basic Premise Error - Part 1

- If higher-weight patients experience a health issue more often than thinner patients, then their body size is to blame
  - Correlation/Causation Error
  - Testing rate
  - Confounding variables

21

22

Case Study– H1N1

- During the 2009 H1N1 outbreak, there was a strong correlation between fatness and negative outcomes
- After the outbreak a study was conducted. It found that thin people were given earlier antiviral treatment than fat people and that
- "After adjustment for early antiviral treatment, relationship between obesity and poor outcomes disappeared."

Sun et. al., 2016. Weight and prognosis for influenza A(H1N1)pdm09 infection during the pandemic period between 2009 and 2011: a systematic review of observational studies with meta-analysis

22

23

Research Basic Premise Error - Part 2

- If higher-weight patients experience a health condition more often, or if a healthcare intervention is less effective for them, the solution is to make them into thin(ner) patients
  - People of the same weight have different health statuses and vice versa
  - Weight changes without health changes/health changes without weight changes
  - Success rate of intentional weight loss interventions
  - Patients need help now – not at some indeterminate, hypothetical time in the future
  - The war on baldness

23

24

A Lack of Control

24

25

Control Error 1 – The Effects of Weight Stigma

- [Cis] Women who say they feel they are too heavy suffer more mental and physical illness than women who say they feel fine about their size —no matter what they weigh

Muennig et al.(2008). I think therefore I am: perceived ideal weight as a determinant of health

- Experiencing weight stigma over time was associated with increased rates of high blood pressure and diabetes

Muennig P. (2008). The body politic: the relationship between stigma and obesity-associated disease.

- Increased blood pressure, blood sugar, and levels of the stress hormone cortisol
- Depression, anxiety, substance abuse, and suicidal tendency
- More advanced and poorly controlled chronic disease, and low health-related quality of life

Puhl, R. et al. (2016). Overcoming Weight Bias in the Management of Patients With Diabetes and Obesity.

- Perceived weight discrimination was associated with an increase in mortality risk of nearly 60%

Sutin, A. R., Stephan, Y., & Terracciano, A. (2015). Weight Discrimination and Risk of Mortality. Psychological science,

25

26

Control Error 2: Effects of Weight Cycling

- The risks associated with weight cycling are very much the same as those associated with obesity

Gaesser and Angadi, 2021Obesity treatment: Weight loss versus increasing fitness and physical activity for reducing health risks

- Attempts to lose weight typically result in weight cycling…
  - weight cycling results in increased inflammation, which in turn is known to increase risk for many obesity-associated diseases.
  - weight cycling is associated with T2D, Hypertension, CVD, and increased mortality risk.

- "Weight cycling can account for all of the excess mortality associated with obesity in both the Framingham Heart Study and the National Health and Nutrition Examination Survey (NHANES)."

Bacon and Aprhramor, 2011Weight Science: Evaluating the Evidence for a Paradigm Shift

26

Control Error 3 – Healthcare Access

27

Lack of Access To Ethical, Evidence-Based Health Care

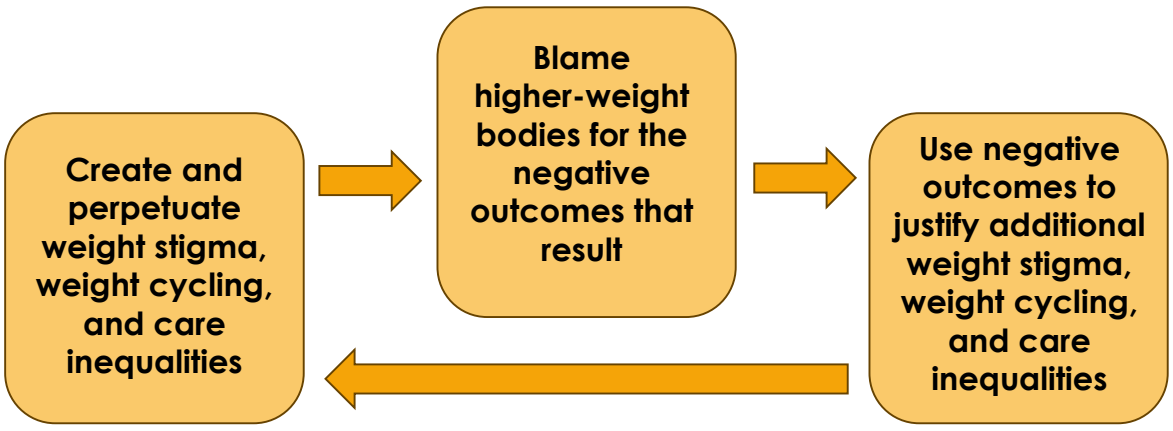
- Research
- Accommodation
  - chairs, tools, durable medical equipment
- Training
- Practitioner Bias – Implicit and Explicit

- Two underlying tenets
  - It's worth risking fat people's lives and quality of life in attempts to make them thin
  - It's acceptable to insist that fat people become thin before they can access healthcare

27

The Cycle of Harm to Higher-Weight People in Healthcare

28



28

29

Thought to ponder

What would higher-weight people's health outcomes and lifespans be

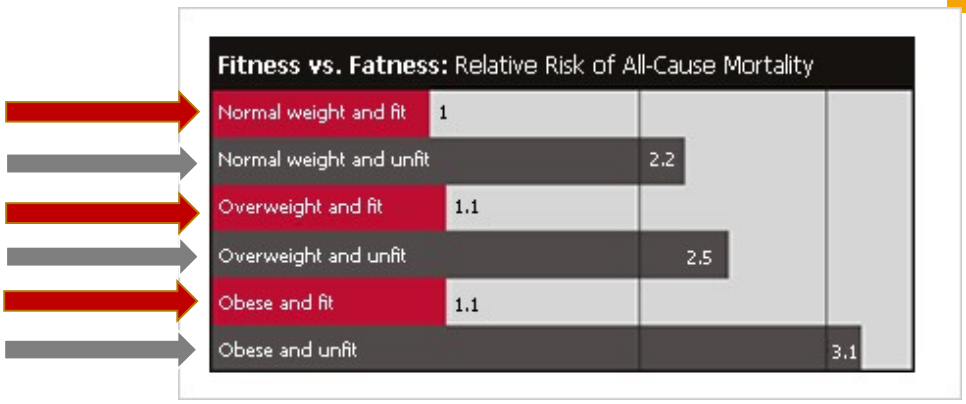
if they were not subjected to weight stigma, weight cycling, and healthcare inequalities

29

30

Considering the Weight-Neutral Paradigm

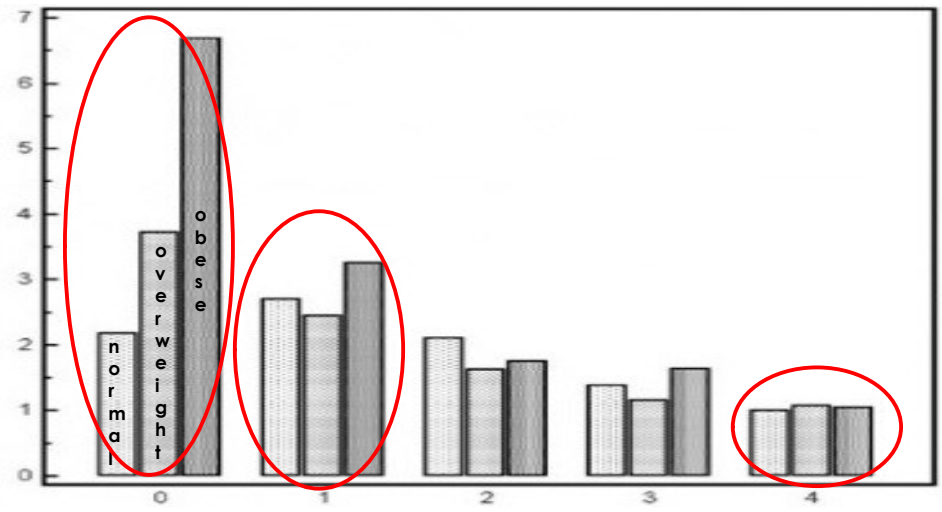
30



25714 adult cis-men

Wei et al. 1999. "Relationship Between Low Cardiorespiratory Fitness and Mortality in Normal-Weight, Overweight, and Obese Men." *JAMA. 1999;282: 1547-1553.)*

31



32

- 5 or more servings of fruits and vegetables
- Exercise more than 12 times per month
- Alcohol up to 1 drink/day for cis-women and up to 2 drinks/day for cis-men
- not smoking

Matheson, E. M., King, D. E., & Everett, C. J. (2012). Healthy lifestyle habits and mortality in overweight and obese individuals. Journal of the American Board of Family Medicine : JABFM, 25(1), 9–15. https://doi.org/10.3122/jabfm.2012.01.110164
11,761 cis men and women

32

33

Gaesser and Angadi, 2021
Obesity treatment: Weight loss versus increasing fitness and physical activity for reducing health risks

- Analyzed 225 studies, systematic reviews, and meta-analyses
- The mortality risk associated with obesity is largely attenuated or eliminated by moderate-to-high levels of cardiorespiratory fitness (CRF) or physical activity (PA)
- Most cardiometabolic risk markers associated with obesity can be improved with exercise training independent of weight loss and by a magnitude similar to that observed with weight-loss programs
- Weight loss, even if intentional, is not consistently associated with lower mortality risk

33

34

Gaesser and Angadi, 2021

- Increases in CRF or PA are consistently associated with greater reductions in mortality risk than is intentional weight loss
- Weight cycling is associated with numerous adverse health outcomes including increased mortality.
- Adherence to PA may improve if health care professionals emphasize to their patients the myriad benefits of PA and CRF **in the absence of weight loss**

34

35

Weeldreyer et al., 2024

Cardiorespiratory fitness, body mass index and mortality: A systematic review and meta-analysis

- Analyzed data from 20 studies that included 398,716 observations
  - More representation of cis women
  - Used Cardiorespiratory fitness – V02 Max or Bruce Treadmill Test
- Those classified as fit, regardless of BMI status, showed no statistically significant increase in CVD or all-cause mortality risk compared with normal weight-fit individuals.
- All BMI classifications who were "unfit" showed twofold to threefold increases in risk of CVD and all-cause mortality compared with normal weight-fit individuals.
- Once CRF was accounted for, there were no significant increases in all-cause or CVD mortality risk for overweight or obese individuals
- Individuals only needed to exceed the CRF of the study population 20th percentile to be considered "fit"

35

36

Bacon et al., 2005

Size acceptance and intuitive eating improve health for obese, female chronic dieters

- Weight-neutral intervention vs Behavior-based weight loss intervention
- 6-month RCT, 2 years follow up
- Attrition at 6 months
  - Diet group: 41%
  - Weight-Neutral group: 8%
- Follow-up (50% of both groups returned for 2-year evaluation)
  - Weight-Neutral: maintained weight, improved in all outcome variables, and sustained improvements
  - Diet group: Weight was regained and little improvement was sustained

Bacon, L., Stern, J. S., Van Loan, M. D., & Keim, N. L. (2005). Size acceptance and intuitive eating improve health for obese, female chronic dieters.

36

37

Considering A Change In Focus

- Instead of focusing on manipulating the weight of fat patients, focus on supporting their health at their current size
  - Research
  - Tools and Equipment
  - Practitioner Training - compassion, to practice, to advocacy
  - Best Practices
  - Informed consent

37

38

Practical Steps

- Do whatever you can to make your facility accommodating to patients of all sizes
  - Notice what is different for fat patients and fix/advocate to fix
  - Be on a team with your patients against weight stigma
- Have policies already in place for all eventualities with higher-weight people
  - Talk to patients, not about them
- If you/your facility cannot accommodate a patient
  - Apologize
  - Know where to refer
- Speak up against weight stigma, fat-shaming, and diet talk

38

39

Supporting A Patient Through BMI-Based Denials of Care

39

40

Grounding Principle for Patients

BMI-based denials hold healthcare hostage
for a weight loss ransom

This is becoming your problem,
but it is not your fault

You deserve ethical, evidence-based care
in the body you have

Here are your choices…

40

41

Step 1 – Gather Information

- How to get information
  - In writing if possible - Patient Portal, emails/messages with practitioner
  - Record (with permission if required)
  - Third party or patient (contemporaneous) notes
- Where is the denial coming from?
  - Surgeon, Anesthesiologist, Facility, Insurance
- Reason for the denial
  - Pre-,Peri-, Post-Op complication risk, outcome differences
    - Different risk or outcomes can be handled by informed consent rather than denial

41

42

Step 2 – Options for Dealing with Denials

- Find new circumstances – different surgeon, anesthesiology, facility, insurance
  - Consider bariatric department
- Fight the denial
  - Find the appeal procedure, get support, consider an attorney
  - Research: Ask for theirs, compile yours (bit.ly/BmiDenial – case sensitive)
- Attempt weight loss
  - Informed consent about risks
  - Informed consent about likelihood
  - Be clear on timing

42

43

If a Patient Asks for Weight Loss

43

44

If your patient/client wants weight loss

- Ask Questions
  - Why
    - Cure/prevent health issues
    - Mobility/ability
    - Escape weight stigma
  - Reframe
  - Options
  - Informed consent

44

45

If You Are Required to Counsel for Weight Loss

45

46

Patient options

- Informed consent
  - Issues with 5-10% weight loss claims
  - Not a sure preventative or sure cure for health issues thin people also have
  - Likelihood of weight cycling
  - Risks - weight cycling, disordered eating, eating disorders, disengagement from care
  - Ensure an understanding that they are not in control and will not be blamed if the intervention fails them
- Offer a weight-neutral option
  - Weight loss is not a behavior
  - Focus on behaviors that support health

46

47

Provider Options

- Push to offer a weight-neutral option
  - Harm reduction
  - Doesn't require disclosure of disordered eating/eating disorder to avoid risk
  - Evidence-based and ethical
- Push back against focus on weight loss
  - Ask for evidence of likelihood of success
    - Especially in specific settings
  - Consider if you have enough information about a patient and their history to safely have a conversation about this
  - Consider risks to patient engagement

47

48

Practical Steps

48

49

Reducing Weight Stigma

- Focus on patient health, not weight
- Do not blame higher-weight patients for healthcare's shortcomings
  - The system is failing the patient, not the other way around
  - Model this for patients – "the equipment is too small" not "you are too big"
- Do your own work to identify and dismantle weight stigma and bias
- Encourage patients to see their bodies as amazing, capable, and worthy of care
- Blame-free, Shame-free, Future-Oriented Care

49

50

Other Best Practices for Higher-Weight Patients

- Weigh-in only when medically necessary
  - Allow patient to decline if not medically necessary with no pushback
  - Consider signage
  - Never offer to/ask for guess
  - If medically necessary, offer a "blind" weigh-in
    - Be aware of charting
- What would you do for a thin person with this issue
- Choose interventions based on therapeutic effect first, not weight impact
- Commit to in-depth Informed consent

50

Even If I'm Wrong About Everything

51

Even if higher-weight people could all become thin

and even if by becoming thinner they would become healthier,

Higher-weight people would still deserve equal accommodation and access to the world, including healthcare

51

Q&A

52

Didn't want to ask your question in front of the group?

Question came to you two weeks (or two years) after the talk?

Email me
Ragen@WeightAndHealthcare.com

Message me
Instagram & Bluesky: @RagenChastain

Find more free resources at

www.HAESHealthSheets.com

WeightAndHealthcare.com

52

53

References

- Tomiyama AJ, Ahlstrom B, Mann T. Long-term effects of dieting: Is weight loss related to health? Social and Personality Psychology Compass 2013; 7(12): 861-877.
- Ahern, A. L., et al. (2017). Extended and standard duration weight-loss programme referrals for adults in primary care (WRAP): a randomised controlled trial. Lancet (London, England), 389(10085), 2214–2225. https://doi.org/10.1016/S0140-6736(17)30647-5
- Ryan, D.H., Lingvay, I., Deanfield, J. et al. 2024. Long-term weight loss effects of semaglutide in obesity without diabetes in the SELECT trial.
- Sun et. al., 2016. Weight and prognosis for influenza A(H1N1)pdm09 infection during the pandemic period between 2009 and 2011: a systematic review of observational studies with meta-analysis
- Bacon, L., Stern, J. S., Van Loan, M. D., & Keim, N. L. (2005). Size acceptance and intuitive eating improve health for obese, female chronic dieters.

53