Insistence or Resistance when it comes to co-existence of traditional weight management and a HAES approach

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Learning Objectives

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Interpret the physiological and psychological concerns as well as bias associated with altering body composition

Develop client-centered strategies that are based on evidence but also address the need for body inclusivity and body positivity Counsel and communicate health and well being strategies and benefits beyond the scale Develop and deliver effective, empowered, relatable nutrition content and communication messaging Be an advocate for patients and help them navigate their body and health journey with respect and relevance

MY STORY



MY BACKGROUND

- RDN x 40 + Years
- Sports Dietitian x 30 + years
- Have worked with
 - Professional
 - Collegiate
 - Olympic
 - High school to master's athletes
 - Performance artists
- Expertise in
 - Weight management
 - Eating disorders/disordered eating
 - Wellness
 - Digestive disorders

Setting the stage







PHYSIQUE



PEER PRESSURE



PERFORMANCE



PRACTICALITY

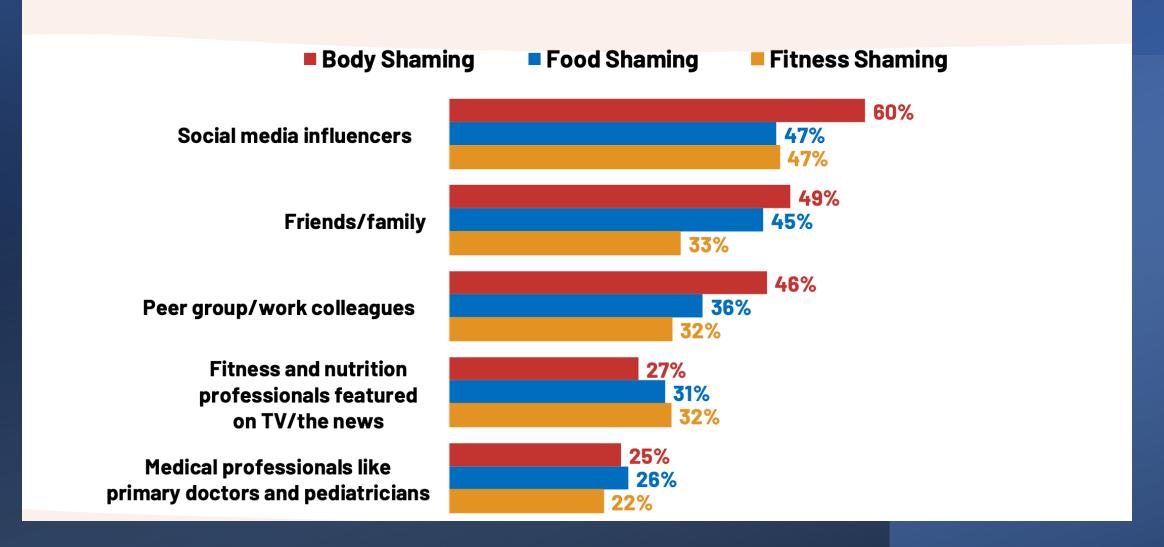


WHAT OUR PATIENTS FEEL/HEAR

NO GAIN - WATCHERS DID YOU LOSE WEIGHT? PLATE

Sources of Shame

CONSUMERS' PERCEPTIONS OF SOURCES OF SHAMING



A STARTING POINT: FIND THE COMMON GROUND

Listen and learn

Establish trust

Develop rapport

Be a guide

Provide viable solutions

Recommendations are not black or white, they are gray Give the permission to nourish and nurture

FACT OR FICTION

Small frequent meals boost the metabolism?

Eating low-fat helps you to burn more body fat

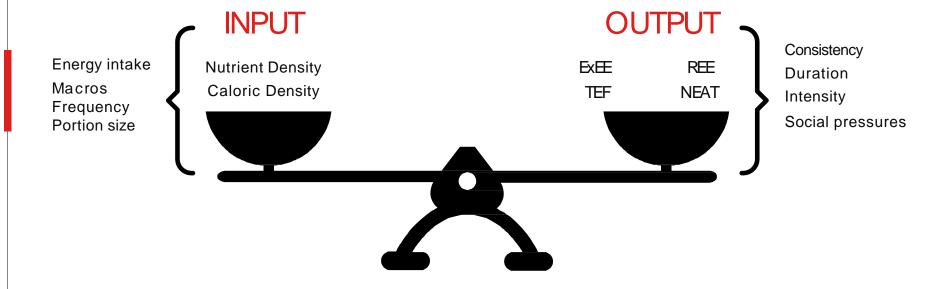
Eating breakfast helps you to lose weight

Intermittent fasting emphasizes hours of eating rather than types/amounts of food consumed

Carbs should be avoided if trying to lose body fat

Liquid calories do not count

Energy Balance



REALITIES OF WEIGHT LOSS



Weight loss will change over time even when one follows a lower calorie diet



Magnitude of weight loss contingent upon:

Level of caloric restriction
Diet composition
Total daily energy expenditure
Body composition

Of note

- For each kilogram of weight lost, calorie expenditure decreases by 25 kcal/day but appetite increases by 95 kcal/d ABOVE baseline levels prior to weight loss
 - Polidori et al. Obesity. 2016;24:2289-2295

BARRIERS TO SUCCESS

Imbalance between intake and output Only focusing on foods and forgetting fluids

Judging success solely from the scale

Eating mindlessly and inconsistently

Emphasis on macros/calories over composition or distribution

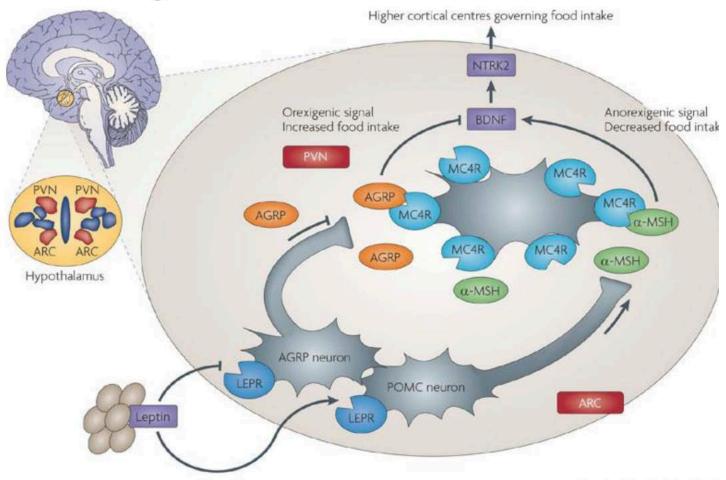
Diet apps not effectively used for their strengths

Culinary challenged

Food insecurity

Lack of nutrition knowledge (internal & external)

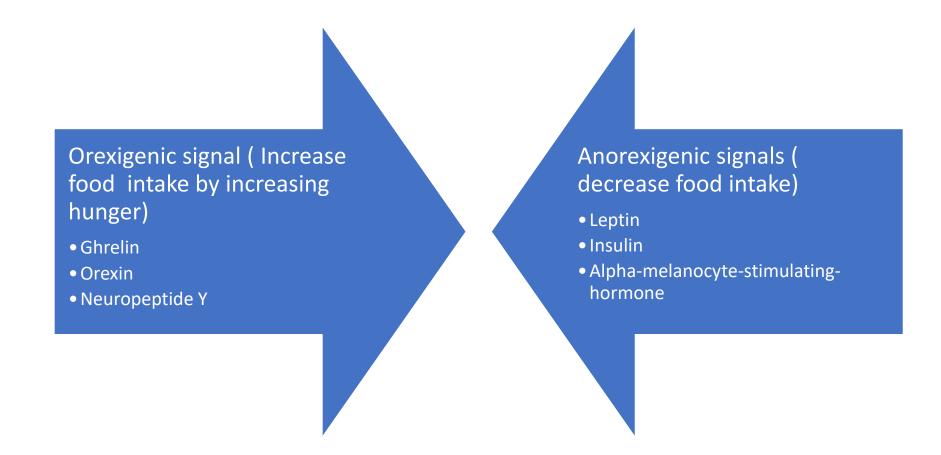
Regulation of Food Intake

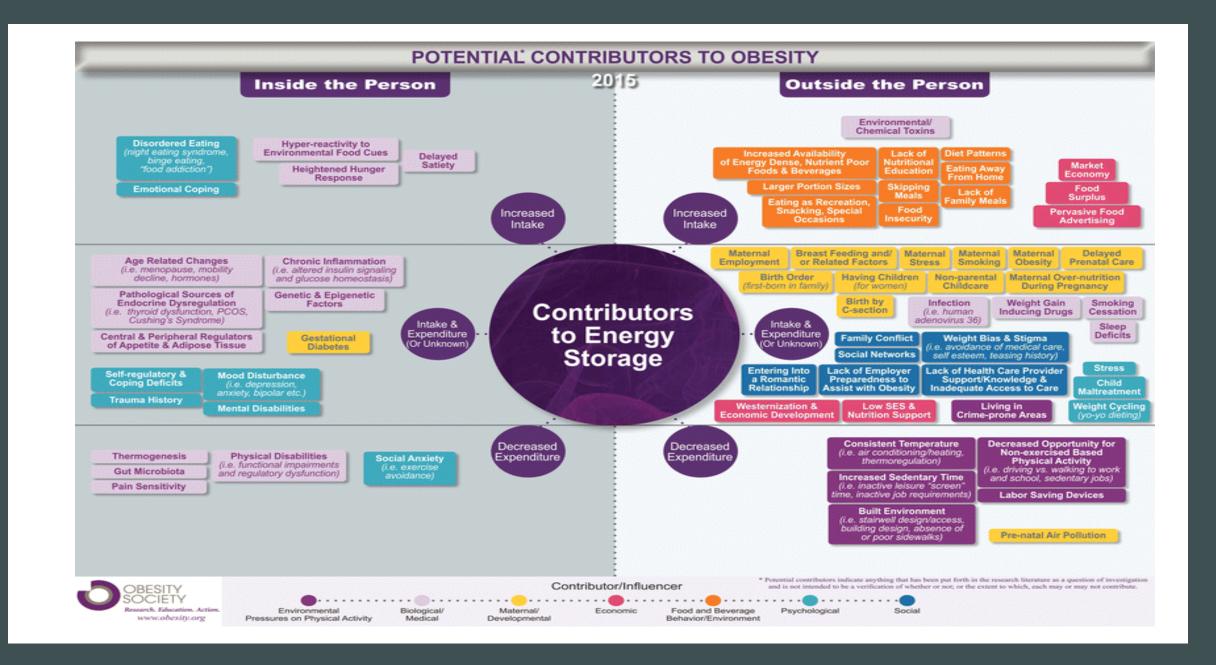


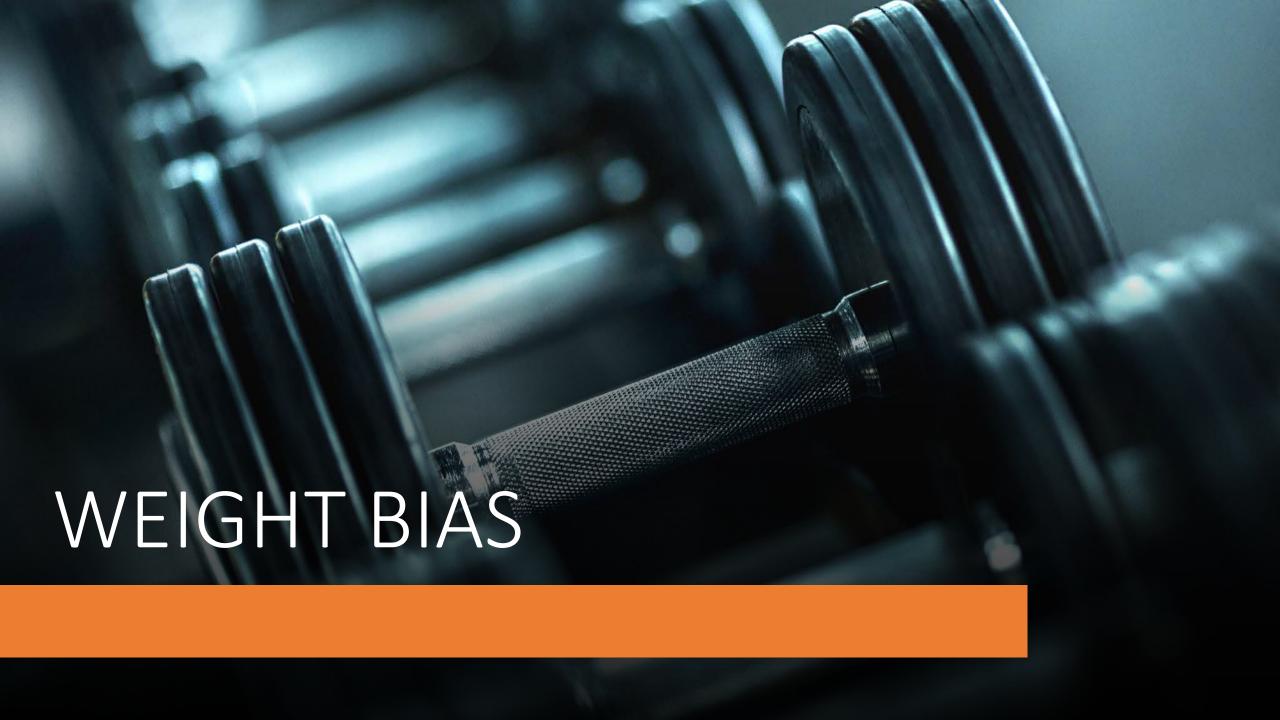
Nature Reviews | Genetic

Nature Reviews Genetics 10, 431-442 (July 2009)

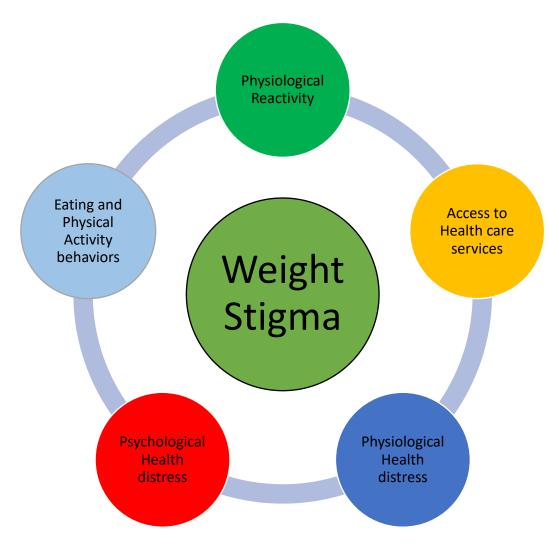
Regulation of food intake



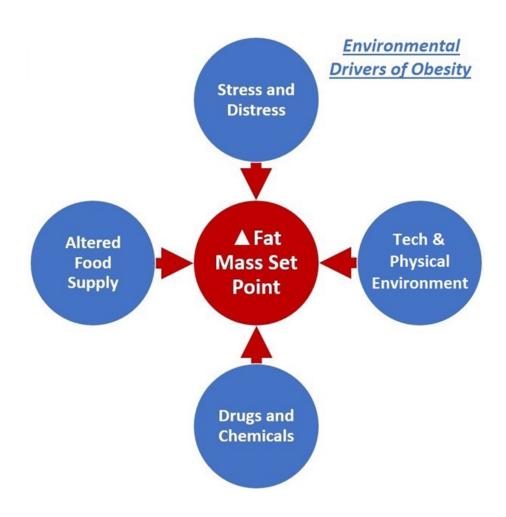




ROLE OF WEIGHT STIGMA IN OBESITY

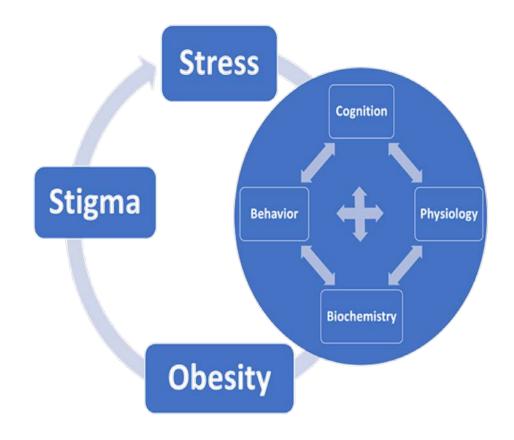


Factors driving obesity



Impact of discrimination on health

Pathways from stress to obesity



Weight normative approach

BMI as the gold standard?

Negative judgments on higher weight individuals

Is the goal of attaining a Healthy weight realistic

Is the focus on weight loss positive and Health Supporting or Health Detracting?

• Tylka et al. JObesity Vol 2014 Article ID 983495, 18 pages

FACTS vs MYTHS, PRESUMPTIONS

Source: Casazza et al, 2013.01, NEJM

Myths

- Small energy changes add up to big weight loss
- Realistic goals yield better weight outcomes
- Slow weight loss is best
- Readiness to change matters
- PE prevents childhood obesity
- Breastfeeding prevents childhood obesity
- Sex burns 100-300 calories

Presumptions

- Breakfast prevents weight gain
- Early exercise and eating habits shape weight for life
- Eating fruits and veggies will reduce weight or prevent gain
- Snacking causes obesity
- Sidewalks and parks prevent obesity

How Provider Weight Stigma Affects ED Patients (Sarah Altman, PhD

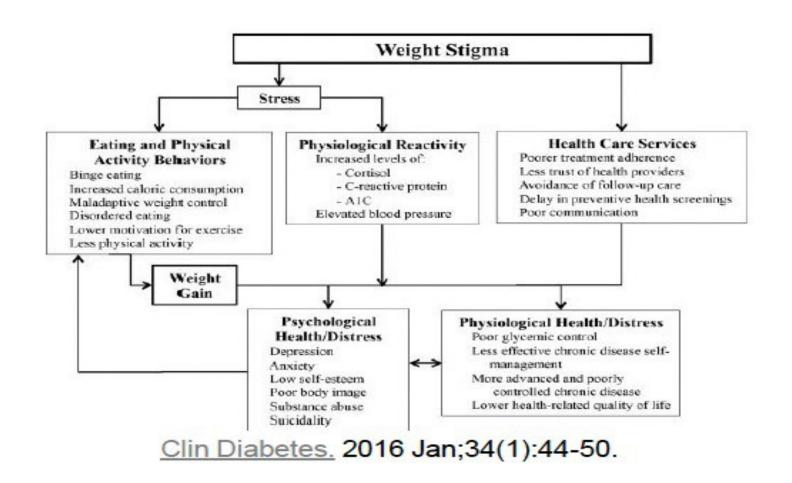
Provider Bias and Weight Stigma

- Weight loss goals are harmful
 - You don't have to say "lose weight" for patients to get the message that something is wrong with their body or the way they are eating
 - Comments about fruits and veggies, "junk food" and exercise can be code for "Fat is not okay"
 - Focusing on weight loss can lead to extreme behaviors and can be counterproductive to therapy and lead to worsened behaviors

Avoidance and Reduced Care

- ED Patients often avoid care for medical concerns due to fear of weight stigma or that they will be told to lose weight
- Disordered eating unrecognized, overlooked, or misdiagnosed in larger-bodied patients
- ED patients with a "normal" BMI are also impacted by implicit bias
 - Atypical Anorexia, low HR = in great shape, praise for losing weight
- Invalidation of patients due to body size

OVERCOMING WEIGHT STIGMA IN THE TREATMENT OF OBESITY



MENTAL HEALTH OF PERSONS WITH OBESITY WHO EXPERIENCE BIAS



Obesity (Silver Spring). 2017 Feb;25(2):280-281.

Muscle dysmorphia

Diagnostic and Statistical Manual of Mental Disorders, fifth edition

Individuals are:

- Preoccupied with their appearance
- Concerned they are not large or muscular enough
- Consumed by efforts to control eating and workout
- Avoid social situations that interfere with workouts
- Engaged in body monitoring
- Engaged in body camouflaging
- May continue to work out despite injury

Body dissatisfaction



Comparing one's physical appearance to others are more likely to be dissatisfied with own body



Social media provides ample opportunities for exposure to idealized bodies



Photoshop



Advice given by online celebrities/trainers that may be restrictive, unhealthy and not evidence-based



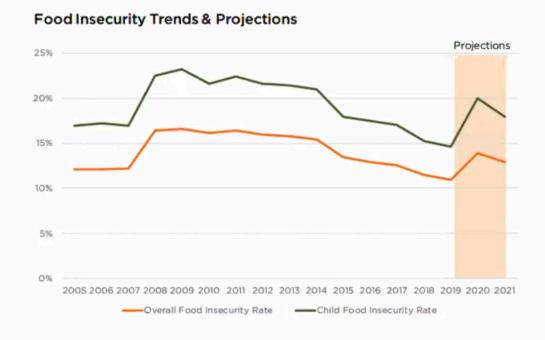
Zoom dysmorphia leads to unrealistic/unhealthy comparison to images seen online

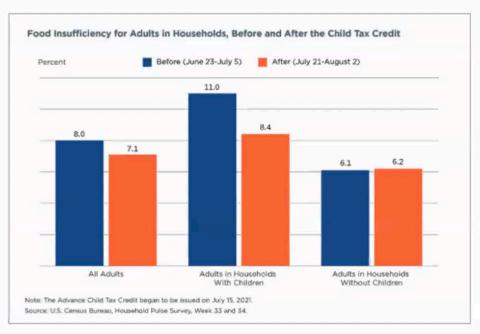
BUZZ WORDS

Shredded Toned Macros Ripped Macros Lean Food/nutrient Omission over demonization permission

Despite improvements in recent years, food insecurity remains unacceptably high

Long-term effect of pandemic uncertain due to government assistance and differential disruptions





Sources: The Impact of the Coronavirus on Food Insecurity in 2020 & 2021 rom Feeding America & United States Census Bureau

STATE OF THE PLATE

- Number of families receiving food assistance has increased exponentially
- Shortfall nutrients
- 1 in 10 consuming enough produce
- ALL forms of produce are fine
- Food choices must be available and affordable
- Must meet people where they are
- Provide resources-Recipes EatUp https://clancyharrison.com/recipes







Volume

It's human nature to eat when presented with food, and to eat more when presented with more food. The amount we eat and drink can affect our health, and portion sizes have grown by as much as 138% since the 1970s.*

*According to data from the American Journal of Public

Health, The Journal of Nutrition, and the Journal of the

American Medical Association.



Proportionality

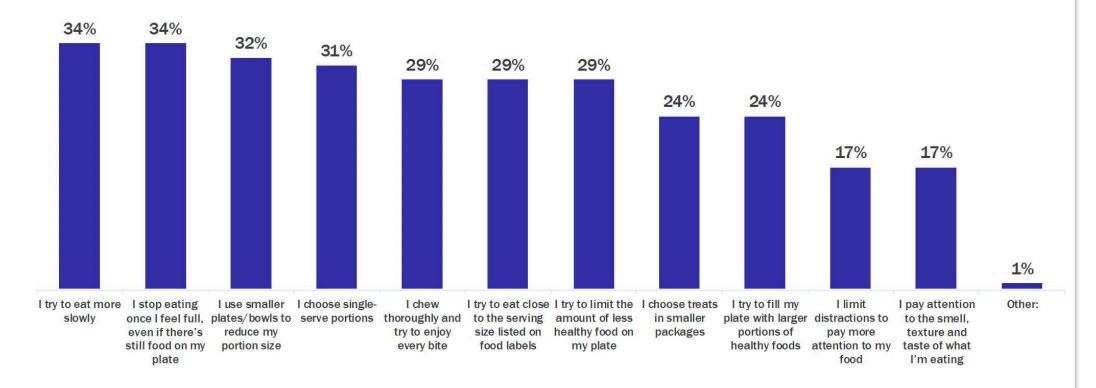
Eating a large amount of a nutrient-rich foods that are lower in calorie density can be more satisfying than eating a smaller amount of food that's lower in nutrients and higher in calorie density.



Quality

Fruits and vegetables, lean protein, low fat dairy, and fiber-rich whole grains are full of nutrients and part of a healthy lifestyle. Yet, only 1 in 10 US adults get the recommended level of fruits and vegetables; adults and kids also do not get enough whole grains. Most Americans exceed recommendations for added sugar, saturated fats, and sodium.

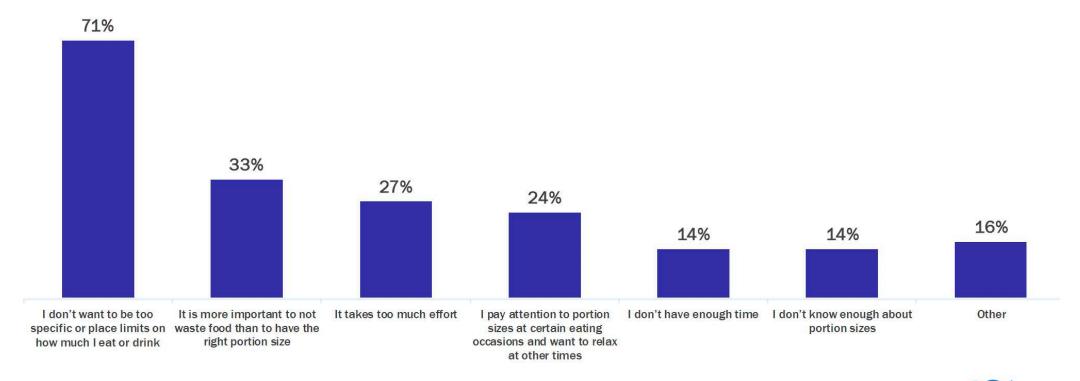
People use a variety of methods to manage portion sizes



[If not "I do not pay attention to portion sizes" Q7] What helps you manage your portion sizes? Select all that apply. n=836



Among those who don't pay attention to portion sizes, the vast majority say it's because they don't want to be too strict about how much they consume





MOST POPULAR "DIETS"

Calorie Intermittent Plant-based Gluten free counting Fasting Cleanse/detox Flexitarian Carb-cycling DASH

Vegan



CHARACTERISTICS OF FAD DIETS

Food group/nutrient elimination

Promise of quick results

Testimonials/celebrity endorsements

Rapid loss of water and lean mass

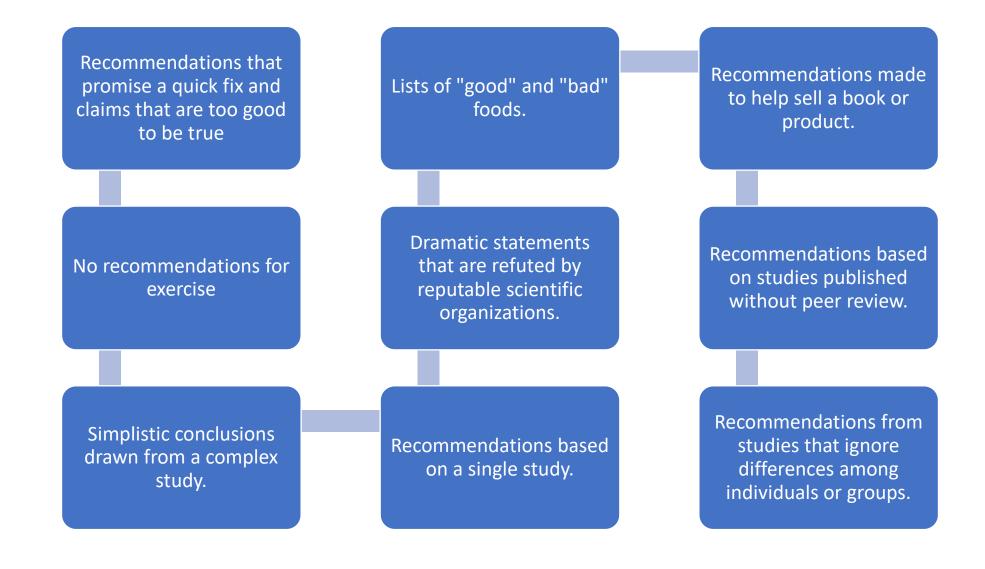
Reliance on supplements

Short term focus over sustainability

Exacerbate preexisting health issues and may result in digestive concerns

No evidence of efficacy

HALLMARKS OF FAD DIETS



CATEGORIES OF FAD DIETS

Low carbohydrate/High fat

- Atkins
- Keto

Low fat/very low fat

Time restricted eating/Intermittent Fasting

Clean eating/detox/elimination

Very low calorie

Meal replacementshakes/prepared meals

Macros

HEALTH AT EVERY SIZE

HAES

What is it? Body acceptance, applying intuitive eating, movement for enjoyment over necessity

• (Bacon et al. Nutr J 2011;10:9)

Body positivity: body acceptance, body appreciation, body love

#respectoverneglect

What does the science say? Improved psychological outcomes, physiological outcomes and behavioral outcomes

• (Ulian MD et al. Obesity Reviews. 2018;19)12):1659-1666

Does not assume people are automatically healthy at any size BUT that everyone deserves to be treated with dignity and respect and equal access to opportunities that promote health and well-being regardless of weight

(O'Hara et al. Body Image. 2020. 37:223-237

HEALTH AT EVERY SIZE(HAES)

Body acceptance and body positivity



Intuitive eating



Does NOT automatically assume everyone is healthy at every size but everyone does deserve to be treated with dignity, respect and **EQUAL** access to opportunities that promote health and well being regardless of weight

FOOD CONSUMPTION CONSIDERATIONS

Active food consumption (cravings, hedonic hunger-frequent thoughts, feelings, urges about palatable food consumption, emotional eating, food addiction

Passive food consumption small increases in energy density and portions

Hunger levels

WEIGHT INCLUSIVE APPROACH

DO NO HARM

Bodies come in all sizes

Holistic focus with emphasis on modifiable and sustainable health indices

Process-focused

Help clients become allies over adversaries with their bodies

Less blame and body shame and increased self empowerment

Health and well-being take precedence over the number on the scale

RESPECT OVER NEGLECT

How can we be of most help and relevance to those living in a larger body?

People-first language when addressing obesity

Respectful care and language in treatment of childhood obesity

Patient-centric care

Dignity and compassion



WORDS MATTER

- Instead of:
- Good Food
- Bad Food
- Healthy diet
- Junk Food
- Obese/overweight
- Dieting & Exercising

- Consider:
- Nutrient-dense food
- Fun food
- Balance
- Give a name to the food
- Living in a larger body
- Taking care of one's body



ALIENATE OR MOTIVATE?

- Bean based pastas/cauliflower rice
- Chia pudding
- Organic
- Smoothie bowls
- Avocado toast
- Plant based milks
- Vegan/plant based
- Gluten free
- Plant based milks
- Idolizing and vilifying carbs

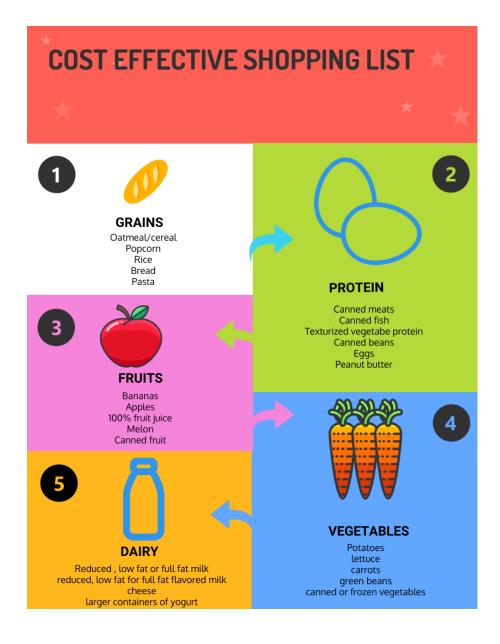
ARE RECOMMENDATIONS REALISTIC?

- Eat smaller more frequent meals
- Increase protein through supplements
- Limit processed foods
- Only eat fresh produce
- Watch canned, boxed foods
- Make from scratch
- Only buy organic
- Eat clean

BEST PRACTICES

- Refer to a registered dietitian who can work with the individual(s) to
 - Optimize protein intake to preserve muscle mass 0.54-.8 gm protein/lb/d
 - (Leidy et al AJCN 2015)
 - Recommend higher fiber foods to help with satiety
 - Incorporate preferred foods
 - Develop consistency with meal/snack frequency and timing
 - Implement portion-appropriate foods to achieve goals
 - Develop a meal plan that allows for body fat loss without rapid weight loss
 - Addresses barrier to weight loss/management

INCLUSIVE FOOD LIST



APPROPRIATE MEAL SUGGESTIONS



No Cook

Oatmeal+yogurt+applesauce+maple syrup

Baked beans and deviled ham on a bun

Energy bites made with oats, cereal, powdered milk, peanut butter and jellly

Refried beans, salsa and cheddar cheese with tortilla chips

Shredded colesiaw mix, canned chicken, crushed pineapple, teriyaki sauce, crumbled dry Ramen noodles

A wrap filled with canned chicken flavored with BBQ sauce and shredded colesiaw mix



Microwave

Ramen noodles+ canned chicken+ canned pineapple+peanut butter and Soy sauce

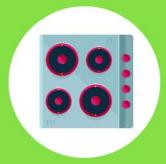
Cornbread mix made with egg/milk/canned corn and served with canned chili

Quesadilla of shredded cheese, salsa, black beans and canned chicken if desired

Eggs in a mug- eggs, milk, canned or frozen mixed veggies and Parmesan or shredded cheese

Microwaved baked potato topped with chili and cheese

Microwaveable "ready" rice with canned tomatoes, corn, and black beans



Stove/Hot Plate

Mac and cheese with pureed cannellini beans, evaporated milk, and peas

Flavored rice or noodles with tuna and canned carrots

Canned beef stew or chili with added canned corn and rice

Canned chicken in cream of mushroom or cream of chicken soup atop Instant mashed potatoes or over biscuits

Pasta topped with spaghetti sauce with canned beef

Canned salmon, instant mashed potatoes, egg for salmon patties cooked in oil in a pan on the stove

REFRAMING OUR RECOMMENDATIONS

Diet culture OR what we eat (diet) and who we are (our culture)

Energy deprivation OR a healthy, inclusive eating pattern?

It is time to make the transition to an empowered, enabled, realistic, do-able, sustainable, affordable way of eating that embraces identity, cultural diversity, culinary ability and food accessibility

Food and eating recommendations should address underlying health concerns within price point and preference

Compassion and care- be an advocate and an impactivist

SOLUTIONS

Sustenance and satisfaction

Meet people where they are

Process over outcome

Food guidance over prescriptive diets

Empower and educate re shopping/meal prep/food storage

Supply information re food resource access

Food over figures

Actionable, practical, achievable, do-able goals

RESONATE WITH RELEVANCE

Feelings are not up for debate

Do we listen before we respond?

Are we impactful?

Who is driving the conversation?

Are we advocates?

What are our own biases, beliefs and opinions?

Are we inclusive or exclusive in our thoughts and actions?

Are we satisfied/dissatisfied with our physique/health/fitness?

Clients/patients must buy in before they try so recommendations need to be realistic, do-able and maintainable

Summary

Referring to a registered dietitian who can help a client with food guidance, eating patterns, eating environment and food budget can optimize success

Addressing our own biases regarding weight is key to helping our clients be successful with their weight loss journey

Eat for you: your hunger, your day, your mind, your energy, your schedule, your culture, your health, your budget, your time, your family, your well-being, your joy.

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