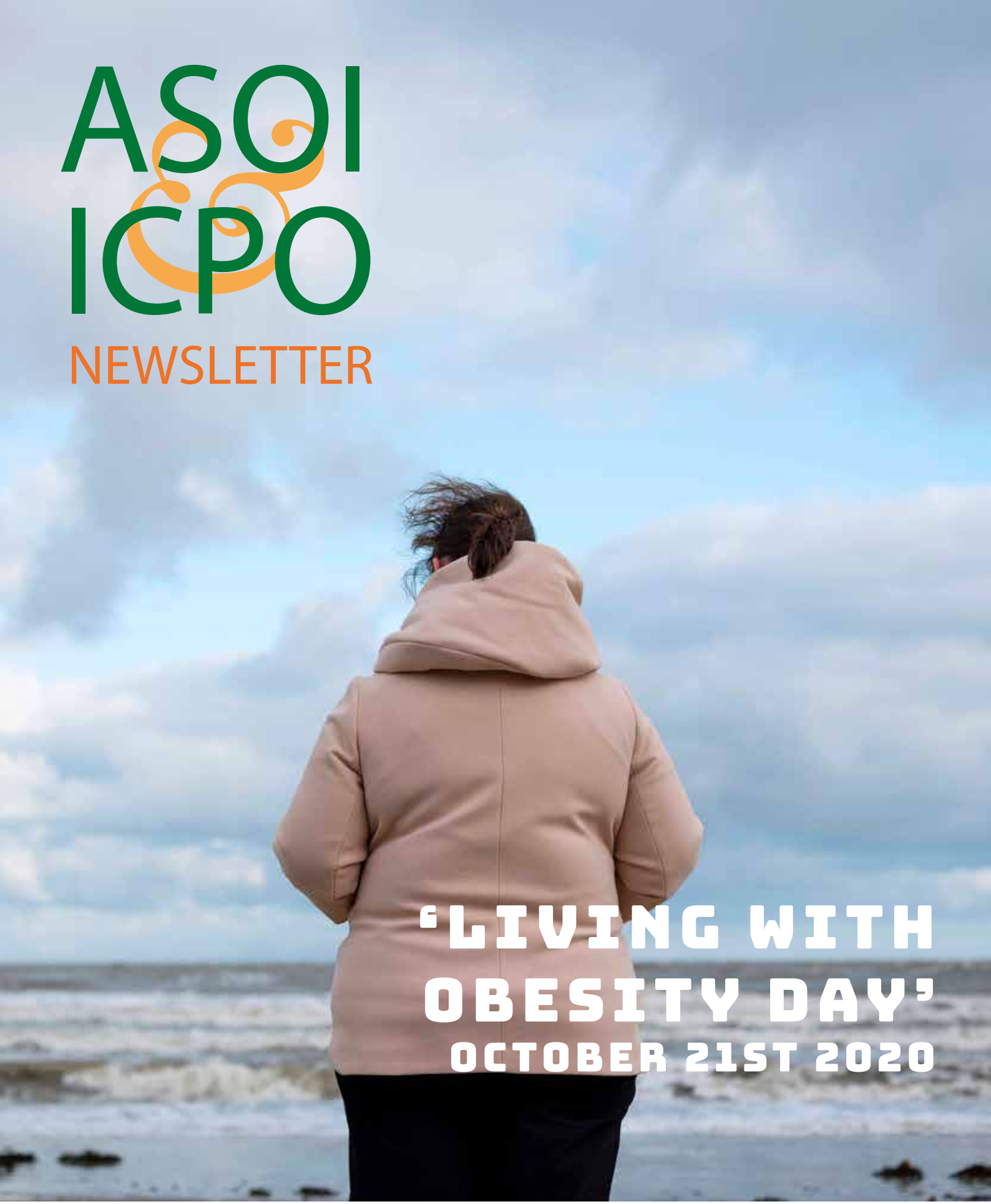
ASOI & ICPO NEWSLETTER



'LIVING WITH OBESITY DAY'
OCTOBER 21ST 2020

asoi
Association for the Study of Obesity on the island of Ireland

ICPO
IRISH COALITION for PEOPLE living with OBESITY

EASO ECPO

VICKI MOONEY

EXECUTIVE DIRECTOR ECPO,

BOARD MEMBER ICPO

The ECPO **'Living With Obesity'** day campaign is an opportunity for ECPO to build on the foundations of the 'People First' campaign. For those who do not know, the People First campaign has been around for several decades, in several ways across many patient advocacy groups globally.In 2019 the ECPO launched the European People First campaign in the hope of taking the campaign to various conferences to engage the clinical community on the importance of using respectful, dignified language for people and patients who are living with Obesity. Since the campaign launched in Glasgow 2019 at ECO2019, the campaign has travelled to many countries including USA, Slovakia, Poland, Italy, Germany, Netherlands, Iceland and of course Ireland, and that is just a handful of countries.Watching the ECPO team of representatives openly discussing the importance of People First Language for Obesity and engaging the clinical community in open conversation about patient experience with stigma has been tremendous. Seeing the support and change in language has been a strong step forward for patient advocacy and clinical communities.However, that is just a drop in the ocean of the impact we need when it comes to Stigma. Stigma is incredibly damaging in many ways, not only can it hold a person back on seeking out medical intervention, but it can be a detriment to a person's mental health and Obesity.In May 2020 while our European team were on a strict travel ban due to COVID-19, we discussed how we can use the opportunity of the virtual setting to reach more people with our campaign. Over many late evenings Microsoft Team meetings and involving active members from Ireland, Spain, Italy, German, Sweden, Switzerland, Portugal, Scotland and Slovakia, our team brainstormed and pulled together our **'Living With Obesity'** day campaign.

THE OBJECTIVES ARE :

- To raise awareness of the damage that is caused by Obesity stigma and weight discrimination in society and healthcare settings.
- Share the perspective of the patient on what it is like to live with Obesity, and Obesity stigma.
- Educate society on Obesity as a chronic relapsing disease.
- Advocate for People First language for those people living with Obesity.
- Maximise the call to action and step up advocacy on a national, European and united global level.
- Reach out on a global scale for support for patient communities who work together and support all Stigma campaigns.
- Convey how the impact of working as a clinical and patient community can create change.

Once we realised the enormous task ahead, we set out to co-ordinate activities that help us make these objectives happen. Which is why along with my European team, I am incredibly proud to share some of the activities taking place today.

- Live ECPO Webinar event, with European guest speakers on Obesity Stigma @2pmBST on the ECPO website www.eurobesity.org.
- Launch of the ECPO video on 'Living with Obesity' in various European languages.
- Sharing of educational infographics on Obesity in various European languages.
- Call to action for People-First Language globally & platform to support the national campaign work across Europe.
- Launch of ECPO and URHealth4Life Magazine.
- Grants available for all ECPO national associations to fund their national campaign.

I am excited to see what the day will hold, and how we can unite many voices on this one day to say 'Support, Not Stigma'.
Naturally, a day like today will not be without some stigmatising comments from people who may not understand the complex, chronic and relapsing disease of Obesity, however we will treat those individuals with the same respect we are appealing for. I truly look forward to engaging with you all today using ***#LivingWithObesity*** across all social media platforms.

WHAT IS STIGMA AND BIAS?

- When people hold negative weight-related beliefs or attitudes towards people in larger bodies, this is known as weight bias.
- When expressed as social exclusion, stereotyping and discrimination, this is called weight stigma.
- Weight bias and stigma impact on mental and physical health and can lead people living with overweight or obesity to engage in behaviours that promote poor nutrition and more sedentary lifestyle.
- It causes people to avoid appointments with health professionals and generally lead them to feel excluded from society. People who are stigmatised face social rejection and lower peer acceptance.
- The range of psychological consequences for someone living with obesity can be increased for depression, anxiety, low self-esteem, poor body image and even suicidal ideology.
- Weight bias and stigma does not increase motivation or entice people to lose weight.
- Popular expressions such as 'energy in versus energy out' or 'calories in versus calories out' are misleading because they inaccurately imply that body weight and/or fat mass are solely influenced by the number of food calories ingested, and the amount of energy burned through exercise.

This narrative is not supported by evidence and provides a foundation for popular stigmatizing views that blame individuals' lack of willpower for their obesity.

Weight stigma has become a serious public health issue.

"One of the key principles guiding the work of the National Obesity Management Clinical Programme, and the Model of Care for Management of Overweight and Obesity in Ireland, is that weight-based stigma and obesity discrimination will not be tolerated in the healthcare system"

-Donal O'Shea,
Obesity Clinical Lead, HSE

People-First

"Interventions focusing solely on weight and size can be stigmatising and harmful, its about supporting people with health and wellbeing not weight loss.

The sole responsibility does not lie with the patient alone. Lets put People First"

-Karen Gaynor, ASOI

"I was pleasantly surprised at the positive reaction from the public who stopped to chat with us on World Obesity Day. With up to 60% of our Irish population affected by their weight it was clear this is someone in their family or close circle"

- Maura Murphy ICPO/ASOI

For me, the ASOI EOD Conference 2019 brought the need for healthcare professionals to work much harder to end obesity stigma to a national stage. It brought the voices of patients and healthcare professionals together, which ongoing is how we will make our message stronger

– Cathy Breen ASOI

"I felt optimistic that the medical students who will become doctors are more aware of the importance of non stigmatising language as they were very receptive to the People First message at their Summit.

They listened to our stories and understood the importance of being non-judgemental "

– Nicola Kavanagh ICPO

CHRONIC DISEASE MANAGEMENT

WHY IS OBESITY TREATED DIFFERENTLY?

Dr Jean O'Connell

Consultant Endocrinologist,
St Columcille's Hospital
Weight Management Service

In order to effectively manage a chronic disease such as asthma, there are a range of inhaled and oral medications that are tailored to each patient's disease requirements. But imagine if a patient with asthma was reporting shortness of breath, wheeze and cough, and their doctor was unable or unwilling to prescribe them any medication. The doctor said to them repeatedly – "you just need to breathe a bit slower". When the patient's symptoms didn't improve, and in fact became worse, the doctor said that they would have to help themselves, because clearly they weren't trying hard enough to breathe slowly. The doctor told the patient that a friend of theirs had the same problem a few years ago, with a cough and some wheeze, and just doing some breathing exercises, and breathing slowly, had really helped their friend. "You should try this too. If it worked for my friend it should also work for you". The patient might leave the clinic thinking that this doctor was not listening to them, and not managing their disease effectively. But if their own doctor isn't listening to them, the patient is not sure where else they can go to seek help and support.

Another good example of chronic disease management is treatment of high blood pressure (BP). We have over 11 different classes of BP medications. If one drug doesn't lower BP sufficiently, we can add another one that works in a different way. In this way, it is uncommon for high BP not to be managed successfully. It sometimes requires 2-3 different medications, but effective BP control is very achievable. But imagine a situation where a patient is told by their doctor that their BP is too high. The doctor advises the patient to reduce salt, reduce alcohol intake, try not to work very long hours, and go for a walk 4-5 days per week. The patient comes back 2 months later having made these changes, but the BP is still too high. The doctor is unable or unwilling to prescribe any medication that might help, because the doctor thinks that the patient is probably just pretending they made the recommended changes, and thinks that the patient should have tried harder. The doctor is aware of one medication that can sometimes help lower BP, but the medication is not reimbursed on the medical card, and it is very expensive, so the patient couldn't afford it anyway. Instead, the doctor tells the patient to reduce salt even more, and to walk every day, and to really try hard this time. "The next time I see you your blood pressure should have reduced by 20mmHg, or you're just not trying hard enough". The patient would most likely leave the cli-

nic thinking that it is their own fault that they have high BP, and feel a sense of hopelessness that they could ever achieve what the doctor has recommended.

Health professionals are familiar with the principles of chronic disease management. We understand that it involves a collaborative, patient-centred, holistic approach, with support from a multi-disciplinary team, and regular medical review, in primary, secondary and/or tertiary care services, over the course of a patient's life. In addition to advice about healthy behaviours, we usually have a broad range of medications to choose from, that focus on different aspects of the disease, so if one medication isn't effective, there is a different medication to add in or try instead. Obesity is a complex, multi-factorial, chronic disease, just like high blood pressure, asthma, heart failure and type 2 diabetes. But instead of managing obesity as a chronic disease, many doctors blame the patient for not losing weight, advise them they just need to try harder, or try a particular diet (because that worked for them, or a friend, or a different patient), or to exercise more.

Healthy behaviours are important in the management of all chronic diseases, but in many cases behaviour change alone will not be sufficient. Like many chronic diseases, obesity is caused by an underlying genetic predisposition, leading to biological and hormonal dysfunction of homeostatic mechanisms. This is associated with a range of positive and negative influences, such as individual psychology, physical activity and built environment, food production and consumption, and social, society and media influences. We do not judge other patients with chronic diseases, when their illness is complex and severe, and requires medical and multidisciplinary team support. Why is there so much judgement among health professionals, of patients who are living with the disease of obesity? Why are we not educated appropriately, about the wealth of scientific data, that not only explains the nature of obesity as a chronic disease, but clearly shows how experiences of stigma and bias in health care settings are associated with weight gain and poorer health outcomes? Many believe that the stigma may be a useful source of motivation, to encourage people with obesity to adopt healthier behaviours. In fact, the reverse is true. There is considerable evidence that exposure to weight stigma in adults and children, leads to increased caloric consumption and reduced motivation to exercise.

Obesity stigma is based on the misconception that obesity is a choice. This untruth has led to inadequate funding of obesity research, under-resourcing of weight management and bariatric clinical centres, a tiny pool of pharmacological treatment options, minimal training of health professionals in obesity management, and confusing and unhelpful public-health campaigns. Media and public-health messages often underplay the significant effort and commitment required to lose weight and not regain weight. We need to counteract this myth. We need to tell our patients that it is not their fault, that it is achievable but difficult to lose weight, and not uncommon to regain it. We need to focus more on health gains rather than weight loss. Obesity stigma is reinforced when we place the emphasis on volitional control of body weight, rather than the multiple genetic, biological and environmental factors. We all have a roll in relaying this message, to patients, our colleagues, our family and friends, the media, politicians and governmental agencies. Most people living with obesity will never achieve a so-called 'normal' weight. We have a responsibility to support people to achieve their best weight, and to help create a society that does not judge people at any weight.

"OUR SON'S STORY"

- A PARENTS PERSPECTIVE BY, D. MURPHY

Our son is a typical 7 year old boy, he is energetic, funny, kind, caring and never stops talking. He, like most 7 year olds, doesn't have many worries in his life, except the usual things like how does he get more screen time and when can he hang out with his friends again. Unlike most 7 year olds he is living with obesity, but he does not realise this yet. As his parents we are very conscious what we feed him and we are trying to educate him about healthy eating, while allowing him to enjoy himself and eat what other kids are eating when he is out. Thankfully he has always been a great eater. He will eat fruit, veg, meat, fish, rice, pasta etc. So getting a balanced diet is not difficult.

We started noticing his weight when he was a toddler, while other toddlers were stretching and losing their baby weight, he wasn't. We assumed he would eventually as he was eating healthy and never stopped moving. When he started school it was noticeable that he was bigger than most kids in the class. At this point we mentioned it to our GP that we were concerned about his weight and her reply was that he will grow out of it and to stop worrying.

Well meaning family started commenting on his weight and were asking what we were doing about it. They questioned what he was eating and was he sitting in front of the TV all day. People assumed that he must have been eating too much and didn't move enough. This was not the case, we watched his diet and kept junk food to a minimum and he never stopped moving. I think he was around 4 years old before he really took any interest in the TV. He was too busy running, climbing and playing to sit down for long. Yet we felt no one believed us. People looked at him with pity, he had two parents who were suffering from obesity and we felt people blamed us.

He asked for a Fitbit for his 7th birthday and this coincided with lockdown. We were delighted because we were starting to question was he moving as much as we thought or were we making excuses. He was so motivated by it that he would run around the house doing laps of the sitting room and kitchen to get his steps up. He set up challenges between us and every night we had to see who won the daily challenge. We started walking more and more as a way to fill the day. So we would walk down to visit the grandparents for a socially distance visit. They were shocked that he could walk the 5km round trip and still run around the garden the entire time we were there. What hit me was they assumed due to his weight that he wouldn't be able for a 5km walk. We knew he was well able for it because he never sits down, he is always on the move. He never once complained that he was tired or that he didn't want to walk. And to our surprise some weeks he hit over 100,000 steps.

As lockdown continued we were delighted with how much he was moving, yet to our surprise his weight went up. This is when well meaning family again stepped in. This time they could see how much he was moving, they saw his Fitbit stats and they saw him jumping around the house on our family zoom calls. So they immediately assumed we were over feeding him.

At this stage both of us have had gastric bypass so our eating habits have changed completely, we eat healthy meals and we

don't eat takeaway. Our families know this yet they still assume we would give our child things we don't eat. We started thinking we must be doing something wrong, so we started writing down everything he ate and worked out how many calories he was eating. We had ourselves so worked up thinking we were doing something wrong, It must be our fault. And guess what showed up in those calculations? The days he went over the recommended calorie intake for his age were the days we visited family.

His class in school are all obsessed with who is the oldest, youngest, tallest etc. at the moment. He came home delighted with himself because he thinks he is the youngest in the class yet he is not the smallest in the class. His best friend who is 9 months older than him is the smallest and he is proud as punch that he is taller than him. This led to him mentioning that he is heavier than his friends. We asked him did it bother him that he was heavier. He laughed and said "no it's ok because if someone tries to kidnap us they won't get very far trying to carry me". We laughed along with him because we didn't know how to respond. But our hearts broke wondering how he came up with that reply. Did he discuss this with his friends? Has he been teased about his weight? Did someone say it to him?

It's left us wondering if he is treated different by the other kids or by the teachers due to his weight. How will this impact him as he grows up? Will other people's bias shape his future in a negative way? As his parents this is very hard to accept.

So what are we to do with this wonderful little boy who is full of life? Well for now we have decided this burden is something we will carry for him. He has the rest of his life to carry it so for now it belongs with us. We can control to a certain extent what he eats and how much he moves. We can steer him in the right direction to live as healthy as he can. We have sought advice from dieticians and doctors and they all agree we are on the right path. As for well meaning family, I know they mean no harm however I feel an honest conversation about stigma and weight bias is in their future.

Dr Michael Crotty MICGP SCOPE

Talking about Weight

Tips for discussing weight with your doctor

Introduction

Speaking to your doctor about weight can be daunting - sharing personal details about your life, eating habits and body. Those who live with excess weight inevitably face negative attitudes and stereotypes related to their appearance, from themselves and others. This, weight bias, can prevent people from getting the best care and treatment.

Obesity is not a lifestyle issue or personal choice. The oversimplified view that all we must do is “Eat less, Move more” does not address the complex underlying causes of obesity.

We must empower people to start the conversation about weight. We must fight weight bias/stigma and advocate for safe, effective and sustainable treatments for obesity.

Obesity is a Disease

Obesity is a disease caused by genetics, then brain/nervous system and hormones, influenced by our environment.

Obesity is NOT your fault!

Before the Consultation

- Consider Obesity as a real & treatable disease
- Book a visit specifically to discuss weight
- Highlight weight as the topic for discussion
- Be prepared - have a list of questions/concerns
- Consider bringing support
- Consider your past history/pattern of weight change
- Consider Triggers/Factors that influence your weight
- Think about previous weight loss attempts
- Bring a list of current medications
- Think about reasons for wanting to lose weight
- Have realistic expectations of the encounter

What is a Successful Consultation for You?

- Open a dialogue with your doctor about weight
- Gather information from your doctor
- Share information about your experiences, concerns and expectations relating to weight
- Assessment for complications of obesity
- Reassurance about health
- Learn about treatments - safety, effectiveness
- Learn about medications that may help
- Referral to a specialist clinic
- Develop a personal weight management strategy

drmcrotty@gmail.com Twitter: @DrMCrotty linkedin.com/in/DrMichaelCrotty

Would you Consider?

"Would you consider that past weight loss efforts were difficult, NOT because of some flaw in your character or lack of strength, motivation or willpower or wrong diet or not being active enough. Would you consider that when you struggle with weight you are struggling, untreated, with a real medical condition?"

"Each of us inherits a unique appetite system, centred in a brain, that evolved for a time when calories could be scarce. Now we are surrounded by an environment that is filled with ultra-processed, ultra-portioned and ultra-available food. In this "Obesogenic" environment, those with genetic vulnerability will naturally struggle with weight."

David Macklin MD CCFPC
Director, Medcan Weight Management Program

END WEIGHT STIGMA

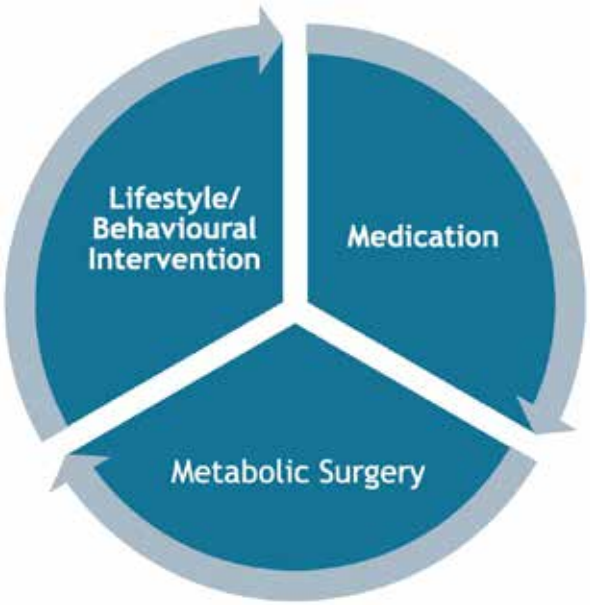
Dr Michael Crotty is a SCOPE certified GP who specialises in Bariatric Medicine.

SCOPE® Strategic Centre for Obesity Professional Education

During the Consultation

- Ask about your doctors comfort discussing weight
- Explore previous positive/negative experiences discussing weight
- "Ice breaker": media coverage raising awareness of obesity as a chronic disease
- Avoid self critical, negative and stigmatizing language - your weight is not your fault!
- Discuss words you are comfortable/uncomfortable with using when discussing weight
- Inform the doctor if you are comfortable having your weight checked
- Be prepared for possible blood pressure check, physical examination and blood tests
- Ask about referral to other services & treatments
- Make a plan for follow up

Evidence Based Treatments



General advice when discussing weight

- Don't make assumptions based on someones weight
- Don't Shame or Blame people
- Ask Permission (Time and Place) to discuss weight
- Don't offer "helpful" weight loss tips/comments
- Be supportive and encouraging
- Focus on Health Gain and not Weight Loss

drmcrotty@gmail.com Twitter: @DrMCrotty linkedin.com/in/DrMichaelCrotty

STIGMA AND BIAS IN CHILD AND ADOLESCENT OBESITY

Dr. Grace O'Malley,

Clinical Specialist Physiotherapist in Paediatrics and Clinical Lead of the W82GO Child and Adolescent Weight Management Service, Children's Health Ireland at Temple Street.

Principal Investigator, Obesity Research and Care Group, RCSI University of Medicine and Health Sciences.

I have been working in the field of childhood obesity assessment and management for the past 15 years and there are a number of key moments that always stick in my mind. These situations have assisted me to reflect on my own clinical practice, to learn more regarding the complexity of obesity and to become more passionate about protecting children's rights regardless of their size, shape or ability. One such memory is outlined below.

A 5-year old boy Jamie (for the purposes of this piece) came to visit me in clinic for the first time and I started the session by welcoming him and his mum, by letting him pick a game to play from our toy-press and by finding out what his favourite games were. As our discussion progressed and Jamie and his mum settled in, I began asking mum clinical questions related to his birth history and his development in the first few years. I asked Jamie whether he was looking forward to coming to see me or whether he was worried.

Jamie started to cry and sobbed that he was very worried when he went to bed the night before but wasn't worried now. Sometimes when children cry in clinic it can be a very positive release for them, especially if they have been holding on to previous hurts or wounds. On this occasion I was saddened that he would be so anxious about visiting the hospital and in many cases of this sort a parent would decide not to bring the child in. In this situation mum had comforted him and trusted in the hope that this visit would be different. Mum explained that he had a very negative experience with another health

professional where his physical health was being checked. The health professional asked him to lift up his t-shirt and seeing stretch marks (striae), commented – 'that's disgusting' while prodding him dismissively.

The image conjured up by this report upset me. I found it a challenge to contain my rage at hearing this report, but I made it very clear that this experience was completely wrong and Jamie should never have been treated like that. I asked mum to consider making a formal complaint regarding the experience and I was comforted at the end of the session when Jamie said he would like to come back to see me again.

The experience shared by that little boy is a very awful example of how children with obesity can be disregarded, and treated with disrespect even by those highly trained paediatric health professionals who are entrusted (and paid substantially) to offer healthcare. Such care should at the very least do no harm to the child (or parent) and ultimately should be compassionate and empathetic.

Parents can often feel powerless to complain as they feel vulnerable or even shocked when something like this happens. I believe that health professionals must always call-out these experiences when reported and never stand by if patients are treated with disrespect…especially very vulnerable patients like children and adolescents.

In my own personal and professional life, it has taken time to gain the confidence to gently highlight negative commentary, negatively biased attitudes or the use of stigmatising imagery by my friends and colleagues. It is also sometimes necessary to address this with children themselves, their siblings or their parents where bullying and teasing because of size can take place within the home by those most close to the child.

I think practice is improving bit by bit, but we have a huge amount of work to do to train our health professionals on how to have fruitful, caring conversations with families about growth and obesity. In Children's Health Ireland at Temple Street we are trying our best to train health professionals within CHI and around the country to address obesity sensitively and compassionately. We are committed to learning more so please do not hesitate to get in touch if you have an experience or story to tell.We find anonymous examples to be very powerful tools for teaching practicing and health professionals and trainees.

"Accept people regardless of their body size and shape. Emphasis should not be on physical appearance but all the various attributes that make up a person including personality, skills, and talents.

Children and young people are impressionable, so adults need to challenge their internal bias and use non stigmatising language and behaviour around children in order for the public narrative and weight bias to start to change"

-Niamh Arthurs RD, ASOI

STIGMA IN THE MEDIA

Many of these stigmatising memes have been shared on social media since the COVID-19 Lockdown.

The lack of outrage against weight stigma is a stigma in itself"
-June Shannon, Freelance Medical Journalist.

"We are just like you. We laugh, we enjoy ourselves just like you do. Shape does not define what kind of person you are"

– Aggie Sobanska ICPO

THIS MAKES ME FEEL IT IS ALL OR NOTHING, ONLY GOOD OR BAD FOOD. THAT FAT IS BAD, SLIM IS GOOD AND THE ASSUMPTION THAT PEOPLE WITH WEIGHT ARE NOT HEALTHY"

-LINDA SMYTH ICPO

"Putting on weight is not funny when you know others will be mean about it"

– Cara 12 years, Co:Wexford

"These photos imply that the worst thing that can happen to someone is that they will end up in this position of carrying excess weight. They stigmatise people and can cause people to feel judged"
-Dr Conor Woods

"I've been 20 stone, I've been 10 stone. I swim, I climb mountains. I've always lived with obesity"

-Teena Gates ICPO

"The facts reported in an article may be true, but using imagery like this to go with it is highly stigmatising"

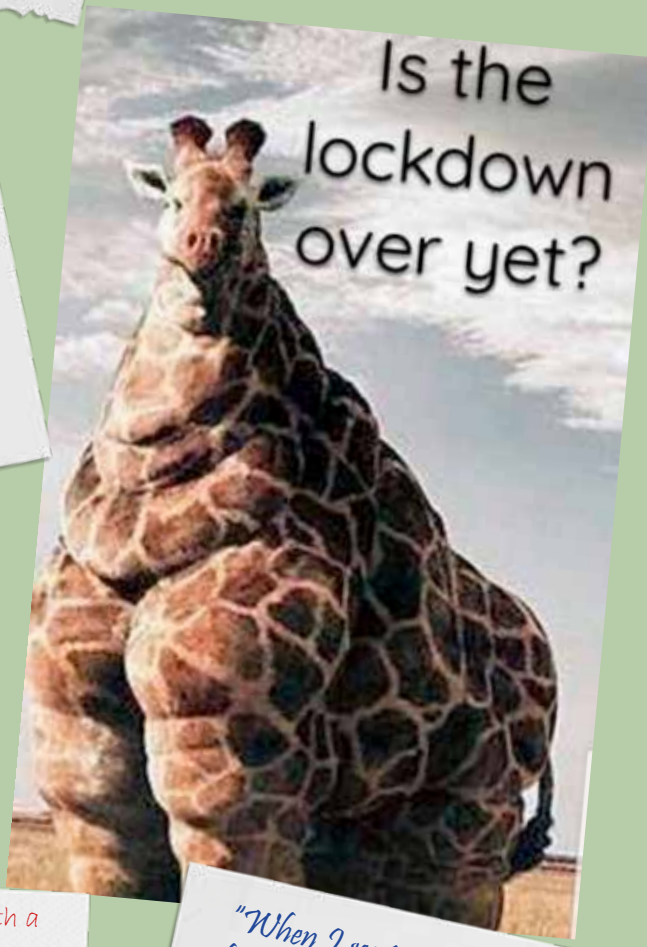
-Oonagh Lyons, ANutr, ASOI

"Someone who lives with obesity may change body shape many times in our lives. We still have the same smile, heart, intelligence, feelings. We see the world the same through our eyes. Stop the stigma"

-Susie Birney, ICPO/ASOI

"We are just like you. We laugh, we enjoy ourselves just like you do. Shape does not define what kind of person you are"

- Aggie Sobanska ICPO



"I've been working with a counsellor on getting over people's opinions of my weight. If I wasn't happy in my own skin I'd be very upset, but at the minute these pictures don't have an effect on me"

- Elly 12 years, Co. West Meath

"When I see images like these, or hear comedians resort to weight for attempts at humour, my heart always sinks. It is so disappointing that so many of us are oblivious to the harm it causes. Continuing to highlight the damage caused by weight stigma is the only way we can reinforce how unacceptable this is"

-Louise Tully, ASOI

"NOT EVERYONE WHO EATS FRIES IS OVERWEIGHT, AND NOT EVERYONE WHO IS OVERWEIGHT EATS FRIES"

- SARA 12 YEARS, CO. WEXFORD

"I was blessed to be referred to a Medical Fitness facility in 2018 and my life has turned many corners. I was introduced to Prof. Carel leRoux and his research team. Their understanding of the Study of Obesity has changed my life completely"

–Fionnuala Fildes, Strive Research Group

"Support and connection are key tools for me in my journey. I have always been motivated to lose weight. With the ICPO online support meetings it helps me not to feel alone"

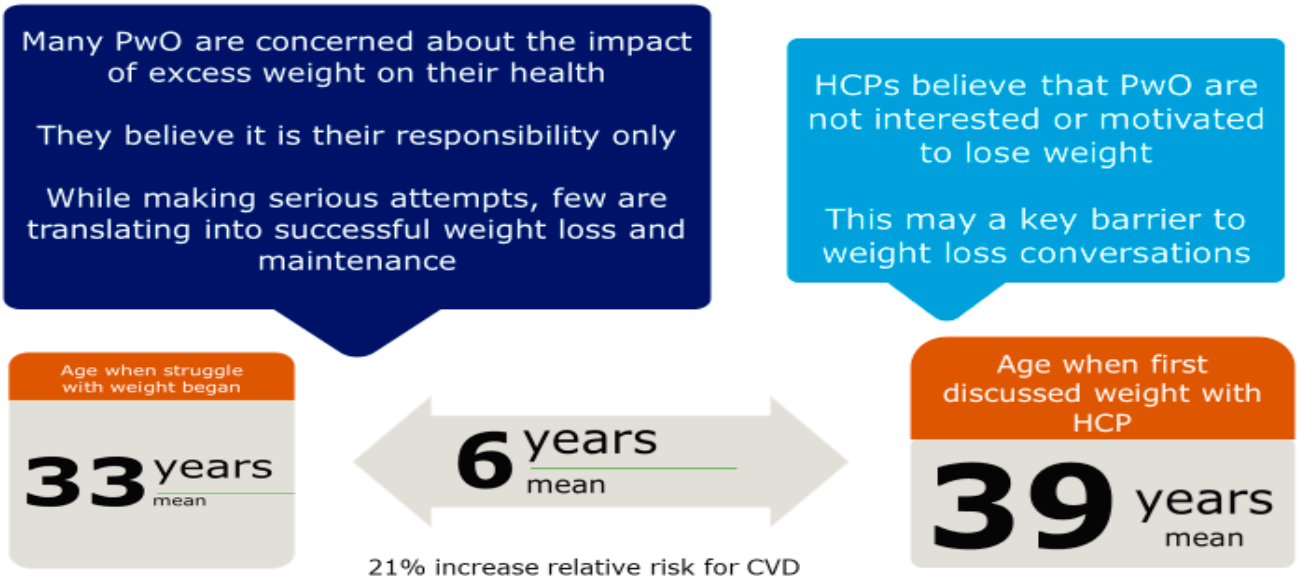
-Diane Charleton ICPO

"Post spinal surgery in the middle of my rehabilitation, I prepared to enlist for medical help. I asked my GP to recommend how I could lose weight and was politely told to "join any of the "fat clubs" in the town". I requested drug therapy and was told I "should be able to jog to the next town at my age". I politely exited her surgery totally deflated! "

– Fionnuala Fildes, Strive Research Group

"Without the help of Professor Finucane and the Clann programme at the Galway service, I would have given up a long time ago"

- Eoin O'Connell, ICPO



ACTION IO
AWARENESS, CARE & TREATMENT IN OBESITY MANAGEMENT - AN INTERNATIONAL OBSERVATION

Caterson ID et al. *Diabetes Obes Metab*. 2019. DOI: https://doi.org/10.1111/dom.13752.

SUMMARY OF THE JOINT INTERNATIONAL CONSENSUS STATEMENT FOR ENDING STIGMA OF OBESITY.

Prof Carel le Roux

Obesity Complications Clinic, St Vincent's Healthcare Group, Dublin

People with obesity commonly face a pervasive and resilient form of social stigma. They are often subject to discrimination in the workplace as well as in educational and healthcare settings. Research indicates that weight stigma can cause physical and psychological harm, and that affected individuals are less likely to receive adequate care. For these reasons, weight stigma damages health, undermines human and social rights, and is unacceptable in modern societies. To inform healthcare professionals, policymakers, and the public about this issue, a multidisciplinary group of international experts, including representatives of scientific organizations, reviewed available evidence on the causes and harms of weight stigma and, using a modified Delphi process, developed a joint consensus statement with recommendations to eliminate weight bias.

In this initiative, they sought to inform healthcare professionals, policymakers, and the public about the prevalence, causes, and harmful consequences of weight stigma. The goal was to address the gap between popular, stigmatizing narratives around obesity and current scientific knowledge regarding mechanisms of body-weight regulation. A strength of the work was that they engaged a diverse group of panellists including academics from disparate disciplines, representatives of patient-advocacy organizations and patients. The broad endorsement of this statement and pledge by a diverse group of organizations, including scientific societies, patient-advocacy groups, academic and medical centres, scientific journals, and a parliamentary group provides an unprecedented opportunity for a concerted effort of all stakeholders to effectively tackle this important problem for medicine and society.

The experts concluded that the widespread narrative of obesity in the media, in public health campaigns, in political discourse, and even in the scientific literature attributing the cause of obesity primarily to personal responsibility has an important role in the expression of societal weight stigma, and reinforces weightbased stereotypes. Weight stigma can mislead clinical decisions, and public health messages, and could promote unproductive allocation of limited clinical and research resources. Weight bias and stigma can result in discrimination, and can affect the health of afflicted individuals. Explaining the gap between scientific evidence, and a conventional narrative of obesity built around unproven assumptions and misconceptions might help to reduce weight bias, and its harmful effects. A concerted effort of all stakeholders is required to promote educational, regulatory, and legal initiatives designed to prevent weight stigma and discrimination. Academic institutions, professional organizations, media, public-health authorities, and governments should encourage education about weight stigma to facilitate a new public narrative about obesity, coherent with modern scientific knowledge.

STIGMA

THE PATIENT PERSPECTIVE
BY BERNADETTE KEENAN- ICPO

On 27th of August, Dr Flint was invited to speak at the 2020 second annual Obesity Summer school hosted by the HSE's Obesity Management Clinical Programme. 'Weight Stigma and discrimination; implications for healthcare' being the title of the talk.

A regularly utilised, reoccurring word was 'pervasive' which unfortunately describes this form of Stigma so well. It consistently invades our everyday lives be it the preconceived stereotyping we face. Laziness, slothfulness & gluttony were 3 mentioned more obvious stereotypes, lack of intelligence, being chosen as an intimate partner and friend were also suggested which usually are not discussed to the same degree as the first 3, yet may have a more profound effect upon someone's life than the more obvious points. Possibly as these are far more personal. It raises the topic of how difficult it may be for a person with Overweight & Obesity to feel comfortable enough to have that conversation with family, friends and HCPs in the belief that they will be misunderstood.

If a patient attempts to discuss the physical, emotional and environmental factors or a combination of all three which may lead to weight gain, it is often viewed as 'a series of excuses' even by those the patient believes should understand. The above combination of factors does not negate personal responsibility yet, those seeking appropriate help from HCPs who do understand metabolic disorders, find themselves stigmatised once more. They are informed they are a burden to society if they choose either chemical or surgical help as our society still rejects the belief long term outcomes depend upon more than just eating less and moving more.

According to Dr Flint, people experience stigma in settings such as Education, the Workplace, from Media sources, Exercise and PA settings, Healthcare, Policies & Campaigns which most have noted became heightened during the Covid Pandemic. Unfortunately, he has noted this is far from an exhaustive list.

Every patient has at least one story to recount regarding stigma in various settings, unfortunately, some have numerous to impart. Mine include being blamed for Miscarriages. being weighed on a scales in a hospital kitchen as regular scales in the hospital did not read weight over 25 stones. A disagreement with an Orthopaedic Surgeon due to lack of investigation of a severely painful knee given advice pointed to

automatic knee analysis post specific leg break which had been diagnosed. Making it to the last 2 in a job interview and a person informing me subsequently (on the side) that I failed because they assumed, I would be absent more often than the other interviewee due to my weight. Being informed by a hospital that they would not be able to perform a cholecystectomy as they did not possess equipment to deal with my 'size'.

There are so many more & worse, from friends, relatives etc including simple assumptions re my food choices and movement. Some from a misguided sense of 'trying to help' and others with a superior air as though my weight reduced my brain capacity. Each episode has left a scar on my psyche, being overly sensitive certainly does not help. We must remember to challenge reactions and educate those willing to learn as hopefully they may educate others. Most importantly, we must remain positive that our questioning of stigma will gradually make society rethink and question language, imagery & preconceived ideas which we face daily. Also, we must be thankful to and for those HCPs who have made it their lifes' work to investigate, understand and provide treatme nts for those of us living with obesity, some of whom may have had to overcome their own stigmatising ideas be it consciously or sub-consciously.

"When I finally got the courage to talk to my GP about my weight, he was so supportive. In fact he was the one referred me to the Weight Management Service"-

MF White, ICPO

"I would like people living with obesity to feel confident that healthcare professionals do not perpetuate weight stigma in healthcare and other settings and that a pathway to good physical and psychological health is open to all our patients. Joint efforts are needed to highlight how damaging ridicule and shame are to the well being of people living with obesity."

-Dr. Sarah Browne, Registered Dietitian and Lec-

HOW TO START THE CONVERSATION ABOUT WEIGHT

NEGATIVE NARRATIVE

HAVE YOU NOT TRIED…..?
DID YOU NOT KNOW….?
WHY DIDN'T YOU….?
IF YOU ONLY JUST..?

POSITIVE NARRATIVE

WOULD YOU LIKE TO TRY…?
DID YOU KNOW….?
CAN WE TALK ABOUT THIS…?
HOW CAN I HELP YOU….?

"The slimming world consultant said to me one week when I was disappointed –but you're not really trying though are you?"

-Fidelma Maher ICPO

"Self stigma is an internalised blame that eats away at our self esteem and self efficacy. It is like a voice inside our heads that tells us we are not good enough"

-Ben Whelan, ICPO

"I have been saying to my husband for years that a lot of people have fat phobia. Now the term is fat shaming. It's real and it exists. Sadly among people we love"

- Orla Doris

"Because I knew I might never get to see them live again I forced myself to go to see the Eagles in the Point Theatre. Worried sick, ignoring stares, and struggled to climb 35 steps to my seat, I realised they would not sound any better if I was 15 stone lighter. I had stopped living"

- Susie Birney ICPO/ASOI

"I can identify with this. I wont go on a plane for a foreign holiday until I lose the weight"

-Catherine O'Sullivan ICPO

"I promised myself so many things when I lost weight, one was to bring my child to a fairground so we could go on rides together for the first time"

-Bernadette Keenan,ICPO

"Another diet, how long will this one last?
This is what I hear from my family"

–Catherine O'Sullivan ICPO

SELF INTERNALIZED STIGMA

WHEN I LOSE WEIGHT I WILL GO TO A CONCERT
WHEN I LOSE WEIGHT I WILL ENROL IN A COURSE
WHEN I LOSE WEIGHT I WILL WEAR BRIGHT CLOTHES
WHEN I LOSE WEIGHT I WILL USE PUBLIC TRANSPORT
WHEN I LOSE WEIGHT I WILL BE HAPPY

#Living with Obesity

Stigma is linked with the belief that weight is under voluntary control

Obesity is a chronic, relapsing disease driven by complex environmental, genetic and biological interactions.

People with obesity can be classed as 'lazy', 'less intelligent' and lacking in 'will power'

This judgement does not happen with other complex chronic diseases.

People with higher weight are *people* first. A small change that reduces stigma is use of people first language

An example of people first language to say 'people with obesity' instead of 'obese people'.

People living with stigmatised diseases say that living with the stigma can be harder than living with the disease

The stigma needs to stop.

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ICPO | IRISH COALITION for PEOPLE living with OBESITY

EASO ECPO

asoi Association for the Study of Obesity on the island of Ireland

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Articles

Vicki Mooney
Executive Director ECPO,
Board Member ICPO

D. Murphy
Parent, ICPO

Dr. Jean O'Connell
Consultant Endocrinologist SCH, ASOI

Dr. Grace O'Malley
Childhood Obesity Specialist, ASOI

Bernadette Keenan
ICPO

Prof. Carel Le Roux
St.Vincents Obesity Complications Clinic

Dr.Michael Crotty
MICGP Scope

Editors

Susie Birney, ASOI, ICPO, ECPO
Louise Tully BSc, MSc, Rnutr, ASOI
Maura Murphy, ICPO, ASOI
Digital Editor **Ingi Kjartansson**

Quotes

Professor Donal O'Shea
Obesity Clinical Lead, HSE
Dr. Conor Woods
June Shannon
Freelance Medical Journalist
Cara, Age 12, Co Wexford
Elly, Age 12, Co West Meath
Oonagh Lyons, RD, ASOI
Fionnuala Fildes
Strive Research Participant
Fidelma Maher, ICPO
Sarah Brown RD UCD, ASOI
Teena Gates, ICPO, ECPO
Karen Gaynor,
National Clinical Prog. HSE, ASOI
Louise Tully BSc, MSc, Rnutr, ASOI
Susie Birney, ASOI, ICPO, ECPO
Diane Charleton, ICPO
Catherine O'Sullivan, ICPO
Cathy Breen RD WMS SCH, ASOI
Mary Frances White, ICPO
Maura Murphy, ICPO, ASOI
Eoin O'Connell, ICPO
Mike, ICPO
Linda Smyth, ICPO
Aggie Sobanska, ICPO
Niamh, Arthurs, RD, ASOI
Ben Whelan, ICPO
Nicola Kavanagh, ICPO
Orla Denis

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EASO ECPO European Coalition for People living with Obesity