Health at Every Size

Workshop #4

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Dr. Katarina Wind



Homework/Exercises

1. Watch 1 TV show/movie/book
    - Notice any weight stigma:
        - For a character in a larger body:
            - Only personality is being the fat character
            - Portrayed as eating large amounts of food, unhealthy foods, sedentary
            - Assumed to be unattractive due to their weight
            - Has other negative traits that it is assumed are related to their weight (ex: poor personal hygiene, unintelligent, lazy, greedy)
        - Character improves their lifestyle and loses weight and becomes more attractive
        - Character is praised for eating disorder habits (using alcohol or cigarettes to stay thin, excessive restriction, eating the same foods etc.)
        - Foods that are not “white” are looked down upon
- If you don’t have time, just reflect on day-to-day life

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Break out groups – 10 minutes

CASE 1 - MANJEET

You are at your weekly rotation at a family practice office. You have just finished your visit **with Manjeet, a 55 year old woman with T2DM on metformin,** and are reviewing with your preceptor. Your preceptor notes that her BMI is 31 and asks if you made any recommendations to her on lifestyle changes and weight loss. How do you respond?

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CASE 2 - BRIAN

You are at your weekly rotation at a family practice office. You have just finished your visit with Brian, a **22 year old man who came in today with a chief complaint of fatigue**. Because of your HAES training, part of your questions were about food and activity. You discovered that Brian goes to the gym 90 minutes daily, and proudly states he has never missed a day in the last 3 months, regardless of if he was tired or unwell. He also states that he is trying to maintain a ketogenic diet and is happy he is getting close to his goal of less than 8% body fat as measured by a private company he goes to. You review with your preceptor, and state your concern that Brian likely has an eating disorder. Your preceptor replies that Brian sounds very healthy, plus he has a BMI in the "normal" range, therefore he cannot have anorexia. How do you respond?

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CASE 3 - “HEALTHY BMI”

You are in a CBL group and the topic is hypertension. The case discusses the importance of a “healthy BMI” (aka 18.5-29.9), and a “healthy diet” which they define as approximately 1800-2000 calories, trying to minimize sweets and fatty foods. They recommend counselling patients on weight loss if they are above this BMI range. You are ready to speak out about what you have learned in the HAES workshops. How do you respond?

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BEFORE PRESCRIBING SPECIFIC DIET OR EXERCISE

Would I be prescribing this for a person in a smaller body?

Is my –or the patient's- expectation or hope that this will lead to weight loss?

Have I screened for a history of dieting, disordered eating, eating disorders or perceived overweight and taken the risk of triggering "dieting" or weight stigma into consideration?

Have I set clear goals and endpoints for the intervention?

Have I supported patient choice, values and self-efficacy?

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Round-table reflections

1. Highlight / key take-away / something you learned

2. What you would like to learn more about

3. Useful next steps to spread this to other medical professionals?

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