

NHSManagers.net Article (July 2023)

Title: Addressing Weight Stigma in Healthcare.

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Author Blurb: YORA is a community of academics, clinicians, key stakeholders and members of the general public with an interest in obesity research within the Yorkshire area. The work of YORA is intended to directly contribute to the regions obesity practice and policy through collaboration and co-production.

Article: Obesity is a complex chronic disease¹ with many potential causes, thus people living with obesity deserve compassionate, non-judgemental and person-centred care. Two articles^{3,4} recently published in NHSManagers.net², presented a highly stigmatising and scientifically incorrect narrative of obesity. Such views only serve to increase stigma, which can lead to psychological and emotional distress, avoidance of care, reduced adherence to treatment and lower trust of healthcare professionals⁵. Here we seek to debunking some of these articles' claims - in line with the joint international consensus statement for ending stigma of obesity⁶.

*"There are virtually no genetic causes of weight gain"*³: Obesity predisposing genes interact with the environment⁷ and genetic susceptibility is evidenced through obesity heritability estimates of 40% to 70%⁸. Jason Halford, the President of the European Association for the Study of Obesity, *"Obesity is a complex chronic disease with a strong genetic component and a biological aetiology. Over a thousand genes have now been identified that are associated with body weight regulation, appetite control, energy expenditure, and fat metabolism. Variations in these genes can influence an individual's susceptibility to obesity and govern how their body responds to changes in diet and exercise, contributing to differences in our propensity for weight gain and our ability to maintain weight loss."* There is a strong genetic component to obesity, and to say there are virtually no genetic causes of weight gain is simply untrue.

*"There are a small number of medical conditions where weight gain may be a feature"*³: The article notes conditions such as Cushing's syndrome and hypothyroidism, as well as mental health conditions and 'some medicines' which may cause weight gain. However, the prevalence of mental health conditions and associated treatments mean that these are significant factors in obesity, both for individuals and at a public health level. Public Health England noted that in 2017 to 2018, 17% of the UK adult population⁹ were prescribed antidepressants and that in 2014, 1 in 6 people¹⁰ experience mental health difficulties. Both antidepressant use¹¹ and mental illness¹² are associated with decreased physical activity and weight gain. In addition, 13% of adults⁹ are prescribed opioids for pain

relief which suggests a further barrier¹³ to engaging in physical activity. This is also underpinned by the ‘one size fits all’ approach to weight management support which often does not take other factors such as mental illness and chronic pain into consideration, meaning these support options are often not appropriate. We therefore strongly advocate a move to person-centred obesity support¹⁴.

“Is overweight and obesity always just because of eating too much or taking insufficient exercise? The answer is almost always ‘yes’³: Although energy intake and energy expenditure imbalance can be a pin wheel to obesity, the physical and psychological drivers inherent in human biology mean that the vast majority of us are predisposed to gaining weight due to our biological functioning interacting with obesogenic environments. As stated by the Foresight report¹⁵ “the causes of obesity are embedded in an extremely complex biological system, set within an equally complex societal framework”.

“With motivation and commitment, most people should be able to lose weight³: While initial weight loss may be possible, biological, societal, and individual factors mean that for most people, maintained weight loss is hard to achieve¹⁶. As stated by Sumithran & Proietto¹⁷ “Diet-induced weight loss is accompanied by several physiological changes which encourage weight regain, including alterations in energy expenditure, substrate metabolism and hormone pathways involved in appetite regulation, many of which persist beyond the initial weight loss period”. To state that weight loss is simply a matter of motivation and commitment is a vast oversimplification.

“The problem may be simple gluttony³: Such language is inappropriate and stigmatising as it is scientifically inaccurate. Furthermore, the article uses the outdated terms “morbidly obese³ and “grossly obese patients⁴. The NHS guidance¹⁸ describes someone with a BMI of 40 or above as living with ‘severe obesity’. Person first language¹⁹ avoids the dehumanising practice of labelling a person as their diagnosis. This is a simple, easy change that can have a positive impact for patients²⁰ and improve the social and medical narrative on obesity.

Hopefully you get our point, but to further educate yourself please refer to the Obesity Action website: <https://www.obesityaction.org/education-support/learn-about-obesity/> and the YORA Website: <https://www.parc-hub.co.uk/links-and-resources/yorkshire-and-humber-obesity-research-alliance-yora/>

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Declaration of interests

All authors are coordinators of the Yorkshire Obesity research Alliance, a NIHR CRN Yorkshire & Humer funded project.