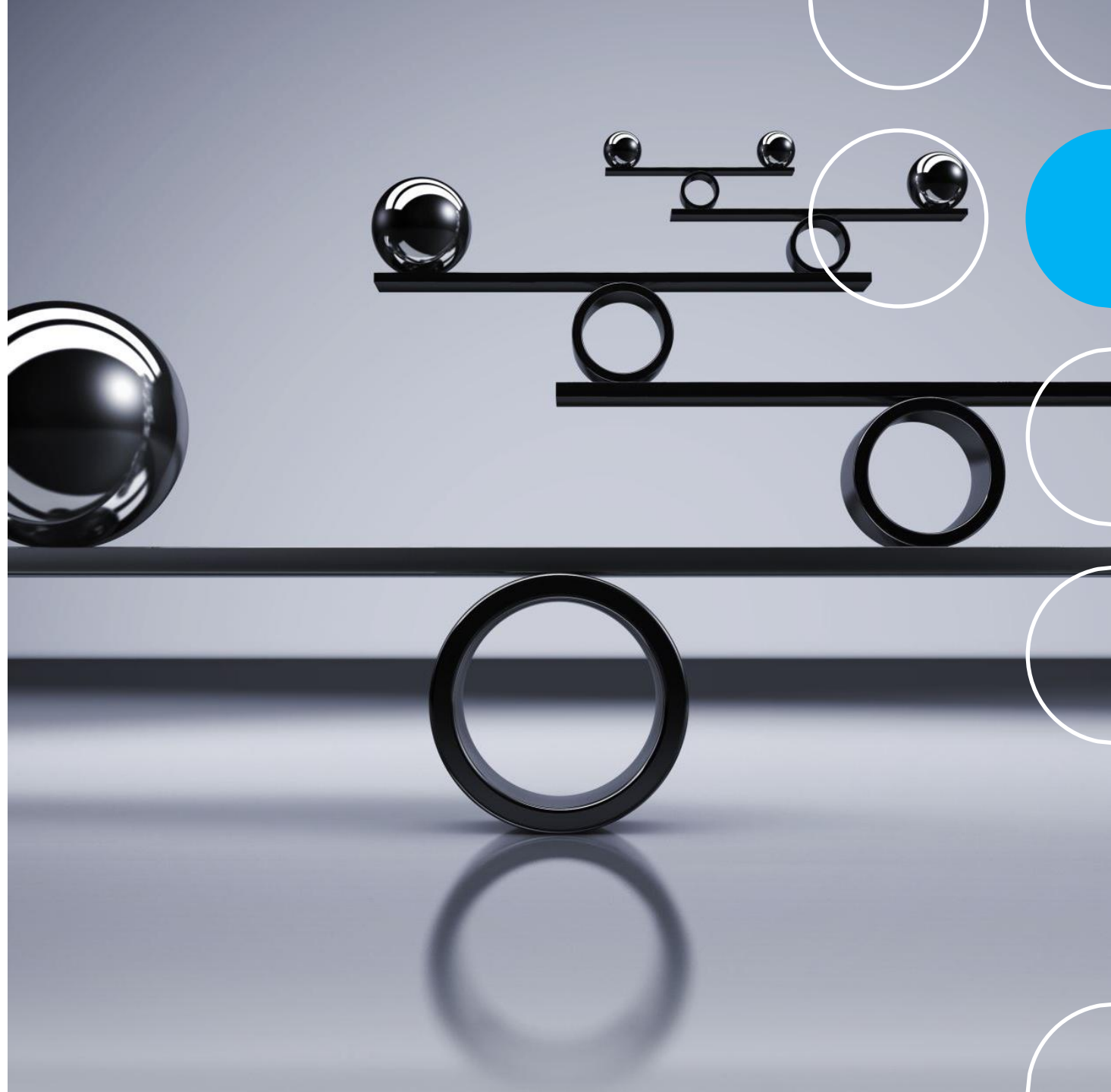


From Bias to Balance: Tackling Stigma & Mental Health in Obesity Management

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Outline

- Understanding Stigma & Mental Health Consequences in Obesity
 - Insights from the ACTION-APAC (Awareness, Care, and Treatment in Obesity maNagement) Study
 - Addressing Stigma: Strategies for Healthcare Providers
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Global Prevalence on Obesity

- In **2022**, 1 in 8 people in the world were living with obesity:
 - Worldwide *adult obesity has more than doubled* since 1990, and *adolescent obesity has quadrupled*.
 - 2.5 billion adults (18 years and older) were overweight. Of these, 890 million were living with obesity.
 - 43% of *adults aged 18 years and over* were overweight and 16% were living with obesity
 - 37 million children *under the age of 5* were overweight.
 - Over 390 million children and adolescents aged *5–19 years* were overweight, including 160 million who were living with obesity.

Physical Health Consequences

- Individuals with obesity are at a higher risk of developing type 2 diabetes, with studies showing that more than 80% of people with diabetes are overweight or obese ¹
- Obesity significantly increases the risk of cardiovascular diseases, such as coronary heart disease and stroke,²
- Associated with certain types of cancer, including breast, colon, and endometrial cancers
- Obesity result in substantial healthcare costs and lost productivity.

1. American Diabetes Association. (2024). **Standards of Medical Care in Diabetes—2024**. *Diabetes Care*, 47(Supplement_1), S5-S10. <https://doi.org/10.2337/dc24-SREV>

2. Powell-

Wiley, T. M., Poirier, P., Burke, L. E., et al. (2021). **Obesity and Cardiovascular Disease: A Scientific Statement From the American Heart Association**. *Circulation*, 143(9), e76-e99.

Psychological and Social Dimensions

- **Psychological Impact**

- A meta-analysis by Luppino et al. (2010) found a bidirectional association between obesity and depression .
- Low self-esteem and body dissatisfaction, which often contribute to further weight gain and the development of disordered eating behaviors.

- **Social Impact:**

- Research by Puhl and Heuer (2009) highlights how individuals with obesity are often subject to discrimination in various domains, including employment, healthcare, and education .
 - This stigma can exacerbate feelings of shame and guilt, leading to avoidance of healthcare settings and reduced engagement in healthy behaviors.
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What is weight bias and obesity stigma?

Weight bias is defined as negative attitudes towards, and beliefs about others because of their weight

Weight bias can lead to **obesity stigma**, which is the social sign or label affixed to an individual who is the victim of prejudice.³

Obesity stigma involves actions against people with obesity that can cause exclusion and marginalization, and lead to inequities = **discrimination**

Weight Bias & discrimination is ubiquitous

WEIGHT BIAS AND DISCRIMINATION IS RAMPANT IN OUR SCHOOLS, WORKPLACES, HEALTH SYSTEMS AND MEDIA.

The problem is widespread:



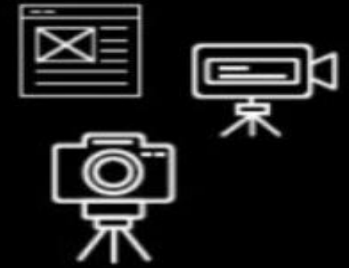
Elementary school kids with obesity face a 63% higher chance of being bullied



54% of adults with obesity report being stigmatized by coworkers



69% of adults with obesity report experiences with weight bias from a health care professional



72% of images and 77% of videos stigmatized obese persons according to recent media studies

Link of Weight bias to health consequences


- **Increased risk of anxiety and depression:** This is likely because weight bias can lead to feelings of shame, isolation, and low self-esteem.
 - **Increased risk of eating disorders:** such as anorexia nervosa and bulimia nervosa. This is because people who experience weight bias may be more likely to engage in unhealthy weight control behaviors in an attempt to conform to societal expectations about weight.
 - **Increased risk of chronic diseases:** Weight bias can also increase the risk of chronic diseases, such as heart disease, stroke, type 2 diabetes, and some types of cancer. This is likely because weight bias can lead to unhealthy behaviors, such as smoking, poor diet, and lack of physical activity.
 - **Reduced access to healthcare:** People who experience weight bias are more likely to report having difficulty accessing healthcare. This is likely because healthcare providers may be biased against people who are overweight or obese, and may be less likely to provide them with the care they need.
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Insights from ACTION APAC Study

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ORIGINAL RESEARCH |  Open Access |  

ACTION APAC: Understanding perceptions, attitudes and behaviours in obesity and its management across south and Southeast Asia

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Citations: 1

ACTION-APAC Study Summary

- **Objective:** To identify perceptions and attitudes among people with obesity (PwO) and healthcare professionals (HCPs) toward obesity and its management .
- **Methodology:** a cross-sectional online survey was conducted among adult PwO with self-reported body mass index of ≥ 25 kg/m² (≥ 27 kg/m², Singapore), and HCPs involved in direct patient care in nine Asia-Pacific (APAC) countries,.
- **Results:** In total, 10 429 PwO and 1901 HCPs completed the survey.
- Most PwO (68%) and HCPs (84%) agreed that ***obesity is a disease***; however, a significant proportion of PwO (63%) and HCPs (41%) ***believed weight loss was the complete responsibility of PwO and only 43% of PwO discussed weight with an HCP in the prior 5 years.***
- Most respondents acknowledged that weight loss would be extremely beneficial to PwO's overall health (PwO 76%, HCPs 85%), although ***nearly half (45%) of PwO misperceived themselves as overweight or of normal weight.***

ACTION-APAC Study Summary

- Obesity was perceived by PwO (58%) and HCPs (53%) to negatively impact PwO forming romantic relationships.
- *HCPs cited PwOs' lack of interest (41%) and poor motivation (37%) to lose weight as top reasons for not discussing weight.*
- ***Most PwO (65%) preferred lifestyle changes over medications to lose weight.***
- PwO and HCPs agreed that lack of exercise and unhealthy eating habits were the major barriers to weight loss.
- **Our data highlights a discordance between the understanding of obesity as a disease and the actual behavior and preferred approaches to manage it among PwO and HCPs.**
- **The study addresses a need to align these gaps to deliver optimal care for PwO.**

Perceptions, Attitudes, & Behaviors that lead to bias

- Many respondents view obesity primarily as a **lifestyle issue** rather than a complex disease influenced by genetic, environmental, and psychological factors.
 - This perception contributes to a *widespread belief that obesity is solely within an individual's control*, which reinforces stigma and hinders effective management.
 - Many healthcare providers in the region continue to attribute obesity to poor lifestyle choices, which can lead to biased treatment and inadequate support for patients struggling with obesity.
 - A considerable number of individuals recognize the importance of weight management, there is a low level of engagement in seeking professional help. Cultural barriers, fear of stigma, and a lack of accessible healthcare services contribute to this reluctance.
-

Obesity Stigma in the Region

- **Stigma in Healthcare Settings:** According to the ACTION APAC study, approximately **60%** of individuals with obesity in the region reported experiencing stigma from healthcare providers.
 - This stigma often manifests as *negative comments, dismissive attitudes, or the oversimplification of obesity treatment to mere dietary and exercise advice without considering underlying medical or psychological conditions*
 - The study reported that **55%** of respondents felt that weight stigma negatively impacted their mental health, leading to increased rates of depression, anxiety, and social isolation. The internalization of this stigma was also linked to disordered eating behaviors and further weight gain.
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Obesity Stigma in the Region

- Due to fear of judgment, about **40%** of individuals with obesity delayed or avoided seeking medical care.
 - This avoidance behavior was **more prevalent among women and those in rural areas**, where healthcare resources are often limited and social norms are more rigid.
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Barriers to Effective Obesity Management

- **1. Healthcare Provider (HCP) Bias and Stigma:** HCPs often fail to initiate conversations about weight due to concerns about offending patients, and patients, in turn, are reluctant to bring up their weight due to fears of judgment .
- **2. Patient Perceptions and Self-Stigma:** PwO often *internalize negative stereotypes*, leading to **self-stigma**, which can prevent them from seeking medical advice or adhering to treatment plans; Patients in Asia often underestimate the importance of professional help in managing their weight, with a tendency to attribute obesity to personal failure or lifestyle choices rather than recognizing it as a medical condition .
- **3. Lack of Communication Between HCPs and Patients:** HCPs may not discuss obesity management strategies until obesity-related complications arise. This delayed intervention leads to less effective management and worse long-term outcomes .

Barriers to Effective Obesity Management

- **4. Limited Awareness of Effective Treatments:** Both patients and HCPs often lack awareness of the full range of treatment options available, including pharmacological therapies, surgical options, and behavioral interventions. The study showed that many HCPs focus primarily on lifestyle interventions like diet and exercise, often not considering or discussing pharmacotherapy or bariatric surgery unless prompted by the patient .
 - **5. Cultural and Social Barriers:** In the Asia-Pacific region, cultural norms around body weight, appearance, and health can further complicate obesity management. Cultural sensitivity is essential in addressing these barriers, and HCPs must understand the socio-cultural contexts of their patients to provide effective, compassionate care .
-

Addressing Weight Bias & Stigma among HCPs

What Can We All DO?

- **1. Education and Awareness:**
- Continuous professional development including training on recognizing and addressing *implicit biases*. Training can cover the *complex etiology of obesity*, emphasizing that it's a multifactorial disease involving genetics, metabolism, environment, and behavior.
- Use of *Person-First Language*: This approach respects the person and reduces labeling.
- Shift conversations on overall health rather than weight. Discuss interventions that promote **well-being** (e.g., managing blood pressure, improving physical fitness) without centering conversations on weight loss alone.

Addressing Weight Bias & Stigma among HCPs

What Can We All DO?

- **2. Empathy and Respect:**
- Acknowledge the difficulty of managing obesity and express empathy for challenges that patients face.
- Respectful and supportive communication can foster trust and motivate patients to seek care. Inclusive Care Plans: Tailor treatment plans that consider the individual's life circumstances, physical abilities, and preferences.
- Avoid one-size-fits-all approaches

Addressing Weight Bias & Stigma among HCPs

What Can We All DO?

- **3. Person-Centered Approach in Treatment:** -
- Collaborative Goal-Setting: Engage patients in setting realistic, achievable goals for their health, with an emphasis on non-scale victories such as improved energy levels or mental well-being.
- Holistic Support: Recognize that addressing psychological and social factors (e.g., depression, food insecurity, and social support) is crucial for successful obesity management.
- Mental Health Support: Offer or refer patients to counseling and mental health services to address potential emotional impacts of weight stigma.


Addressing Weight Bias & Stigma among HCPs

What Can We All DO?

- **4. Empowering Persons with Obesity as Stakeholders**
- **Self-Advocacy:** Patients can advocate for respectful treatment by communicating their needs and expectations clearly to healthcare providers. Encourage them to speak up about bias or disrespectful language.
- **Engage in Advocacy and Support Groups:** Join or form patient advocacy groups to push for policy changes and improved healthcare standards. Patients' voices can influence better obesity management practices.
- **Seek Providers Who Show Respect:** Encourage patients to find HCPs who listen, show empathy, and treat them as partners in their health journey
- **Policy Changes:** Advocate for health policies that prioritize non-stigmatizing care. This can include guidelines that emphasize a non-judgmental, inclusive approach to obesity.
- **Inclusive Infrastructure:** Ensure that healthcare facilities provide equipment and spaces that accommodate patients with larger body sizes comfortably, promoting an environment of dignity.

Call to Action for HCPs:

We need to encourage empathy and patient-centered practices in obesity care



Let's reflect on personal attitudes and biases



Remember to integrate mental health into obesity management plans

**Thank you
for your
attention**

