What is Weight Stigma and how does it Influence Health and Healthcare

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Introduction to Weight Stigma
- Definition
- Cultural Causes
- Complexity of Weight

Consequences of Weight Stigma for Patients
- Impact of Weight Stigma
- Impact of Internalized Weight Stigma
- Impact on Patient Encounter

Recommendations
- Reflective Practice
- Importance of Language
Before We Get Started...

1. How do you feel about your body?
2. Have you ever been dissatisfied with your body because you perceived it as not being thin/muscular enough?
3. I see and/or hear media content related to weight that makes me feel bad about my body or appearance
95% of women and men experience stable body dissatisfaction from ages 15-30 ("normative discontent")

The media has been identified as one of the main three sources that influence the development of body image (alongside family and peers)

Rodin et al., 1984; van den Berg et al., 2002; Wang et al, 2019
Introduction to Weight Stigma
Weight Bias/Stigma

**Stereotypes:** Lazy, unintelligent, gluttonous, unhygienic, lacking in willpower...

**Prejudice:** Discomfort or dislike; Belief that weight is controllable; Potential to act negatively

**Discrimination:** Weight-based teasing; Weight-based jokes; Hitting/pushing, Physical barriers

Carels & Latner, 2016
Weight Stigma in Society

All Levels of Education

Employee Wage Gap for Women

All Types of Relationships

Bozoyan & Wolbring, 2018; Gillison et al., 2016; Nutter et al., 2019; Puhl et al., 2011; Smith et al., 2007
Sociocultural Influences

- Thin-ideal / Muscular-ideal (emphasize leanness)
- Healthy Weight Discourse
  - Weight is an individual responsibility
  - Lower body weights are the healthiest
  - Weight can be easily modified via lifestyle changes

Rodgers, 2016
Individual Responsibility?

Foresight, 2007
Individual Responsibility?

Foresight, 2007
Individual Responsibility?

Foresight, 2007
Individual Responsibility?

Foresight, 2007
Proxy for Health?

**MORTALITY AND HAZARD RATIOS**

Below “Normal” BMI: HR = 1.88
Low “Normal” BMI: HR = 1.39
Mid “Normal” BMI: HR = 1.15
Low Overweight BMI: HR = 0.97
High Overweight BMI: HR = 1.04
Obesity 1 BMI: HR = 1.18

Bhaskaran et al., 2018; Gaesser et al., 2019; Hellec et al., 2015
Proxy for Health?

Barry et al, 2014; Gaesser et al., 2019
Proxy for Health?

Fig 1. Distribution of the prevalence (%) of the eight BMI categories among the five mortality risk groups: Low, medium, medium-high, high and very-high risk.

Fig 2. Raw 8-year mortality rates at each 0.5 kg/m² BMI intervals between 15 and 55 in the entire population (black line) and the five mortality risk groups. Dots represent the point estimates of the mortality rate in the 200 bootstrap iterations, circles are their mean, the solid line is a smooth curve representing the averages and the dashed lines are the 95% empirical confidence interval.
Weight is Easily Modifiable?

95%

OBESITY Reviews

OBESITY MANAGEMENT

The challenge of keeping it off, a descriptive systematic review of high-quality, follow-up studies of obesity treatments

Morten Nordmo, Yngvild Sørebø Danielsen, Magnus Nordmo
Consequences of Weight Stigma
Consequences of Weight Stigma

- Eating Behaviours
- Psychological Health Distress
- Physical Health Distress
- Reduced Life Expectancy

Phelan et al., 2015; Sutin et al., 2015; Tomiyama et al., 2014
Weight Stigma in Canadian Primary Healthcare

18% "I am disgusted by treating patients with obesity"

50% "Patients with obesity increase demand on the health care system"

Demand on health care system is unfair

Patients with obesity should pay extra for health care

Albega et al., 2019
Impact on the Patient Encounter

- Disrespectful treatment experiences (patronizing tone, insults)
- Attribution of concerns to body weight
- Assumptions about weight gain
- Unsolicited lectures about weight loss
- Fewer treatment options
- Less time spent with patients

- Ambivalence about seeking treatment or treatment avoidance
- Expectations of differential treatment
- Low trust
- Doctor shopping

Alberga et al., 2019; Phelan et al, 2015
Impact on the Patient Encounter

Phelan et al., 2021
Impact on the Patient Encounter

Phelan et al., 2021

[Diagram showing relationships between BMI, Stigmatizing Experiences, Perceived respect, Dr. shopping, and PC Communication, with p-values indicated for each relationship.]
Every time I go to the doctor, he blames everything on my weight. I remember once being told you wouldn’t get such a bad flu if you weren’t so obese.

I even had a GP look me up and down and say to me, you’d be a very pretty girl if you’d lose some of that weight.

My fourth pregnancy was twins and I lost one of the babies and the consultant put everything that went wrong down to my weight, even losing the baby.
Patient Reports

- "No one is completely rude, it is much subtler than that, it's the facial expressions. I feel my doctor is looking at the computer and making faces."

- "One time I had to get an MRI scan. The machine was very small. I didn't fit in it and the radiographer said you could try another clinic, but the really overweight people sometimes have to go to the vet hospital"

- "Your arm is too fat for that blood pressure cuff. I'll have to go and see if I can get the one for bigger arms--and then there is a big commotion"
Recommendations for Practice
Use an Updated Definition of Obesity
Remember the 5 A's

- Five A's of Obesity Management:
  - ASK: for permission to discuss weight
  - ASSESS: risk
  - ADVISE: on risks and treatment options
  - AGREE: on health outcomes and goals
  - ASSIST: in accessing resources and providers
Use the Edmonton Obesity Staging System
Consider Language Preferences

- **Most Preferred Terms**
  - Unhealthy weight/BMI
  - High BMI
  - Excess weight
  - Fat
  - Plus-sized

- **Least Preferred Terms**
  - Obese/morbidly obese
  - Unhealthy weight
  - Excess fat
  - Fat
  - Chubby/Large/Heavy

Puhl, 2020
Engage in Self-Reflection

- Reflect on your weight-based beliefs and assumptions
  - "What is my initial reaction when hearing X and where might that be coming from?"
- Reflect on your encounters with higher-weight patients
  - "What was my impression of X?" "Do I have the information I need to support hypotheses about what I think is going on for them?"
- Get comfortable being uncomfortable
- Accept patient feedback
Thank you!

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