



NUTRITION & LIFE

Talking about the elephant in
the room – weight concern

- What can we do with our overweight/obese patients right now?
- Can we be healthy and overweight/obese? If so... how?
- How should we be talking to our patients about health and weight?

What assumptions do we make?

The subject of this scenario is relatively lean; with a “normal” BMI	Scenarios	The subject of this scenario is relatively fat; “overweight” or “obese”
	You see a person (the subject) with a grocery cart containing a variety of foods, including doughnuts and chips.	
	You see a person (the subject) eating ice cream at the beach.	
	You are a physician, and test results show that your patient (the subject) has developed glucose intolerance.	

Do you think you are weight biased?

no bias

low bias

mod bias

high bias



The reality of weight loss

Weight loss following lifestyle intervention is maximal at 6–12 months. Regardless of the degree of initial weight loss, most weight is regained within a 2-year period and by 5 years the majority of people are at their pre-intervention

(Level I Evidence, NHMRC 2012)

Government Australia. Clinical practice Guidelines for the management of overweight and obesity in adults, adolescents and children in Australia. Canberra: National Health and Medical Research Council (NHMRC); 2013.

Only with intensive lifestyle change

Look Ahead Study and national weight control registry- weight maintenance possible but requires:

- 1300-1600kcal/day
- 60-90 mins moderate exercise every day
- Regular weighing – weekly or daily
- Consistent, controlled and inflexible eating
- High diet restraint (7.1 on TFEI, disordered eating)

Look, Ahead Research Group, 2014. Eight-year weight losses with an intensive lifestyle intervention, the look AHEAD study, Obesity, 22:5-13.

Health & Weight

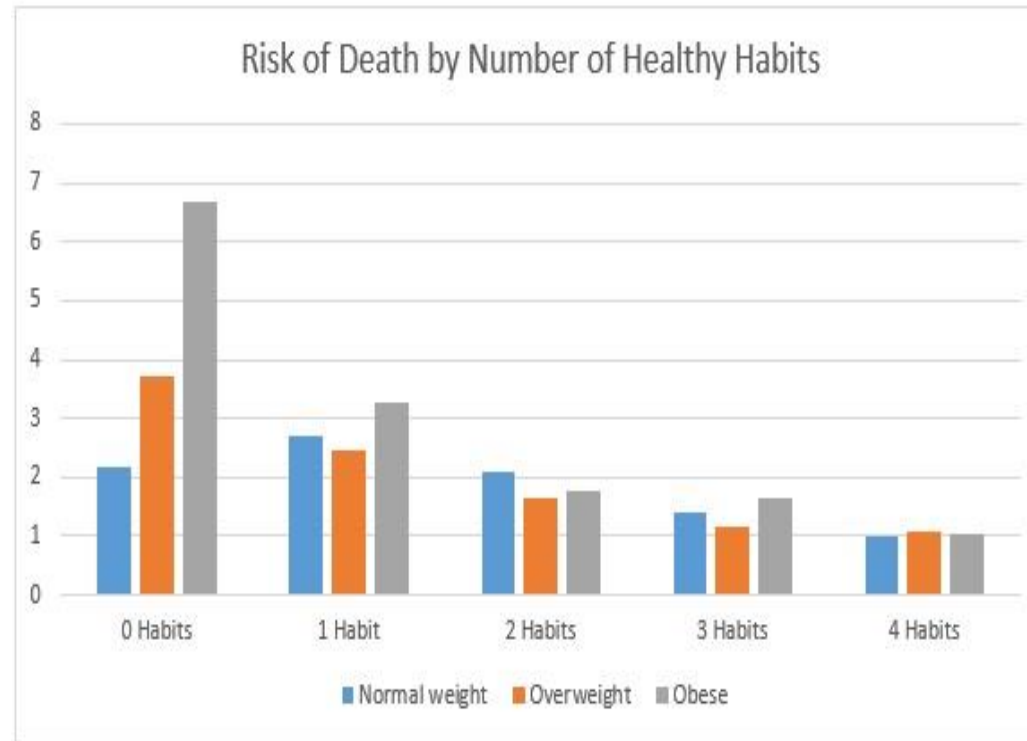
NHANES III data, weighted sample size of 133 million (18 mil deaths), av 170 month follow up

Habits

- ≥ 5 F+/V
- ≥ 12 leisure time physical activities a month
- Not smoking
- More than 0 and up to 1 alcoholic drink/day for women and 2 for men

Healthy behaviours are more important than weight

Matheson et al 2012. Healthy Lifestyle Habits and Mortality in Overweight and Obese Individuals. JABFM Vol. 25 (1); 9-15.



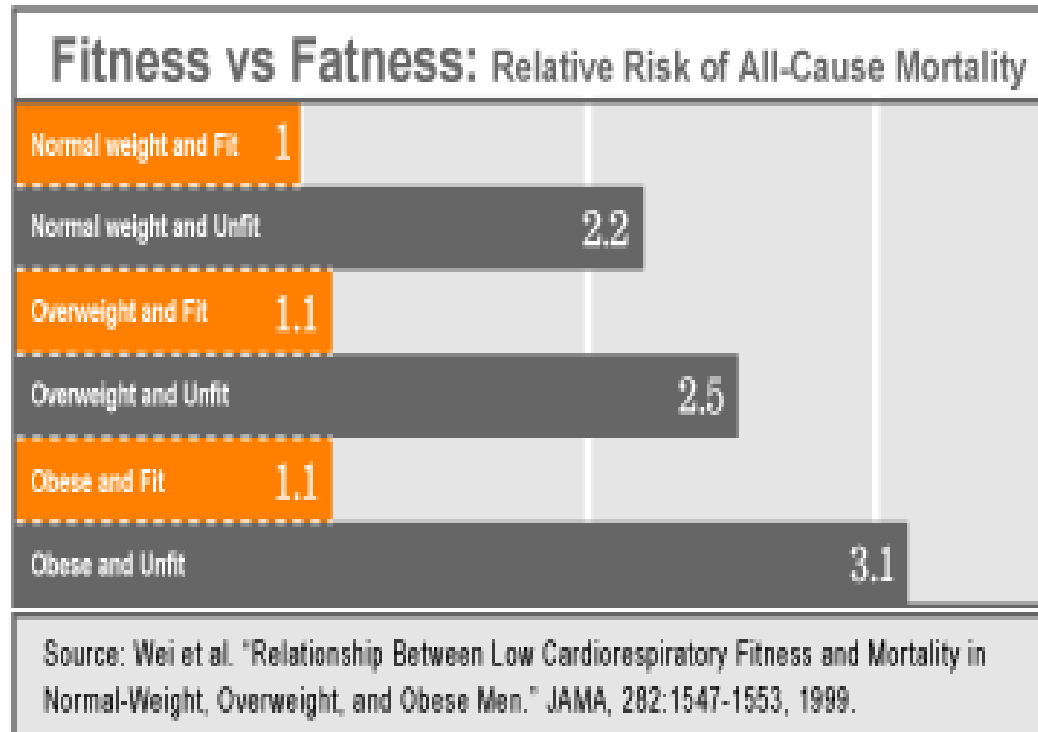
Weight across the lifespan

- The average person gains 0.25-0.5kg per year reaching a maximum weight between 50-69 years after which the trend is for weight loss
- Mortality rates were not associated with being obese or overweight
- Among those age 55 and older at baseline, mortality rates were significantly reduced for those who were overweight or obese
- Relatively low levels of physical activity provided a protective effect against mortality

Lantz et al 2010. Socioeconomic and Behavioral Risk Factors for Mortality in a National 19-Year Prospective Study of U.S. Adults. Soc Sci Med . 2010 May ; 70(10): 1558–1566

Bosomworth, 2012. The down side of weight loss, realistic intervention in body weight trajectory;58:517-23.

Weight loss is not necessary to improve physical health

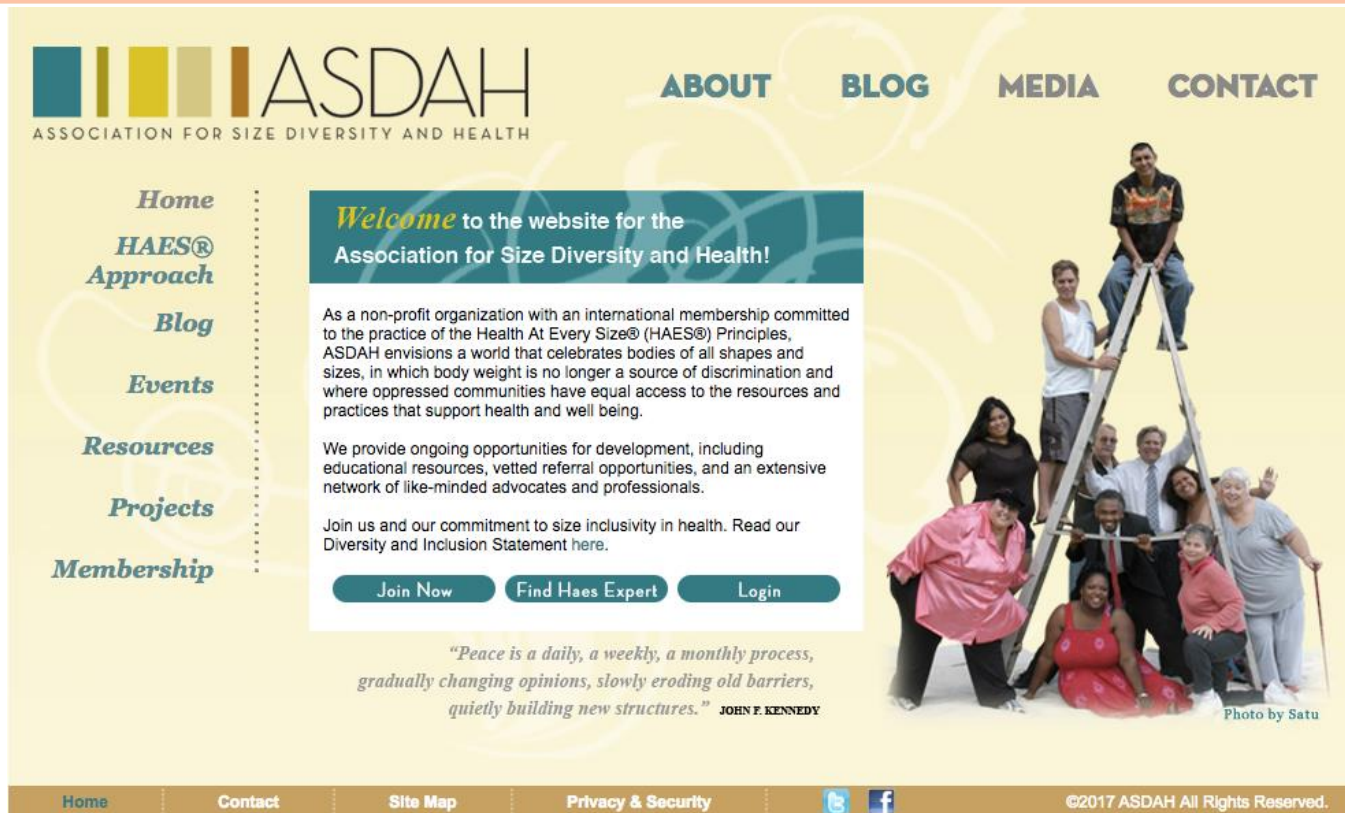


- Studies that have actually controlled for fitness have found that it is more predictive for mortality than weight.
- This study defined 'fit' as 3-4 hrs./week of walking



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Association for Size Diversity and Health (ASDAH)



<https://www.sizediversityandhealth.org/>

Health at Every Size ® (HAES®)


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Can we be HAESy health professionals?

The set of assumptions we would need to be HAESy health professionals:

- Weight is not a good predictor of health
- Obesity is not a synonym of chronic disease
- An individuals healthy weight is not necessarily in the normal BMI range
- You can be fit AND fat

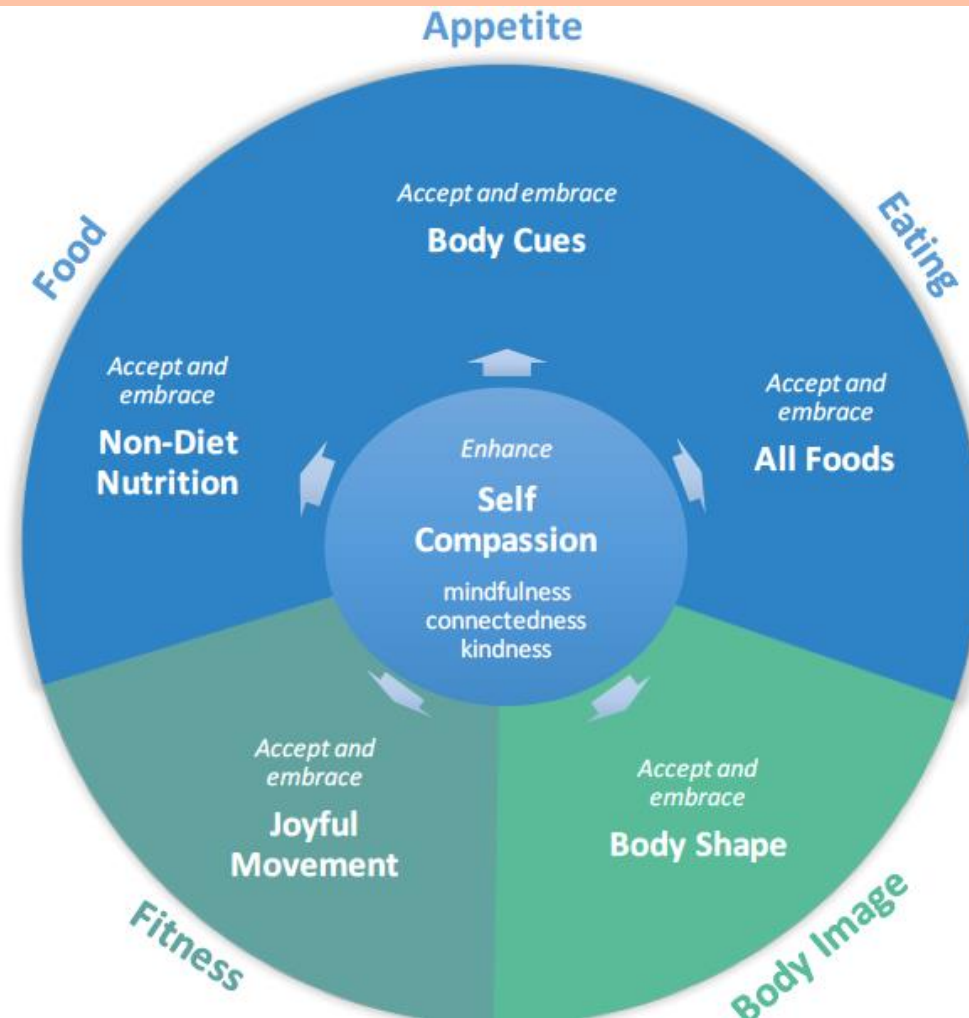
Shift the patients focus from weight to health



What does this look like in practice?

The Non-Diet Approach Model

Weight-neutral client-centred care



Health, Not Diets
TRAINING AND WORKSHOPS

What happens when we take a Non-Diet Approach?

- WEIGHT STABLE AT 5 YEARS
- Improved biochemical markers for cholesterol, blood sugar, blood pressure, CRP
- Sustained healthy behaviours
- Improvement in
 - Diet quality
 - Psychological states
 - Disordered eating patterns
 - Self esteem
 - Depression

Clifford 2015 (systematic review 16 studies, 3336 participants)

Realistic intervention in body-weight trajectory

Sustained weight loss is achieved by a small percentage of those intending to lose weight. Mortality is lowest in the high-normal and overweight range. The safest body-size trajectory is stable weight with optimization of physical and metabolic fitness.

For those with obesity-related comorbidities weight loss may be necessary to improve quality of life (even if regained later). Weight loss in the healthy obese, however, is associated with increased mortality.

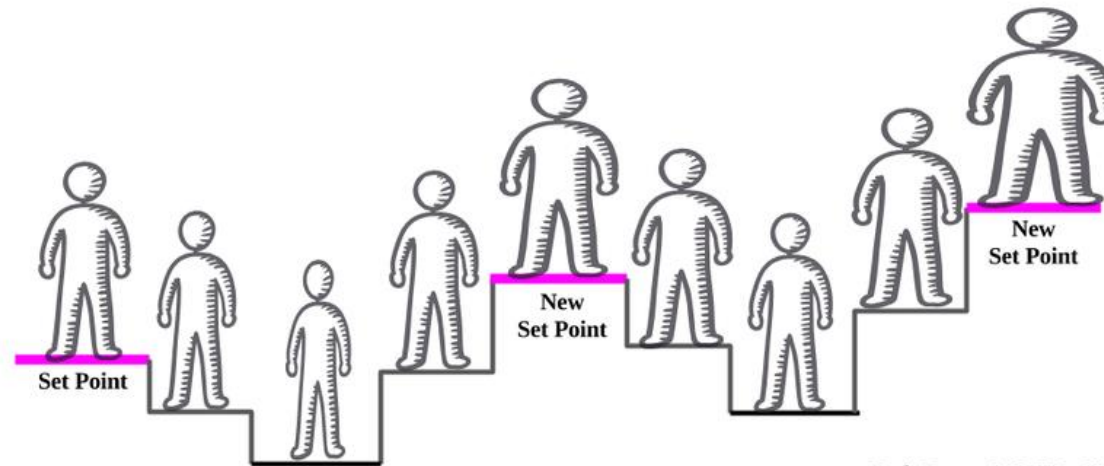
Bosomworth, 2012. The down side of weight loss, realistic intervention in body-weight trajectory;58:517-23.

How can you remove the DREAD around weight loss conversations?

- Dissolve
- Recognise
- Encourage
- AND
- DONE

Dissolve the myth that weight loss is possible for everyone

The Set Point Theory

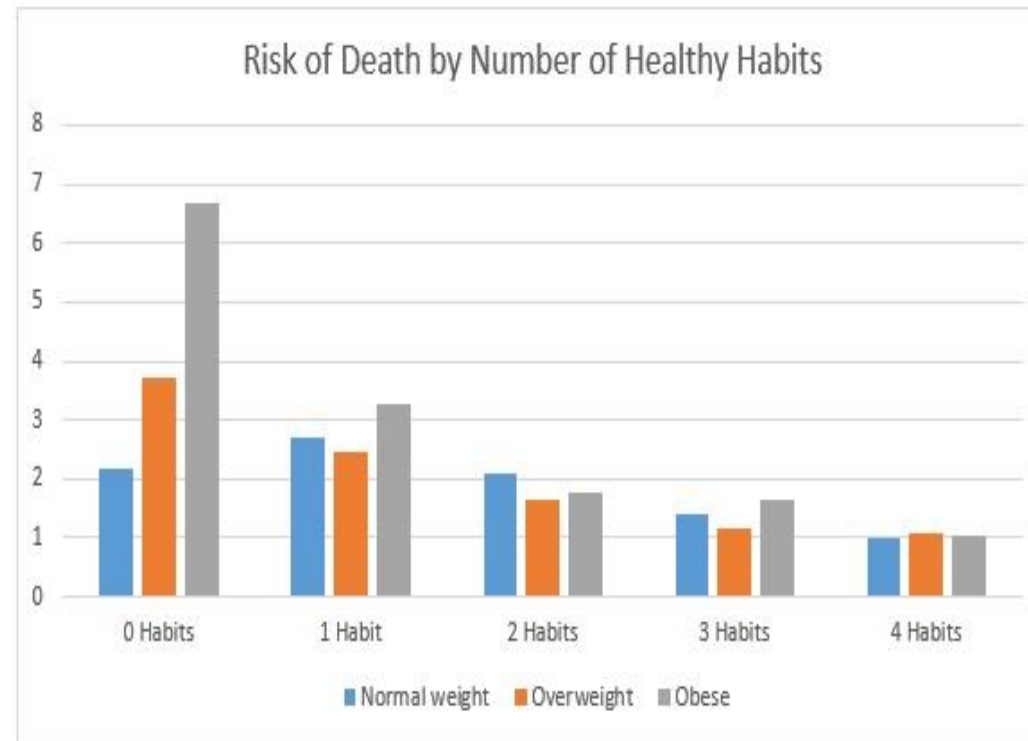


Beth Rosen, MS, RD, CDN
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- biological pressure to restore body weight to the highest sustained lifetime weight gets stronger as weight loss occurs...
- Ochner et al, The Lancet, April 2015


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Recognise that weight and health are different



Health behaviours are more important than weight

Encourage healthy lifestyle behaviours regardless of weight

What would you do for a BMI of 22kg/m²?

Aside from weight loss, what nutrition or lifestyle recommendations could you make for the following conditions?

Patient 1 –Knee Osteoarthritis

Patient 2 - High Cholesterol

Patient 3 – Diabetes

Explore the weight: disease relationship with clients

How can you remove the DREAD around weight loss conversations?

- Dissolve the weight loss myth
- Recognise that weight and health are different
- Encourage healthy lifestyle behaviours regardless of weight
- AND
- DONE

Experience of using this approach in a dietitian clinic

Dietary recommendations in a weight neutral approach

- Ask patients not to weigh themselves
- Eat to Appetite - Intuitive eating/Mindful eating
- Meal pattern – regular meals to avoid being feast and famine, planning
- Relationship with food - food guilt/food rules
 - Intuitive Eating Scale-2 or Dutch Eating Behaviour Questionnaire
- Avoid restriction of any foods
 - these tend to be the foods consumed in refractory binge eating
- High food variety – always ADD foods into diet
 - never restrict and foods or suggest restricting portion size other than based on the patients own hunger cues
- Are you eating when not hungry or with emotions?

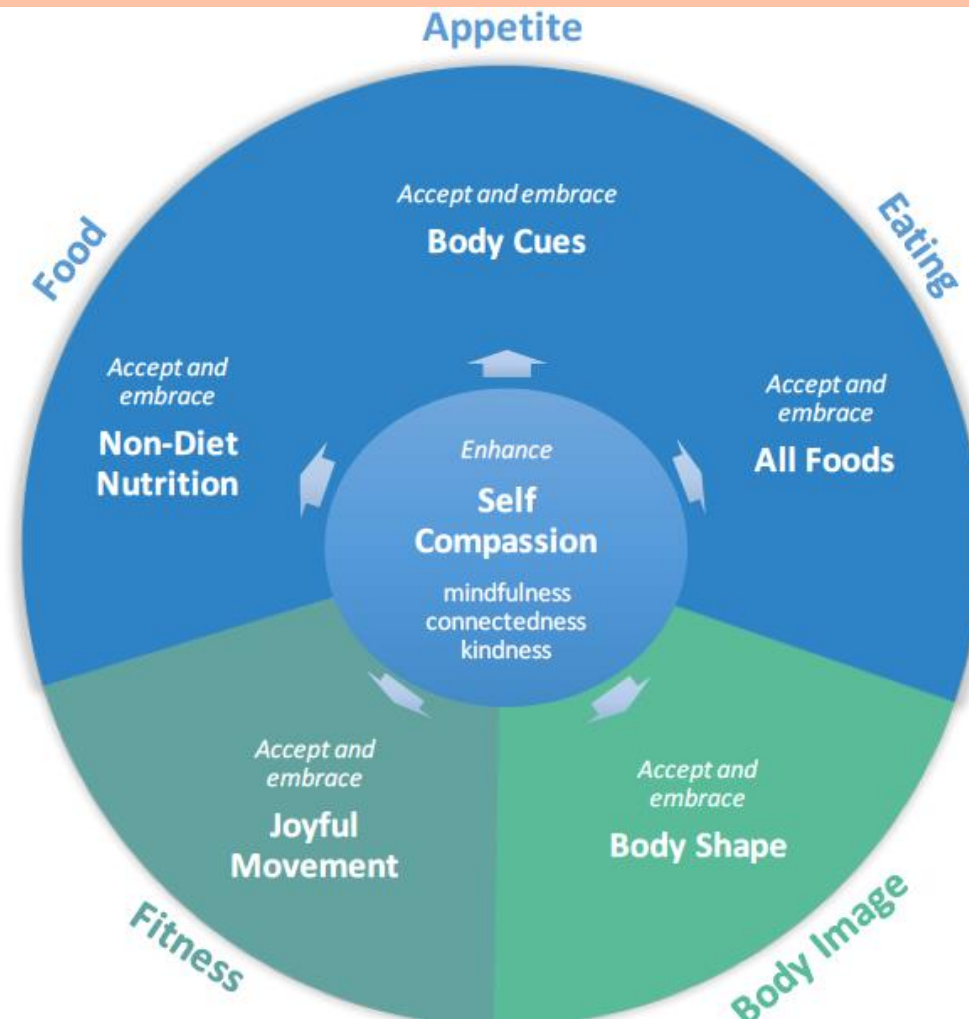
What you would like normal eating to look like for you?

- “To be able to eat without guilt”
- “To be able to eat what I feel like when I feel like it without worrying about feeling like other people look at me and seeing a fat person”
- “To be able to eat with my family and friends freely without worrying having to pay for it the next day”

Beneficial groups for weight neutral or non-diet counselling

- Binge eating disorder or over eating
- ACC clients – sensitive claims
- Young patients who are starting the diet cycle
- Chronic dieters or those with body image concerns
- Managing chronic conditions
- Anyone who chooses a weight neutral approach when presented with weight neutral versus weight loss option

Let's shift the focus!



Raisin intuitive eating activity



Post intuitive eating training:

“Why would I have to binge if I am not on a diet” 65 year old female

“Changing my relationship with food has forced me to change my relationship with myself” 36 year old male

“I looked around me at everyone scoffing their food and felt really great because I was actually tasting my food and I kept enjoying mine even once they were done” 40 year old female

“I told my gym instructor that I was there to get fit for my dance class not to loose weight and she will have to deal with that” 29 year old male

“I don’t have to force myself to exercise anymore I know I need it so that I can think straight each day and sleep well” 27 year old male

“I am eating a much wider variety of foods, I get up and think about what I need to do to make a nice lunch for myself” 72 year old female



Working with Weight Concern: The Non-Diet Approach

A workshop for health, fitness and counselling professionals

The non-diet approach is the most helpful, least harmful method for those in health, fitness and counselling professions to assist people with weight concern. It should be a part of every professional's skillset.

You are invited to a day of learning about the non-diet approach and how to use this model in your one-on-one practice. This practical workshop is perfect for all health, fitness and counselling professionals who work with clients who are concerned about their weight. Previous attendees have included GPs, psychologists, counsellors, exercise physiologists, personal trainers, nutritionists, health coaches, occupational therapists, social workers and nurses.

Find out about:

- The Health at Every Size (HAES) ® movement
- The framework and five core components of the non-diet approach
- Strategies to use with your clients
- Self reflection and self compassion building advice for health, fitness and counselling professionals
- How to work with practice dilemmas, tricky clients and sticky situations
- Evidence base, current research

<http://www.healthnotdiets.com/workshops>

Raisin intuitive eating activity



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- The clients who have given me the experience of working with weight concern



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