

Health at Every Size®

LISA ERLANGER MD

Frontier Dermatology Grand Rounds

May 2022

Health at Every Size (HAES ®) is a registered trademark of the Association for Size Diversity and Health (ASDAH)

Lisa Erlanger MD (she/her)

- Clinical Professor of Family Medicine, University of Washington School of Medicine, Seattle
- Weight Inclusive/Larger Bodied Primary Care, Mental Health, and Eating Disorder Care



erlanger@uw.edu

FBAllBodiesHealthcare

HAES Physicians Facebook group

Paying rent to the Duwamish people, on whose ancestral and unceded land I live and work on

Disclosures: None



Objectives

- Analyze the relationships among weight, weight stigma and health
- Critically assess weight related research
- Implement changes in your practice to reduce weight stigma
- Apply weight inclusive healthcare principles to common dermatologic conditions

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Diet Culture



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A Word About Words

https://www.abc.net.au/everyday/unpacking-and-reclaiming-the-word-fat

Leslie, 42, psoriasis

- History of mildly elevated A1C
- BMI 43
- Reluctant to be weighed or to change into gown, seems nervous
- On exam, you notice odor, acanthosis nigricans, hidradenitis

"I'm sorry I'm so fat. I know I need to lose this weight"



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Leslie, 42, psoriasis

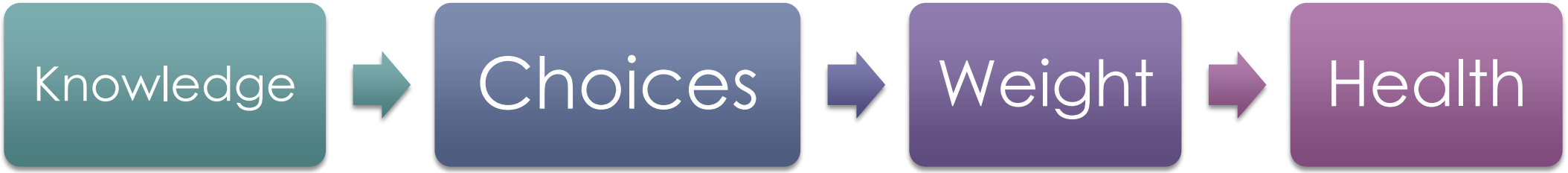
"I'm sorry I'm so fat"

- What would you say in response?
- Are Leslie's health problems caused by her weight?
- Will weight loss help Leslie? How do we know?
- Should you recommend weight loss?



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Implicit Model of Weight and Health



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Weight and Health: Reality

The connections between weight and health are complicated and mostly not causal

Safe and prolonged intentional weight suppression is not possible for most bodies

There are many serious risks of weight-centric healthcare

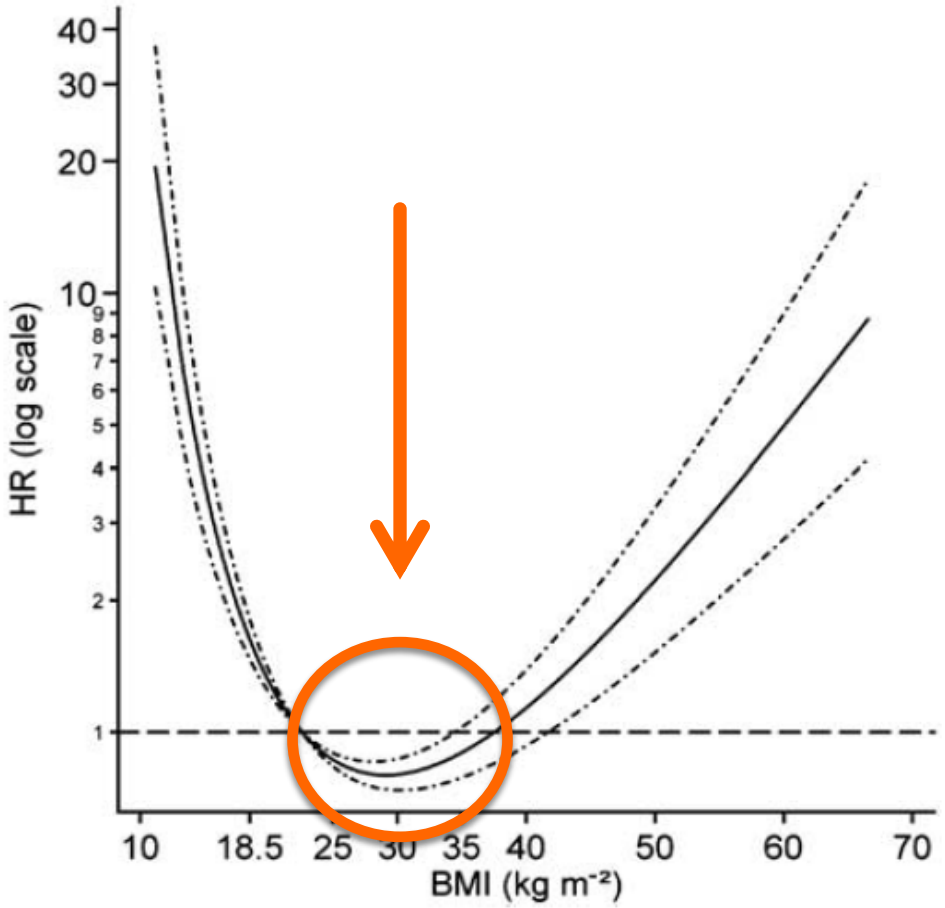
Weight-inclusive care can improve health and wellbeing for patients of all body sizes

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The "Obesity Paradox"

Relative Risk of Death by BMI

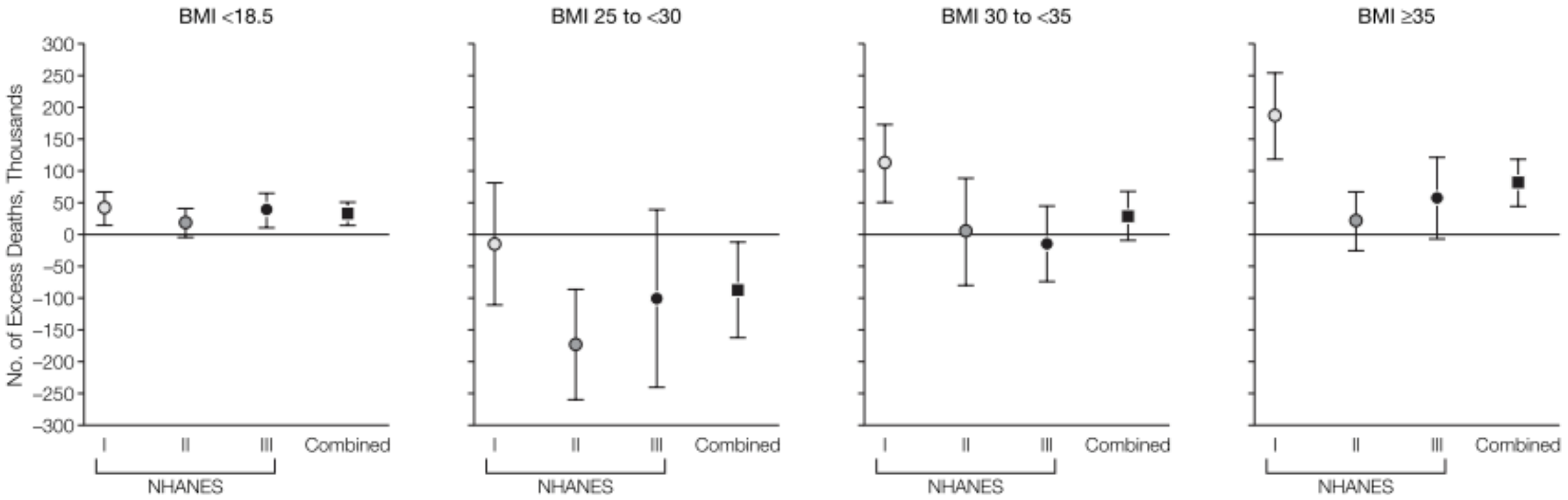
Inter J of Obesity
35:838-851, 2011



- K.M. Flegal, B.I. Graubard, D.F. Williamson, M.H. Gail, Excess deaths associated with underweight, overweight, and obesity JAMA., 293 (15) (2005), pp. 1861-1867, 10.1001/jama.293.15.1861
- Flegal KM, Kit BK, Orpana H, Graubard BI. Association of all-cause mortality with overweight and obesity using BMI categories: a systematic review and meta-analysis. *JAMA*. 2013
- Heymsfield, Does BMI adequately convey a personal mortality risk, JAMA 2013;309(1) 87-88
- Flegal, et al., Health risks of obesity, Haima and lazar, Science 23 Aug 2013
- https://elemental.medium.com/the-bizarre-and-racist-history-of-the-bmi-7d8dc2aa33bb
- Henry Blackburn, David Jacobs, Jr; Commentary: Origins and evolution of body mass index (BMI): continuing saga. Int J Epidemiol 2014; 43 (3): 665-669. doi: 10.1093/ije/dyu061

The Obesity “Paradox”

Figure 2. Estimated Numbers of Excess Deaths in 2000 in the United States Relative to the Healthy Reference BMI Category of 18.5 to <25, Shown by Survey and BMI Category



BMI indicates body mass index (measured as weight in kilograms divided by the square of height in meters). All estimates are based on the covariate distribution from NHANES 1999-2002, the number of deaths in 2000 from US vital statistics data, and the relative risks estimated from National Health and Nutrition Examination Surveys (NHANES) I, NHANES II, NHANES III, or the combined NHANES I, II, and III data set. Error bars indicate 95% confidence intervals.

K.M. Flegal, B.I. Graubard, D.F. Williamson, M.H. Gail**Excess deaths associated with underweight, overweight, and obesity**
JAMA., 293 (15) (2005), pp. 1861-1867, 10.1001/jama.293.15.1861

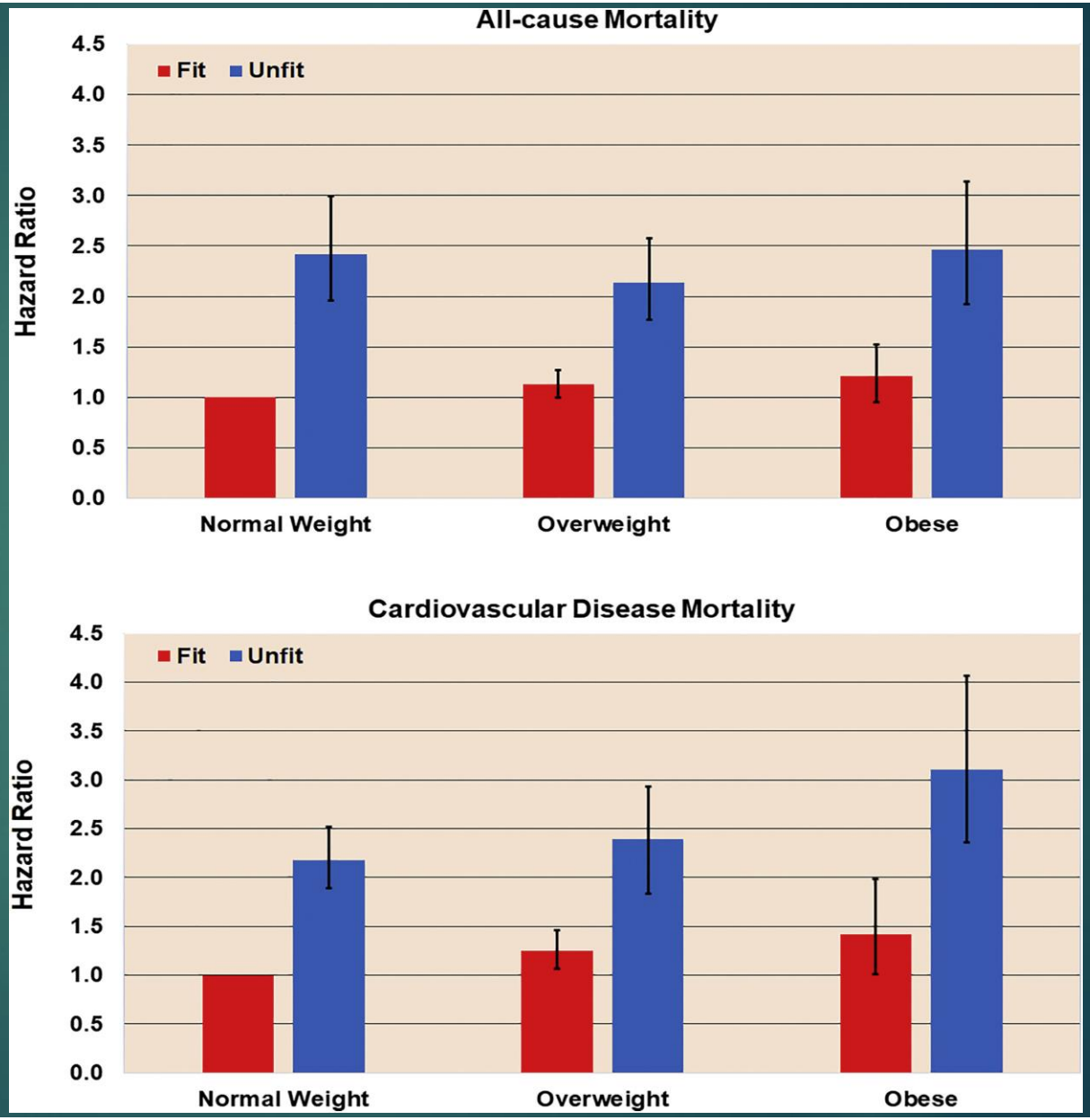


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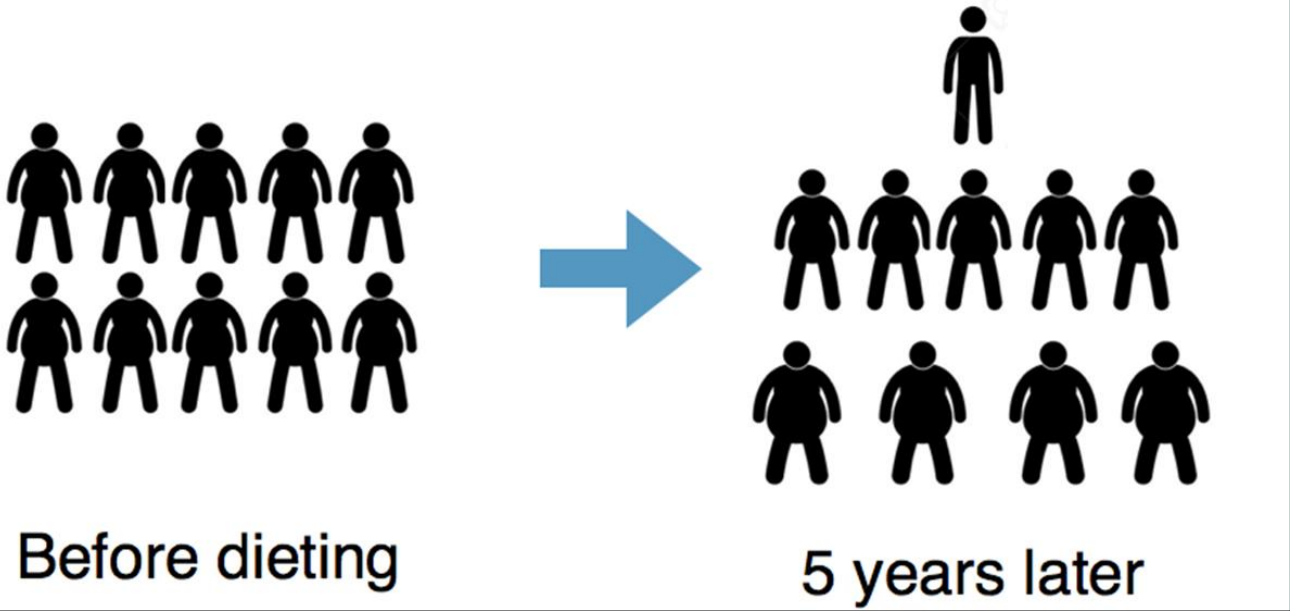
Model: Joy Cox
Photographer: **FINLAY MACKAY**

Weight Loss Vs. Fitness for Reducing Health Risks



Glenn A. Gaesser, Siddhartha S. Angadi, Obesity treatment: Weight loss versus increasing fitness and physical activity for reducing health risks, IScience 24(10),2021

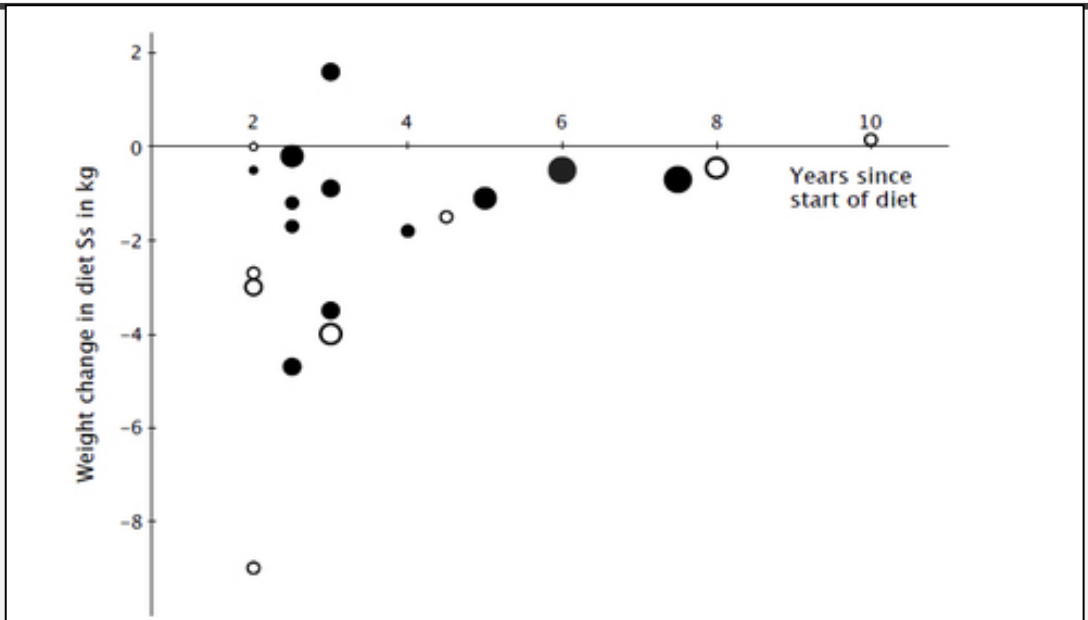
Weight Gain is a More Likely Outcome of Dieting Than Weight Loss



Mann, et al. 2007. *Am Psychol,* Fildes et al. 2015. *Am. J. Public Health*

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METANALYSIS OF 20 LONG TERM WEIGHT LOSS STUDIES



Average weight change among diet subjects in 20 studies by length of follow-up.

Key

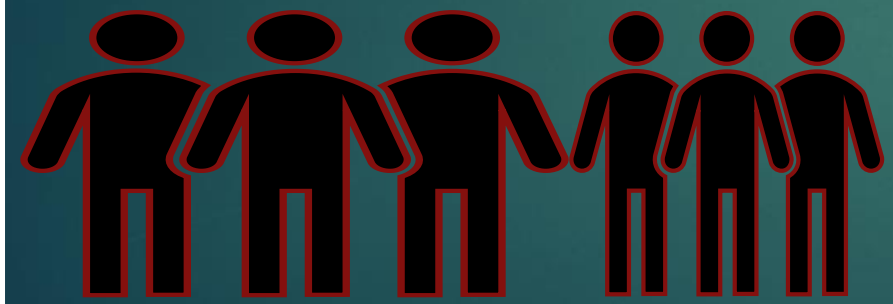
● = < 20% drop out

○ = >20% drop out

Size of circle represents sample size

Tomiyama, Ahlstrom & Mann, 2012

Does Intentional Weight Loss Improve Health?



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Harrington et al 2009 Small benefit in mortality for "unhealthy" especially "unhealthy obese" RR 0.84

9% *Increased* mortality for those who are "overweight" and among healthy adults without obesity

Among healthy adults with obesity, intentional weight loss was not associated with a lower mortality risk.

Look AHEAD trial Look Ahead Research Group et al., 2013 was stopped for futility because results failed to demonstrate a difference in the rate of mortality, nonfatal myocardial infarction or stroke, or hospitalization for angina, despite significantly greater weight loss in the intervention group.

Liposuction does not improve health

Does Intentional Weight Loss Improve Health?

Weight Cycling Associated with:

- Cardiovascular Disease
- Hypertension
- Fat mass vs Lean Mass
- Cardiovascular Mortality
- All-Cause Mortality[1,2]



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[1]Zou et al 2019, [2]Oh et al 2019 [3]Harrington et al 2009

Do we prescribe in fat patients the same behaviors we call disordered in smaller patients?

Signs of possible malnutrition:

- ✓ Hypothalamic suppression vs PCOS
- ✓ Low testosterone, low estrogen
- ✓ POTS, tachy-brady, athletic heart
- ✓ Reactive hypoglycemia
- ✓ Electrolyte deficiencies, anemia
- ✓ Severe Constipation, GERD, IBS, nausea
- ✓ Stress fractures vs arthritis
- ✓ "deconditioning"
- ✓ Fatigue, malaise, chronic pain



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Look AHEAD Trial Halted After Finding No CV Benefits of Intensive Lifestyle Intervention in Diabetes

Oct 15, 201

Print

The Look AHEAD trial has be… to a statement rele… trial.

many other health benefits that occurred with ILI, including improved biomarkers of glucose and lipid control, less sleep apnea, lower liver fat, less depression, less urinary incontinence, less severe kidney disease, improved sexual dysfunction, reduced need of diabetes medications, maintenance of physical mobility, and improved quality of life. This was achieved with less health care costs

…1200–1500 Kcal/day.

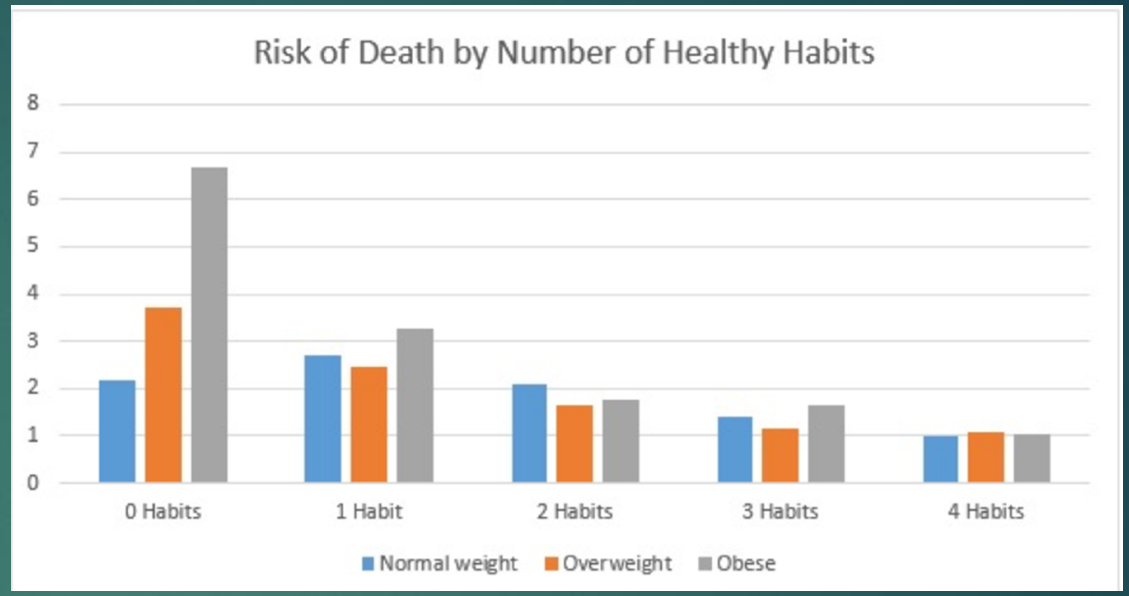
"Despite the overall lack of CVD risk reduction, ILI remains important for care of patients with T2DM, particularly when accompanied by medication management."

Despite no benefit on the primary outcome, intensive lifestyle intervention resulted in significant weight loss and reduced the prevalence of cardiovascular risk factors; however, this benefit became somewhat attenuated between 1 and 4 years.

Volunteers had to pass a maximum exercise test to participate in the study

Pi-Sunyer, Xavier. "The Look AHEAD Trial: A Review and Discussion Of Its Outcomes. *nutrition reports* vol. 3,4 (2014): 387-391. doi:10.1007/s13668-014-0099-x

Healthy Lifestyle Habits and Mortality in "Overweight" and "Obese" Individuals



Habits

- ≥5 Fruit+/Veg
- >12 x month leisure time physical activities
- Not smoking
- > 0-1 alcoholic drink/day for women and 2 for men

Matheson, King, Everett. k J Am Board Fam Med, 2012

Slide by Fiona Willer

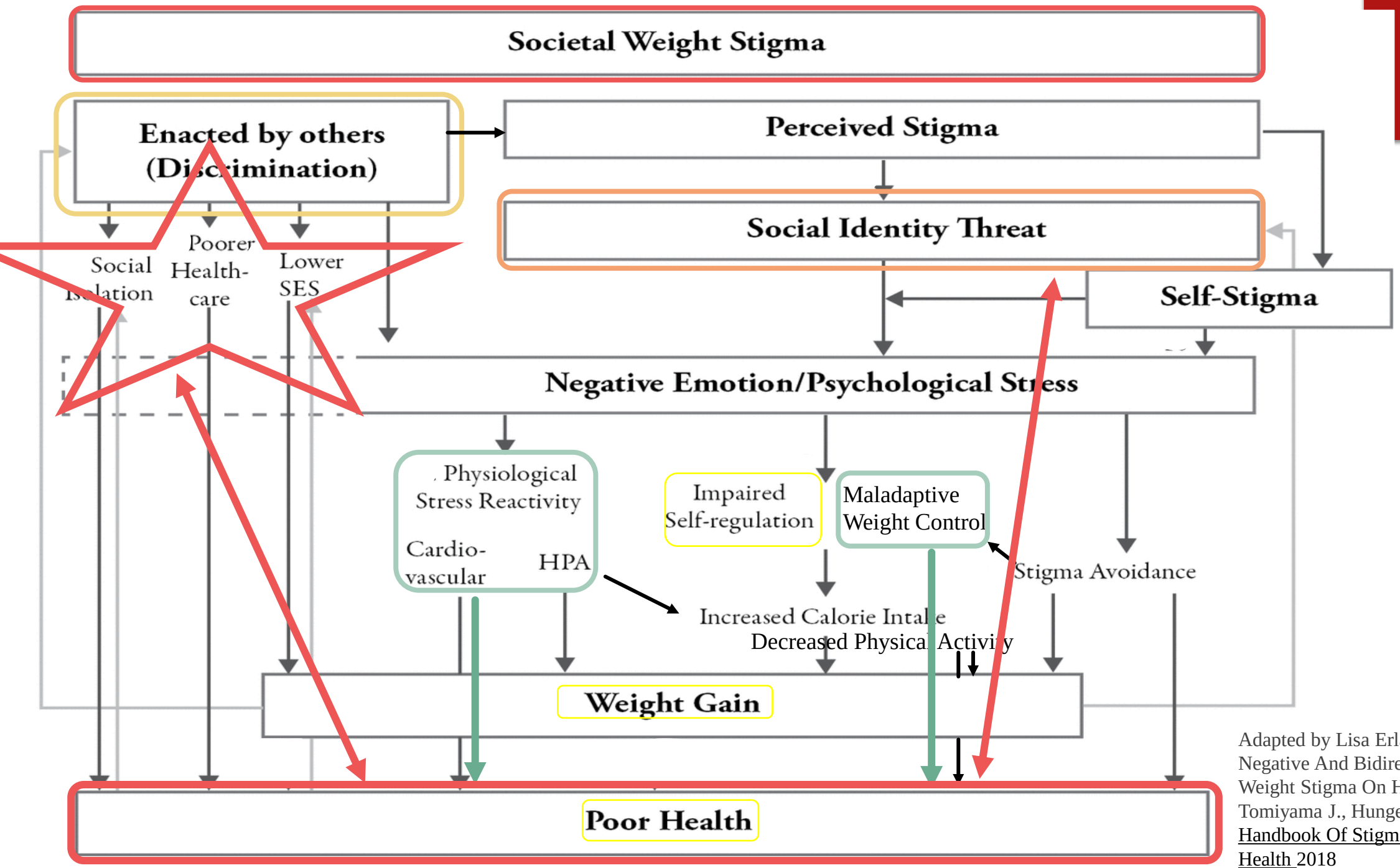
Weight Stigma

"The social rejection and devaluation that accrues to those who do not comply with prevailing social norms of adequate body weight and shape." Tomiyama (2018)

Tomiyama et al. BMC Medicine (2018) 16:123 https://doi.org/10.1186/s12916-018-1116-5

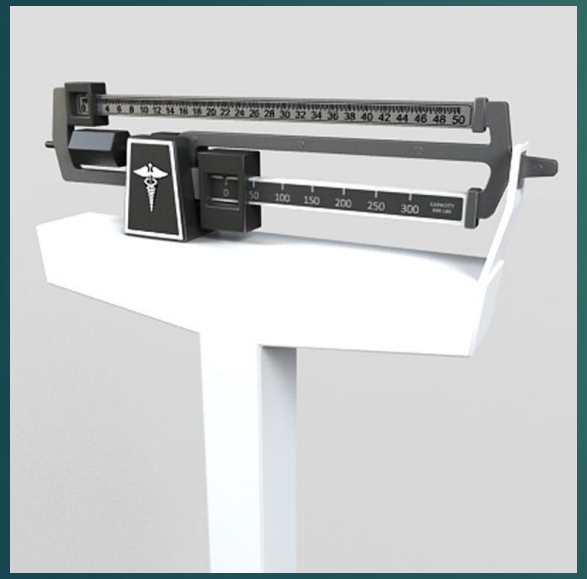


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Adapted by Lisa Erlanger MD from: The Negative And Bidirectional Effects Of Weight Stigma On Health , Major B., Tomiyama J., Hunger J. In The Oxford Handbook Of Stigma, Discrimination, And Health 2018

Identity and Stereotype Threat in Healthcare



- Starting with a weight
- Weight normative "O" words
- Images on walls, brochures, magazines, handouts
- Physical environment: furniture, equipment, gowns, beds
- Provider diet culture
- Assumptions about diet/exercise/health
- Aesthetics or weight management services
- Weight loss as primary recommendation for any condition

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Weight Stigma in Medical Treatment

- Delaying appropriate treatment for trial of weight loss
- Reluctance to examine, less eye contact, less time spent, less patient centered
- Choosing/avoiding medications for appetite/weight effects
- Using time to discuss weight loss
- Missing medical problems in smaller patients
- Missing malnourishment in larger patients

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Perceived overweight correlated with:

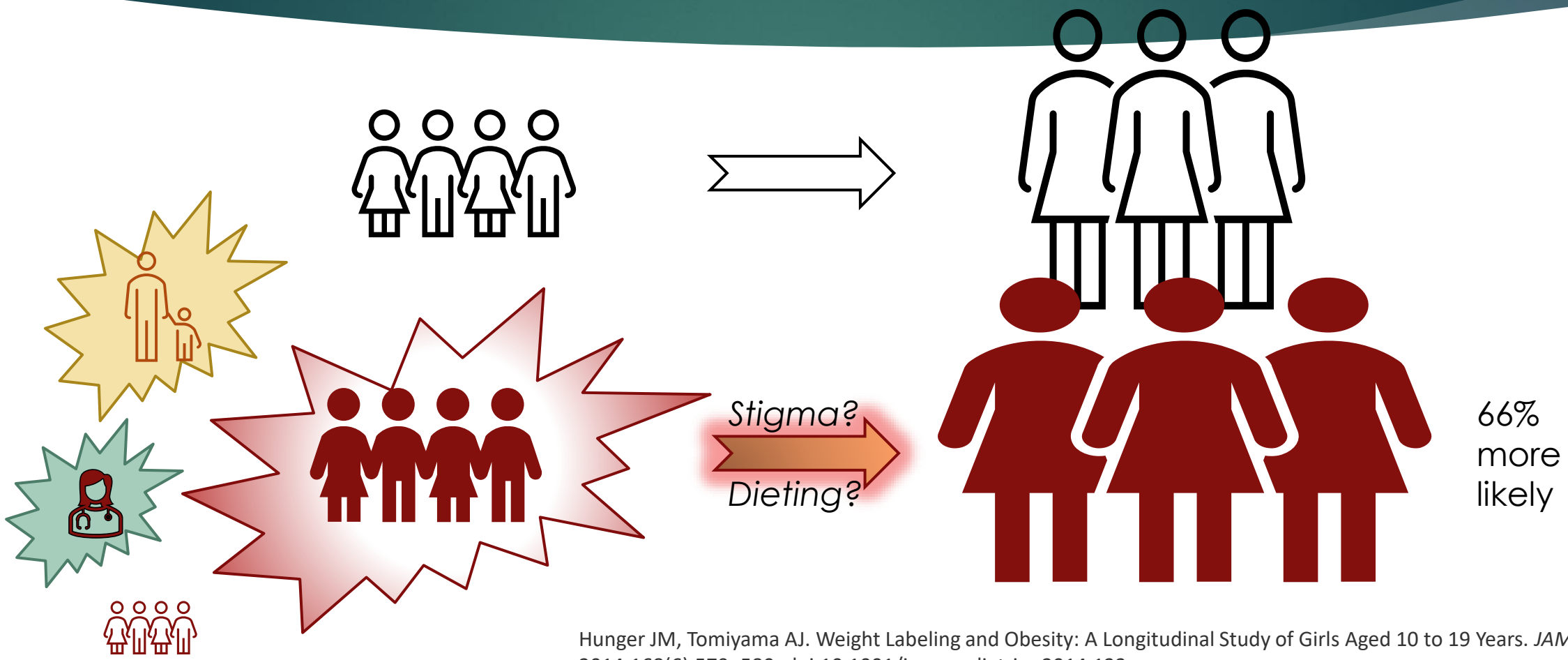


Independent of BMI, age, gender

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- A systematic review of the relationship between weight status perceptions and weight loss attempts, strategies, behaviours and outcomes. Haynes, et al.Obes Rev. 2018 Mar; 19(3): 347–363
- Robinson, E. Et al. Perceived weight status and risk of weight gain across life in US and UK adults. Nature. 2015.

Effect of Weight Labeling on Adult Size



Hunger JM, Tomiyama AJ. Weight Labeling and Obesity: A Longitudinal Study of Girls Aged 10 to 19 Years. *JAMA Pediatr.* 2014;168(6):579–580. doi:10.1001/jamapediatrics.2014.122

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Disease… Or Identity…
Or social determinant of health disparities?

- Some other things that are associated with certain health outcomes that we don't regard as a DISEASE:
  - Sex , gender, race, age
  - Age
  - Zipcode
- Body size is also a visible part of a person's **identity** that follows them everywhere they go
- Body size is also an area where certain groups (ex: race, sex, age) are more discriminated against than others
- Body size is **not** modifiable long-term, for most people, without interventions that involve substantial risk

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Health At Every Size ®
Weight Inclusivity
Respectful Care
Health Enhancement
Eating for Wellbeing
Life-Enhancing Movement
Bodyliberationphotos.com

Actively Counter Stigma

- Acknowledge stigma and your intention to counteract it
- Provide accessible and weight inclusive environments
- Have all necessary equipment in the room
- Actively counter your implicit biases
- Advertise weight-inclusive or health at every size services
- Don't make assumptions about diet, exercise, or eating
- Pay for input from larger-bodied stake-holders
- Be aware of diet culture
- Weigh only when necessary

NAAFA Guidelines for Healthcare Providers with Fat Patients



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Weight Inclusive Care

- Consider what the treatment would be for a person in a smaller body. Do not delay treatment for a trial of weight loss.
- What should I know about your experiences in healthcare until now? Has anything about your body or identity led to difficulty?
- What questions do you have about caring for your body?
- What are your priorities right now? What are your limitations?



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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?

Sometimes you DO need to talk about body size!



- Weight based medications and medications with reduced efficacy in larger patients
- Surgical planning
- Imaging
- Equipment not available
- Exam
- Fat Body Care

It is not right, but …

I am committed to getting you the care you need and working to change how we do it.

Many of my larger bodied patients…

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Fat Body Care

- Toilet, shower, menstrual hygiene
- Skin care, odor
- Undergarments
- Violence, trauma
- Shoes and foot care
- Medication information
- Exercise options (Joyn app)

- Lindley Ashline- Caring for Our Bodies and other
- AmpleStuff: Everything for Big People



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Fat Body Care













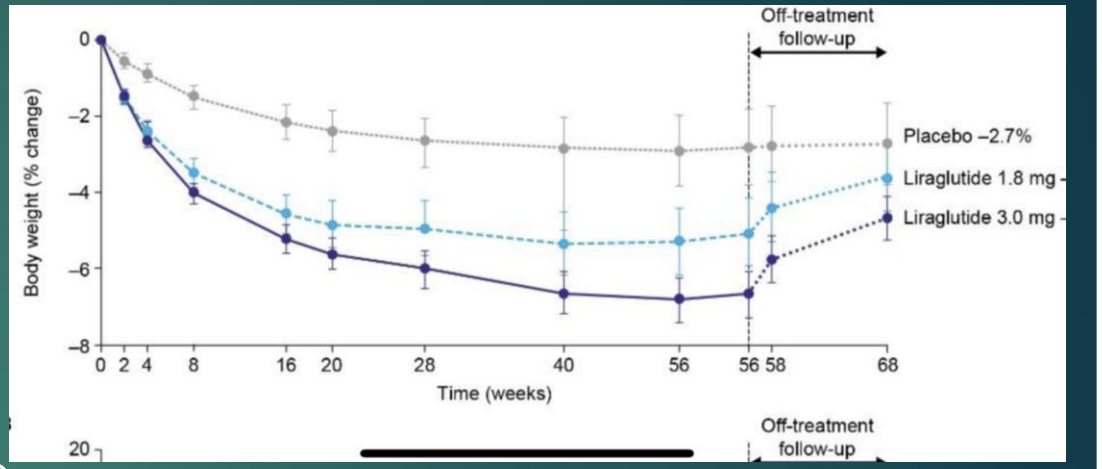
But what about….

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Liraglutide and Semaglutide for weight loss

- 2/3 vs 1/3 of patients lose weight when combined with diet and exercise
  - Most within 20 weeks
  - Plateau at 9 months
  - Rapid weight gain if stopped
- Funded by Novo Nordisk researchers have complex financial ties
- No longterm data on improved morbidity and mortality over reasonable controls
  - "reduces the incidence of diabetes"
- Weight loss by other methods does not improve health long-term for most people

Liraglutide and Body Weight

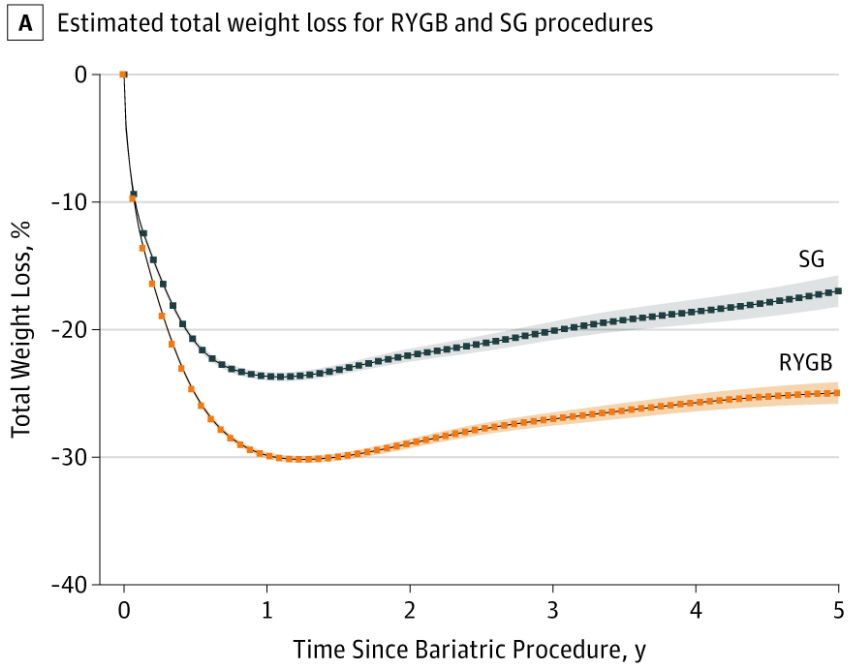


Davies et al, JAMA 2015

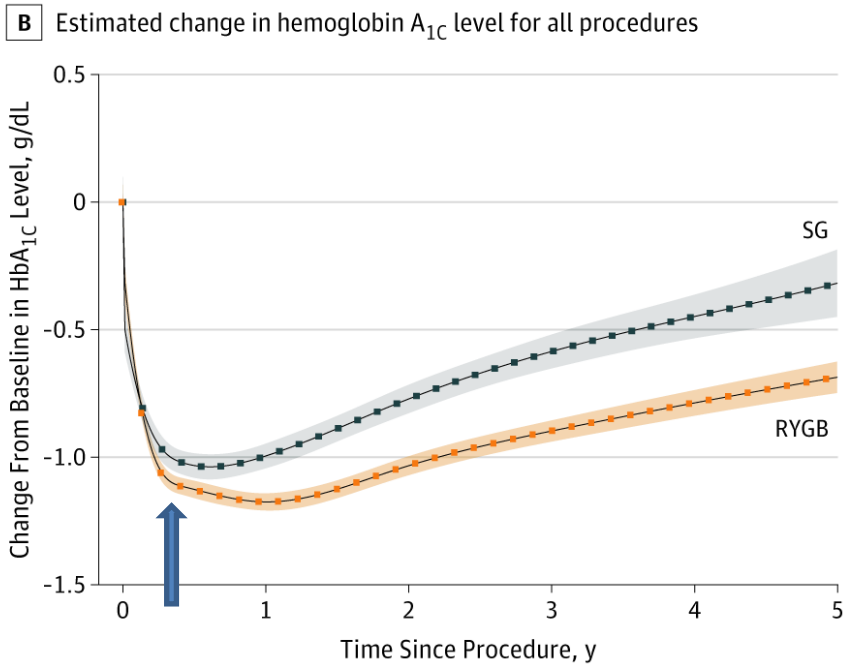
JAMA Network™

From: **Comparing the 5-Year Diabetes Outcomes of Sleeve Gastrectomy and Gastric Bypass: The National Patient-Centered Clinical Research Network (PCORNet) Bariatric Study**

JAMA Surg. 2020;155(5):e200087. doi:10.1001/jamasurg.2020.0087



RYGB Roux-en-Y gastric bypass; SG, sleeve gastrectomy



-0.35 below baseline

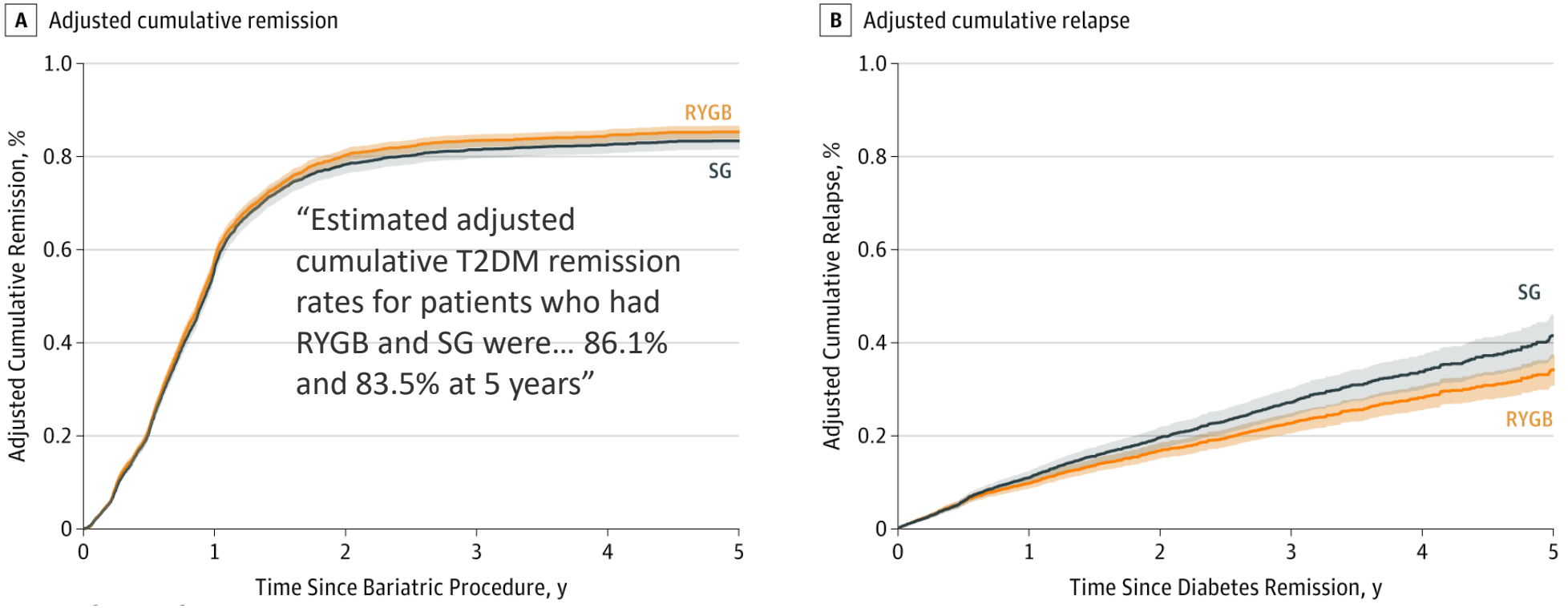
-0.8 below baseline

Median follow up 2.7 years
Mean preoperative A1C 7.2, 19% not on meds
Proportion >=8.0
RYGB 24.6% to 6.4% at 1 yr, 16% 5 yrs
SG 17% to 8.3 to 22%

JAMA Network™

From: **Comparing the 5-Year Diabetes Outcomes of Sleeve Gastrectomy and Gastric Bypass: The National Patient-Centered Clinical Research Network (PCORNet) Bariatric Study**

JAMA Surg. 2020;155(5):e200087. doi:10.1001/jamasurg.2020.0087



RYGB Roux-en-Y gastric bypass; SG, sleeve gastrectomy

Bariatric Surgery Complications

- 30-day case fatality rate may be as high as 1.9%, increases with age (Omalu, Arch Surg, 2007)
- Excess suicide rate up to 7x – 1-3 yrs post surgery. 50% increase "non-disease death"(Tindle, Am J Med, 2010)
- There does not appear to be a mortality BENEFIT. There may be excess overall mortality.
- Stricture (3-7%), ulceration (1-16%), fistula (1-2%), cholelithiasis (32-47%), SBO (1.5-5%), dumping syndrome 13%, hypoglycemia, 98% nutrient deficiency (thiamine, B12, secondary hyperparathyroidism particularly dangerous)(Seeras, StatPearls 2022)



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Bariatric Surgery

For providers and patients: The Heaviest Surgery by Mariana den Hollander

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Systematic Review Obrien et al Obesity Surgery, Obesity Surgery, 2019 *Concludes surgery is safe and effective:*

Many studies showed >50% reoperation, Many had less than <50% follow up.

> *"Whilst it is reassuring to note long-term effectiveness, the* ***quality of most of the studies was low*** *with a* ***general lack of control data, numerous data gaps including percentage follow-up, reoperation rates, perioperative mortality and morbidity and even the measures of variance were absent*** *in several reports. There is a critical need for higher levels of evidence.* ***Only two RCTs*** *have been included"*

Evaluating Weight Loss Intervention Studies

- What is the minimum duration of follow up?
- Is the intervention consistent with current nutritional guidelines and culture?
- Who is the study group? The control group?
- How are the components of the intervention controlled for?
- What happened to most participants?
- What negative outcomes were tracked?
- What is reported about dropouts?
- Does the conclusion flow from the data if one does not start from the assumption that fatness is bad and attempted weight loss is good in itself?

Hidradenitits

Weight Loss and Dietary Interventions for Hidradenitis Suppurativa: A Systematic Review
Journal of Cutaneous Medicine and Surgery

Arunima Sivanand , Wayne P. Gulliver, Chitmandeep K. Josan, ..First Published September 10, 2019 Review Article Find in PubMed

https://doi.org/10.1177/1203475419874412
Volume: 24 issue: 1, page(s): 64-72
Article first published online: September 10, 2019; Issue published: January 1, 2020

9 studies[21,28,29,39-44] were ultimately included in the review (Figure 1). All studies (Table 1), were observational, specifically case-series/case-control (*n* = 4),[28,39,43,44] prospective single cohort (*n* = 3),[29,40,42] and retrospective single cohort (*n* = 2).

BMI range 17-71

2 bariatric surgery studies- one 69% worsened with a third of them improving after surgery to remove excess

- The other mean eruption sites from 1.93 to 1.22 (*P* = .003, ES = 2.92) and scarring sites from 1.21 to 0.84 (*P* = .002, ES = 0.33) post bariatric surgery. Only 11.4% of

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Weight Inclusive Perspective on Insulin Resistance
Safety and Security
Oppression
Spirituality
Community and Relationships
Wellbeing
Relationship with Food and Movement
Foot and Dental Care
Other CV risk factors
Agency and Purpose
Morbidity
Mortality
Disease burden
Health
Movement
Medication
Mental health
Environmental
Mental Health
Blood sugar
BG/Insulin Resistance
Preventive Healthcare
Stress/Joy
Sleep
Food
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Leslie, 42, psoriasis

- History of mildly elevated A1C
- BMI 43
- Reluctant to be weighed or to change into gown, seems nervous
- On exam, you notice odor, acanthosis nigricans, hidradenitis

"I'm sorry I'm so fat. I know I need to lose this weight"



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- Many of my patients are uncomfortable showing their bodies to the doctor. I wonder if that's a concern for you?

- I know that there is a lot of stigma around body size, especially in medicine. I will never be judging your body size, and I don't prescribe weight loss.

- You might read that one treatment for x is weight loss. There are many treatments that have much better evidence for effect and sustainability, (and won't leave you undernourished or hungry) Should we talk about those?

- Do you have any questions about caring for your skin?

- Many of my patients with folds in this area have questions about…

- Some people with this skin condition also have insulin resistance. I want to talk a bit about that before we discuss whether to test for it. There's a misconception that eating or body size cause insulin resistance. Because of this, finding out about IR can cause a lot of stress. How would it be to …

- There are some dietary changes that have anecdotal evidence. How would it be to get diet suggestions from me?



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Leslie, 42, psoriasis

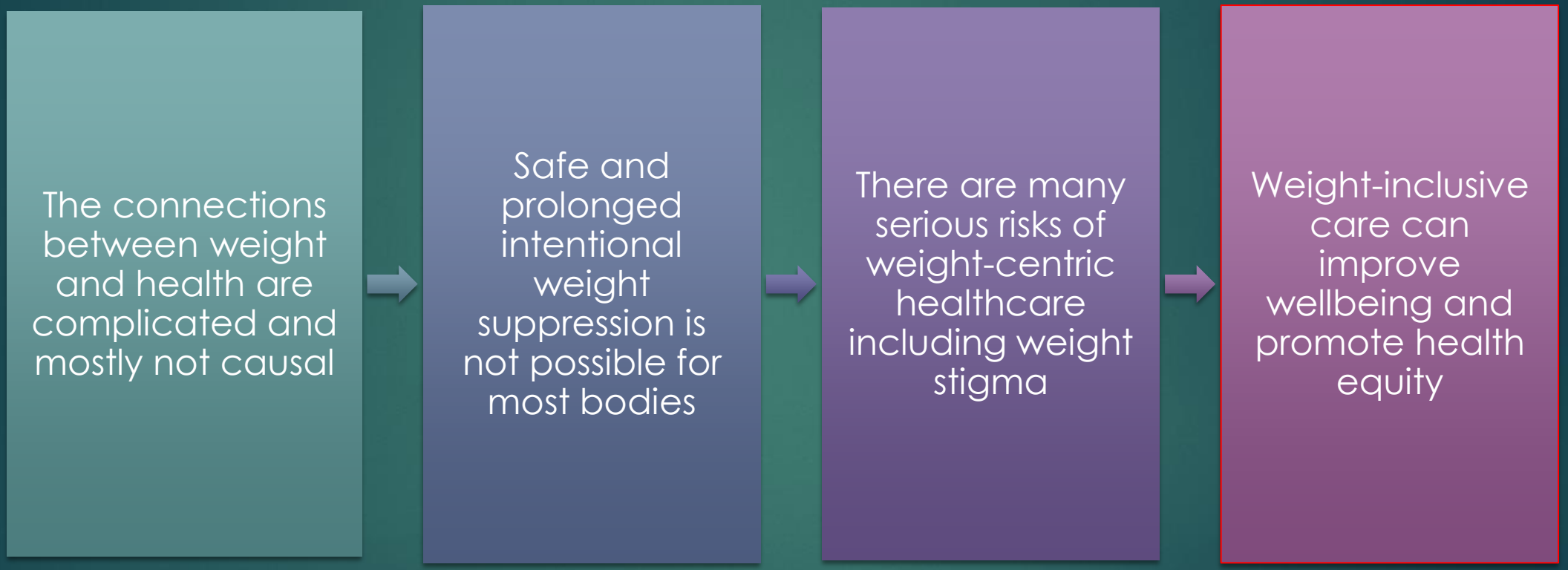
"I'm sorry I'm so fat"

- What would you say in response?
- Are Leslie's health problems caused by her weight?
- Will weight loss help Leslie? How do we know?
- Should you recommend weight loss?



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Weight and Health: Reality



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More Learning



Training:
Be Nourished www.benourished.org/offerings

Books:
What We Don't Talk About When We Talk About Fat Aubrey Gordon
Anti-Diet Christy Harrison
The Body is Not an Apology Sonya Renee Taylor

Podcasts:
"Maintenance Phase" Podcast maintenancephase.com
The Fat Doctor Podcast Dr Asher Larmie www.fatdoctor.co.uk
"Unpacking Weight Science"- Fiona Willer Unpackingweightscience.Com
Christy Harrison: "Food, Psych" podcast www.christyharrison.com

Other:
Weight and Healthcare Newsletter by Regan Chastain
Non-Diet and Health at Every Size ® Research Library

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Anorexia Knows No Body Type, Seattle Times, 2018

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Hunger, Smith, Tomiyama. An Evidence-Based Rationale for Adopting Weight Inclusive Health Policy. Social Issues and Policy Review 14(1) 2020

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

Consider Internalized Weight Stigma:

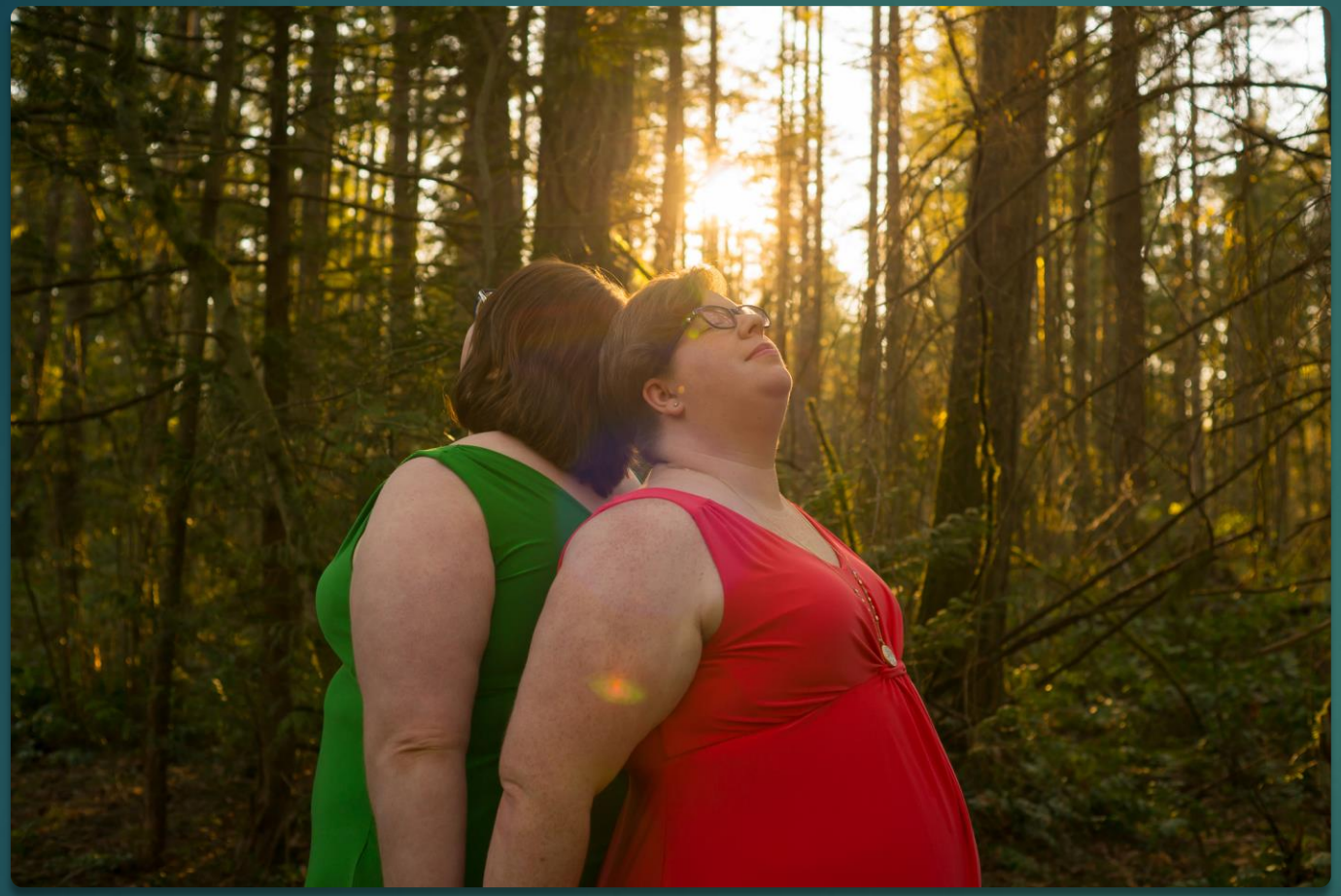
"The Fat Joke"

Be Nourished: I Am a Person Reclaiming Body Trust

Implicit Attitudes Test on Obesity

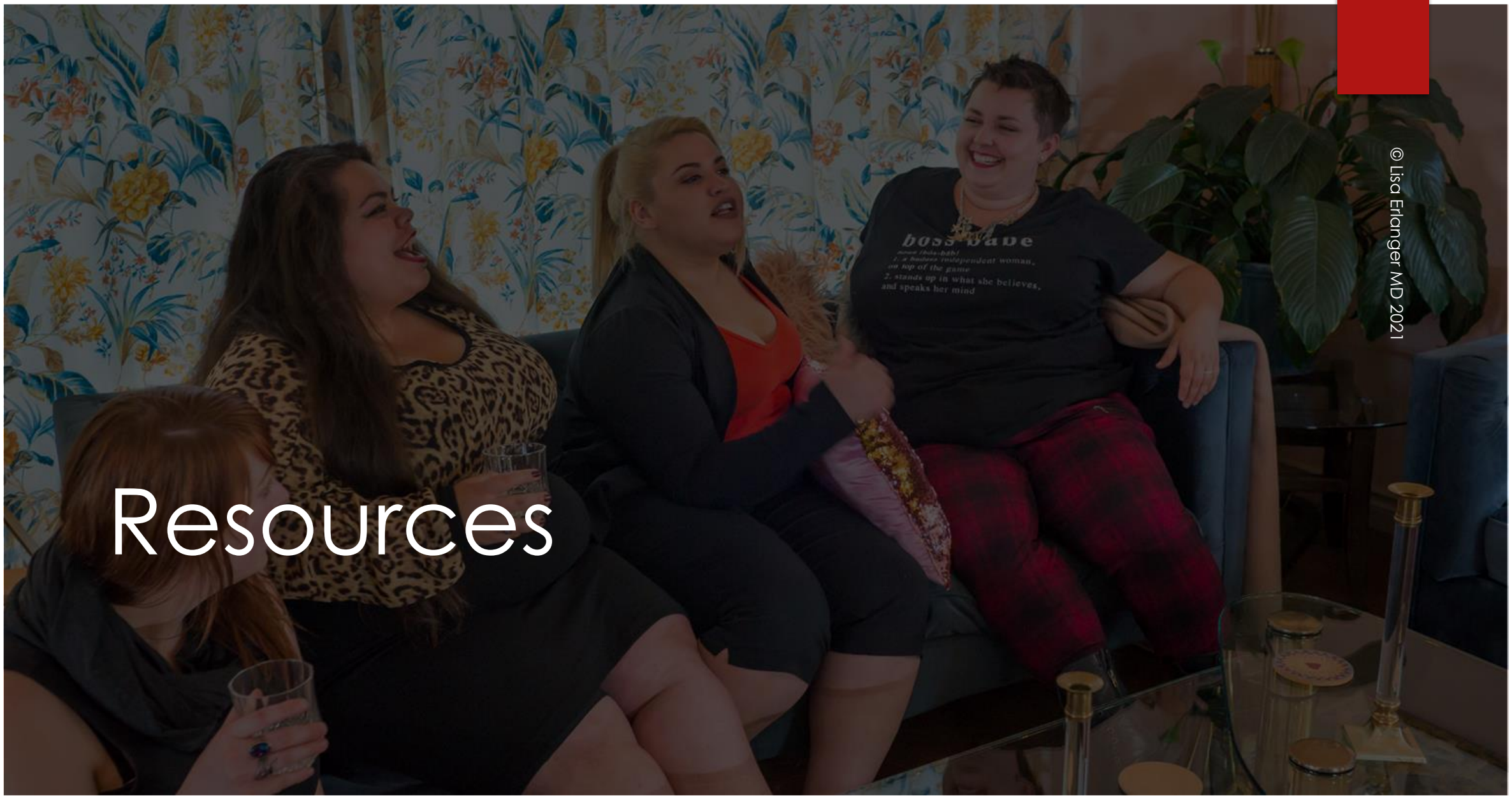
Updated 2/2022

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Thank you!
Q & A

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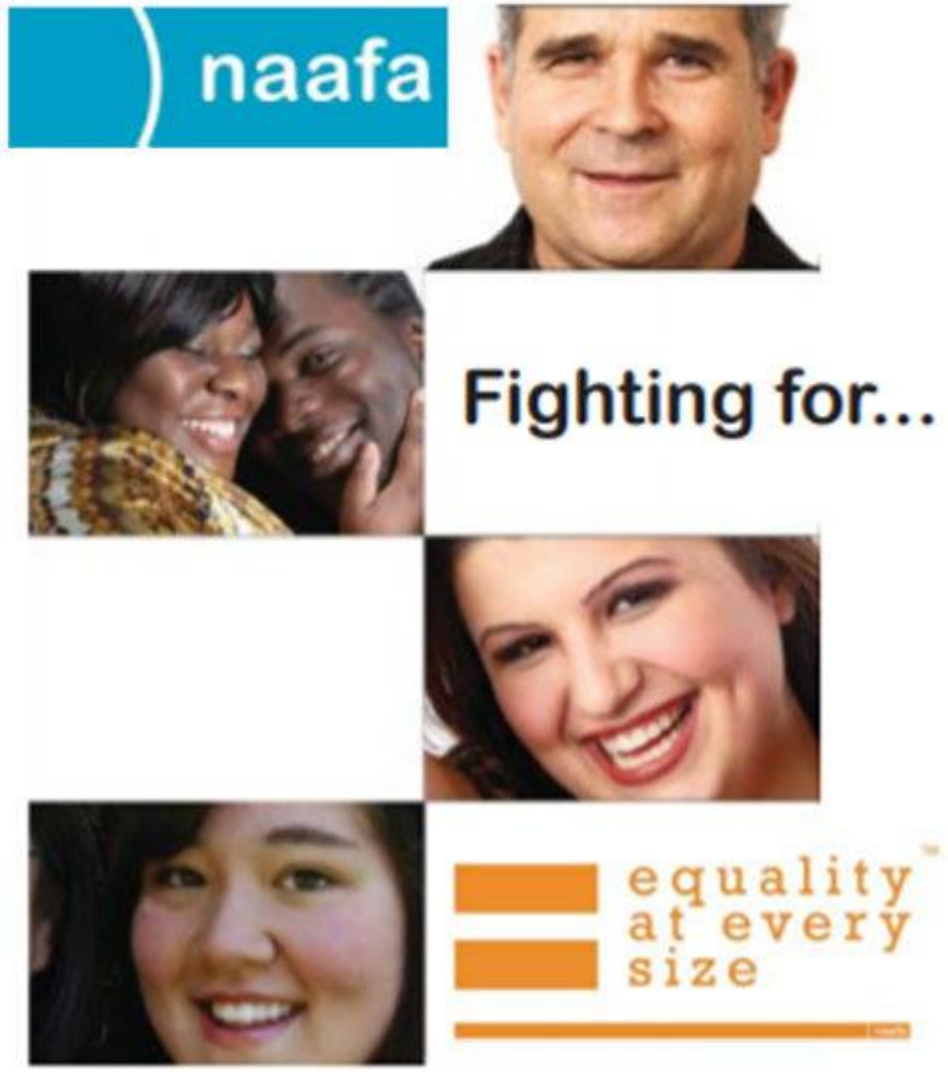
Resources

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National Association to Advance Fat Acceptance

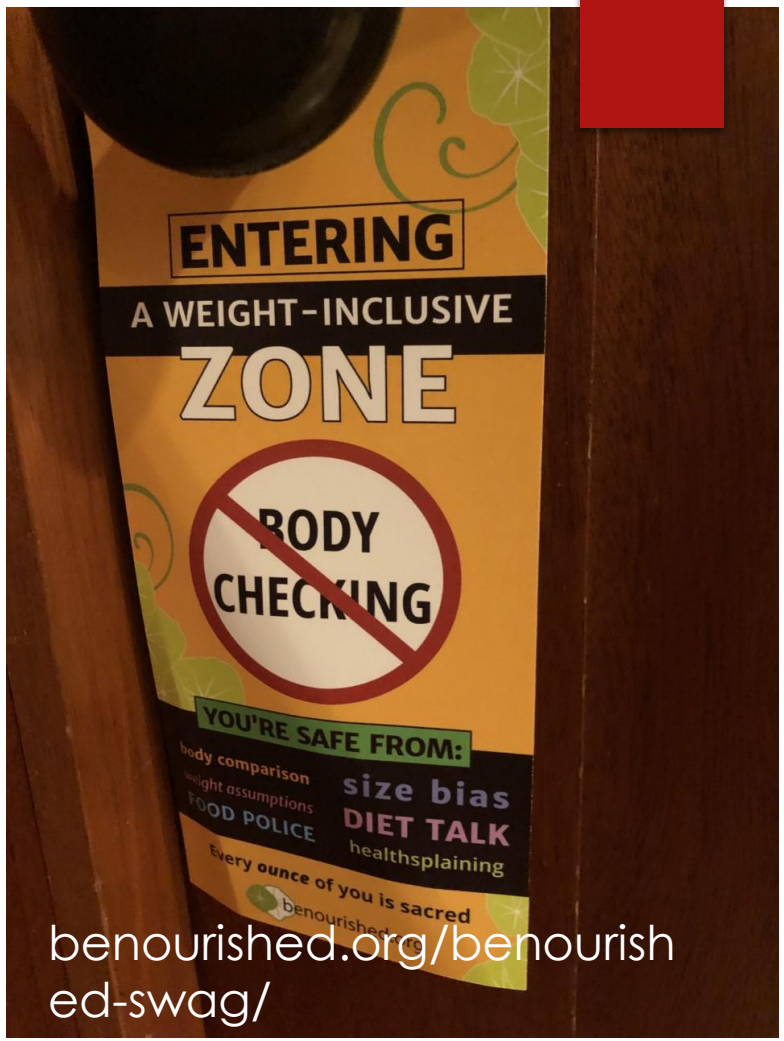
Brochures and Toolkits

Guidelines for Healthcare Providers



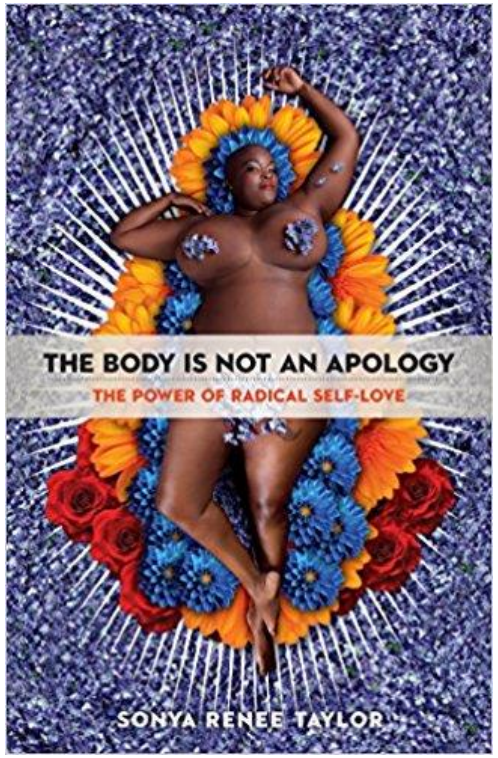
The Fat Friendly Office

- High sturdy couches, armless/wide chairs, space between chairs, steps to access tables
- Adequate air conditioning
- Appropriate size equipment readily available and without comment (exam table, gowns, blood pressure, needles, speculum)
- Fat positive media and representation, scour brochures for fat phobic content
- Avoids weight discrimination in hiring= diversity among staff
- Guidelines for Healthcare Providers Who Treat Fat Patients



benourished.org/benourished-swag/

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Instagram: Bodypositivememes, Imma Eat That, Beauty Redefined, Virgie Tovar, Curves Become Her, Ragen Chastain

Blogs: The Militant Baker, Dances With Fat, Bodylovewellness.com, The Body is Not an Apology, Be Nourished

Podcasts: Food Psych, The Belly Love Podcast, The Body Kindness Podcast

SIZE ACCEPTANCE

SCREENING FOR DISORDERED EATING

How are you feeling about food and body?

Are you trying to gain or lose weight?

Any bingeing, purging, restricting of calories or food groups?

How are you fueling your exercise? How do you feel if you miss planned exercise?

Any history of disordered eating in you or your family members?

National Eating Disorders Association online screening tool

How would it feel for you to receive diet or exercise suggestions from me today?

- Add HAES Health Sheets Here