Pennington Biomedical Research Center
Louisiana State University

Greaux Healthy
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Be the Reason

Annual Childhood Obesity Conference

Powered by Pennington Biomedical Research Center in partnership with the State of Louisiana.

Fueling Resilience:

Integrating Mental Health, Eating Disorder Awareness, and Obesity Prevention in Adolescent Care

Presented by: Tiffany Stewart, PhD and Brittany Andry, MD, FAAP, CEDS

Be the Reason: Annual Childhood Obesity Conference

Disclosure

- Dr. Philip Raymond Schauer, a speaker for this activity, has disclosed relationships with Medtronic/Covidienm, Ethicon, GI Dynamics, Mediflix, Novo Nordisk, Eli Lilly, and Keyron, LTD.
- Dr. Steven Heymsfield, a speaker for this activity, has disclosed relationships with Regeneron, Eli Lilly, Novo Nordisk, and Tanita Corporation.
- Dr. Katie Queen, the speaker for this activity, has reported that she has financial relationships with Novo Nordisk, Rhythm Pharmaceuticals, and Vivus.
- All other speakers, planners, and reviewers for this activity have disclosed no relevant financial relationships with ineligible companies. All relevant financial relationships have been mitigated.
- **Accreditation:** This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Texas Medical Association (TMA) through the joint providership of Louisiana AAP and Pennington Biomedical Research Center. The Louisiana AAP is accredited by TMA to provide continuing medical education for physicians.
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Healthy Bodies & Resilient Minds: Tackling Weight Stigma, Body Image, & Preventing Disordered Eating

Tiffany Stewart, PhD
Professor; Director, Behavior Technology Laboratory: Health, Performance, & Resilience

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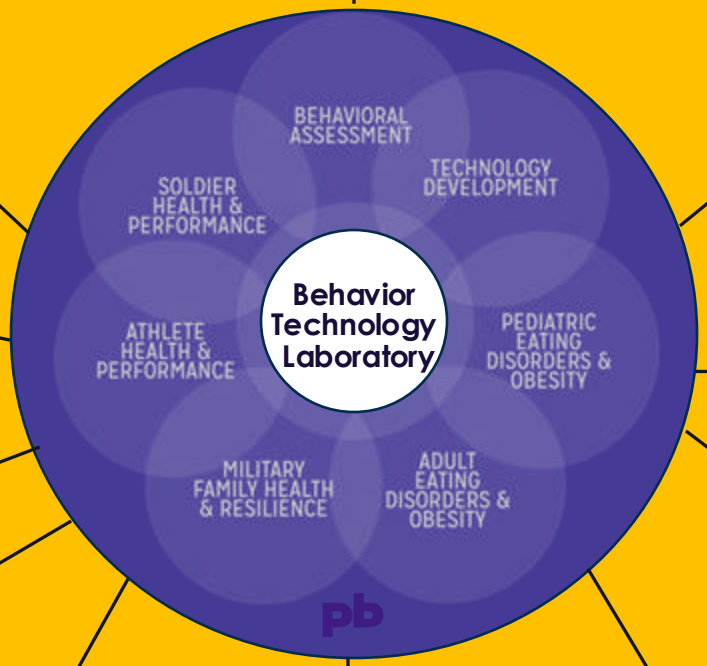
Health & Performance Institute of Champions

Wu Tsai Human Performance Alliance
Stanford University

Boston Children's Hospital

HARVARD MEDICAL SCHOOL

TRINITY UNIVERSITY



WOMEN'S HEALTH, SPORTS & PERFORMANCE MEDICAL

SPORTS & SOCIETY aspen institute

LSU School of KINESIOLOGY

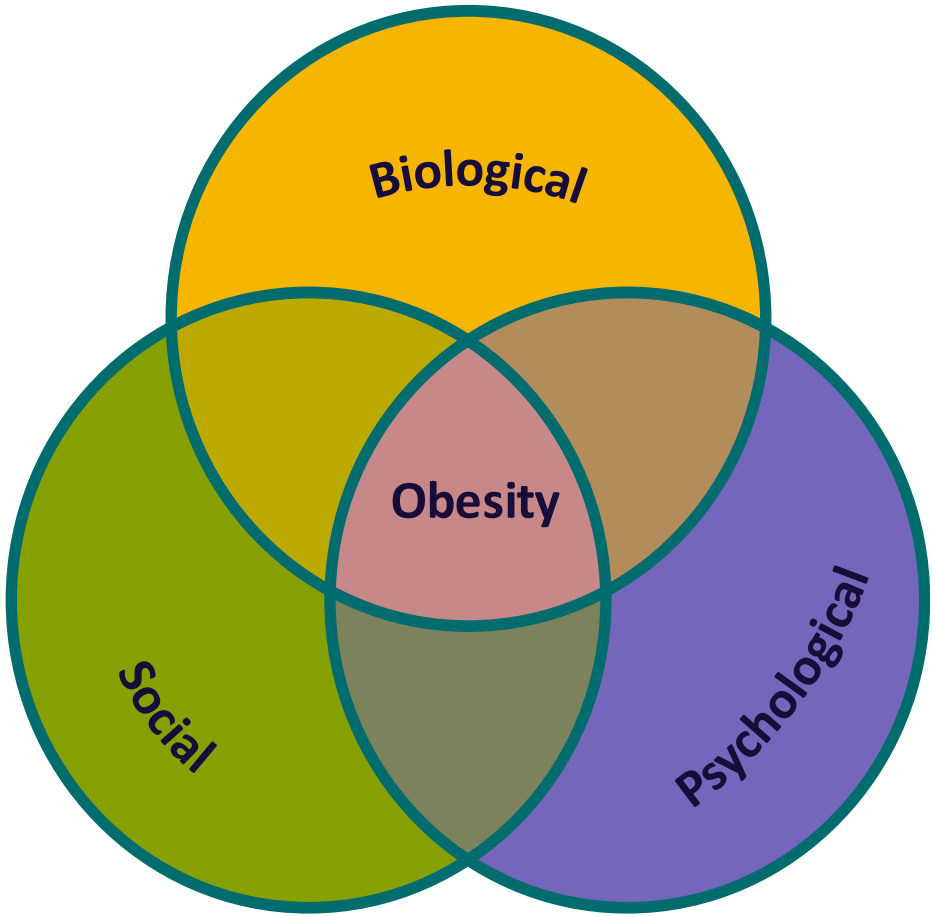
- Weight Stigma
- Culture & Health
- Prevention
- Call to Action
- Resources

Weight Stigma

Appearance ≠ health

***Weight stigma*: Negative stereotypes, bias, or discrimination based on weight.**

"The rise of obesity is a wickedly complex problem" Bob Kushner



"Obesity is a chronic relapsing stigmatized disease process." George Bray

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More Respect and Less Finger Pointing in Primary Obesity Care

Empathetic, respectful care sounds like a reasonable expectation for a primary care visit. New research, conducted by the Obesity Action Coalition, Drexel University, the ABOM Foundation, and Thoughtform, shows the way to take this from an aspiration to reality. Simply stated, persons living with obesity want more respect

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Advice to "Eat Less and Move More" Has Deceived and Failed Us

For years, people living with obesity have been given the same basic advice: eat less, move more. But while this mantra

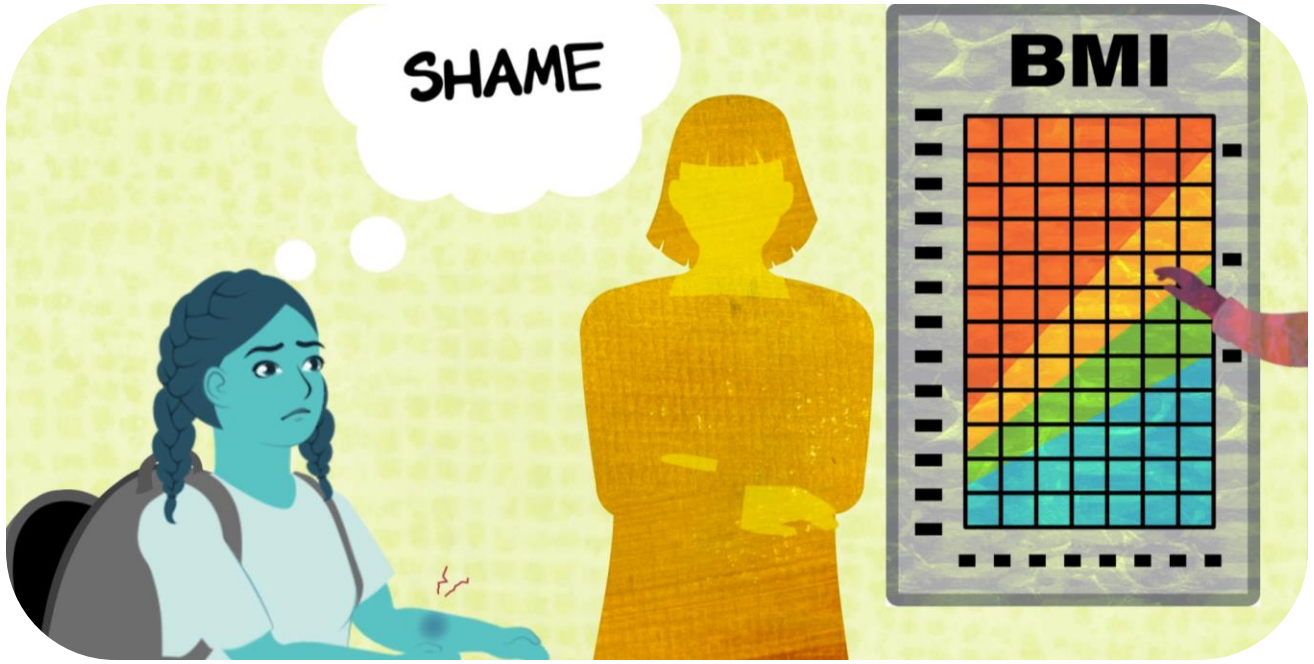
Authors

Why Thinking We're Fat Won't Help Us Improve Our Health: Finding the Middle Ground

Tiffany M Stewart [1]

Affiliations + expand

PMID: 29932515 DOI: 10.1002/oby.22241



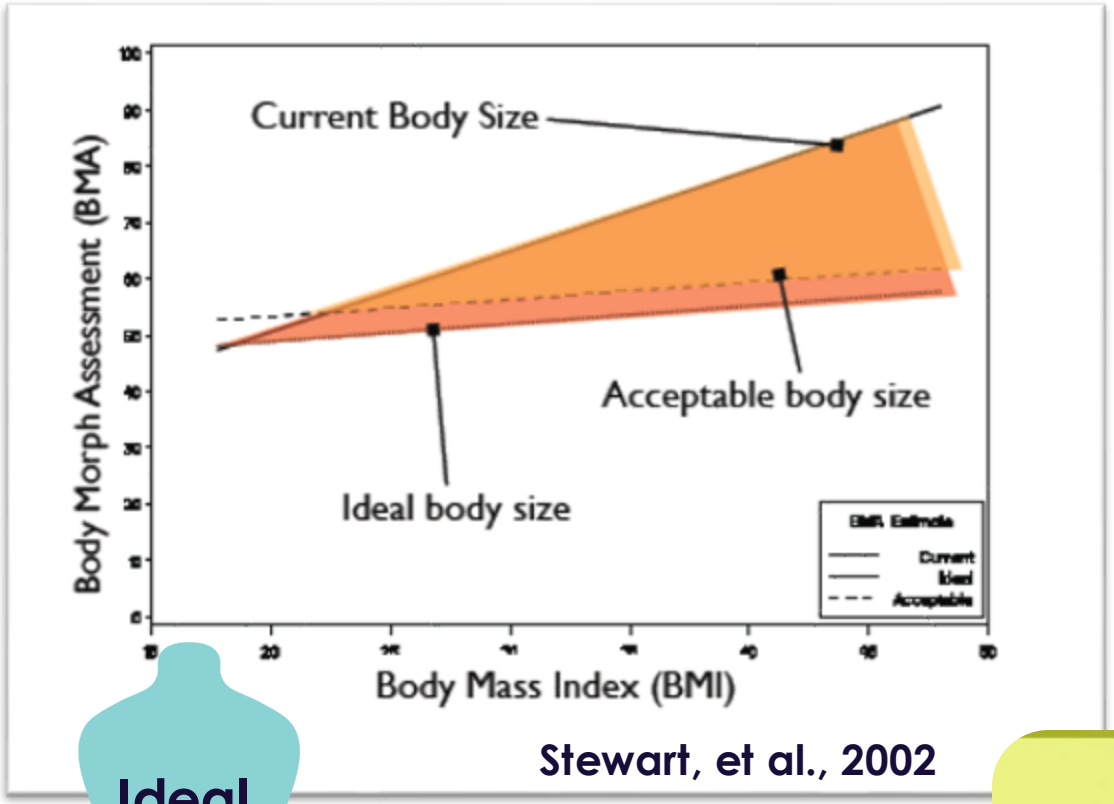
Healthcare: Where Stigma Really Hurts

Culture

Culture Drives Appearance Standards

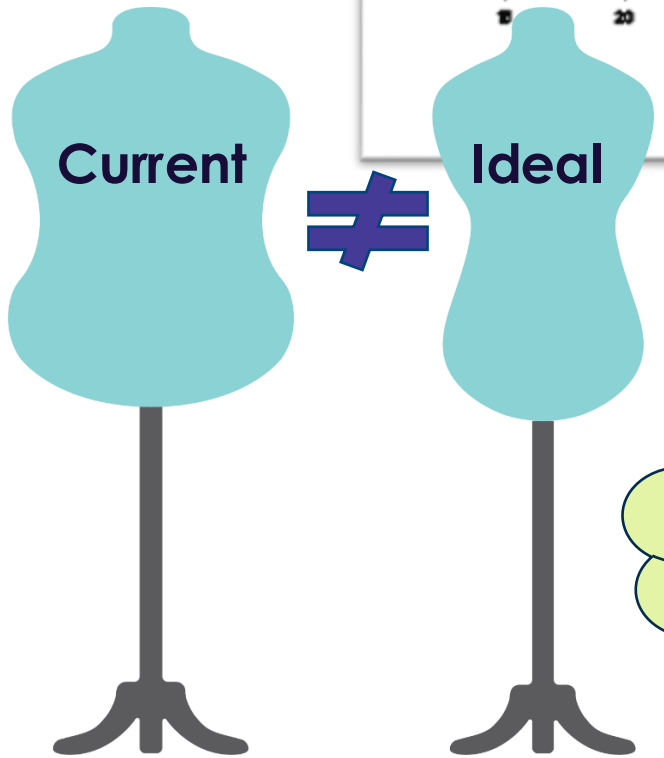
***Body image*: A person's perceptions, thoughts, and feelings about their body.**

Risk Factors



Stewart, et al., 2002

Normative Discontent

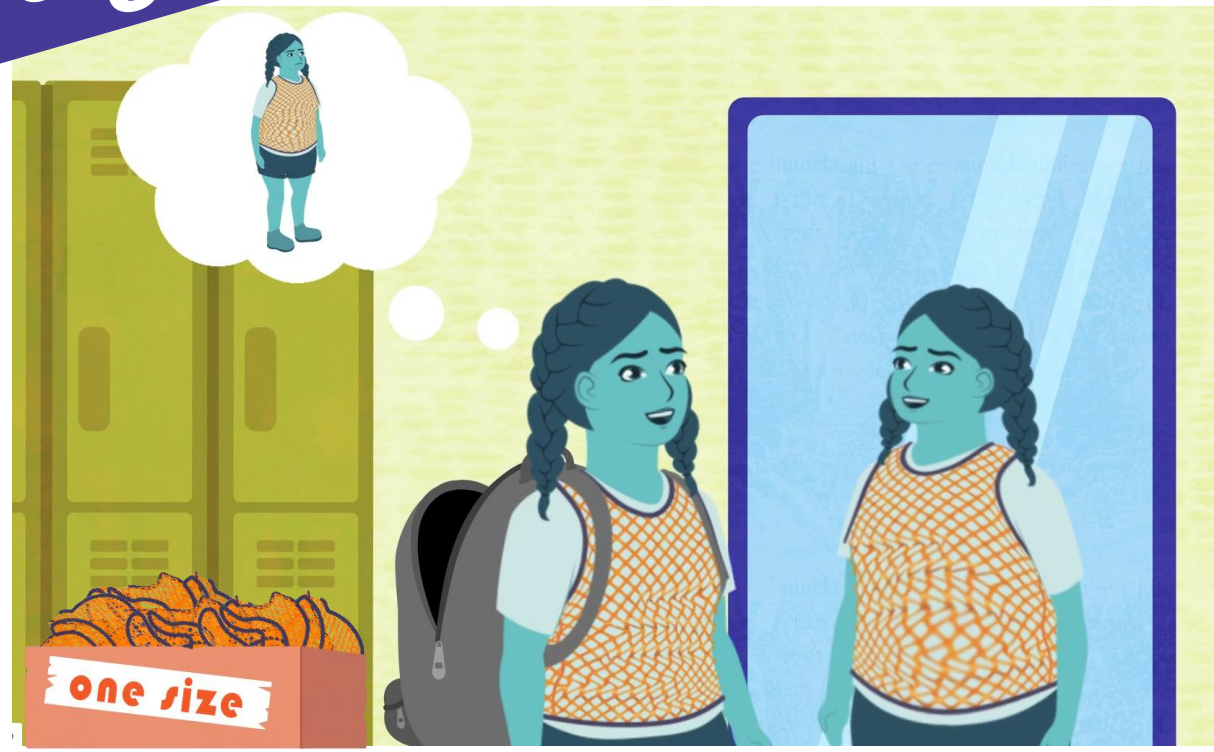


Body Dissatisfaction

In a world where…

THE BODY IMAGE MOMENT

…ment when….



Impact of Weight Stigma & Bias

Psychological Consequences:

Increased risk of depression, anxiety, and low self-esteem.

Body dissatisfaction as a primary predictor of disordered eating.

Behavioral Consequences:

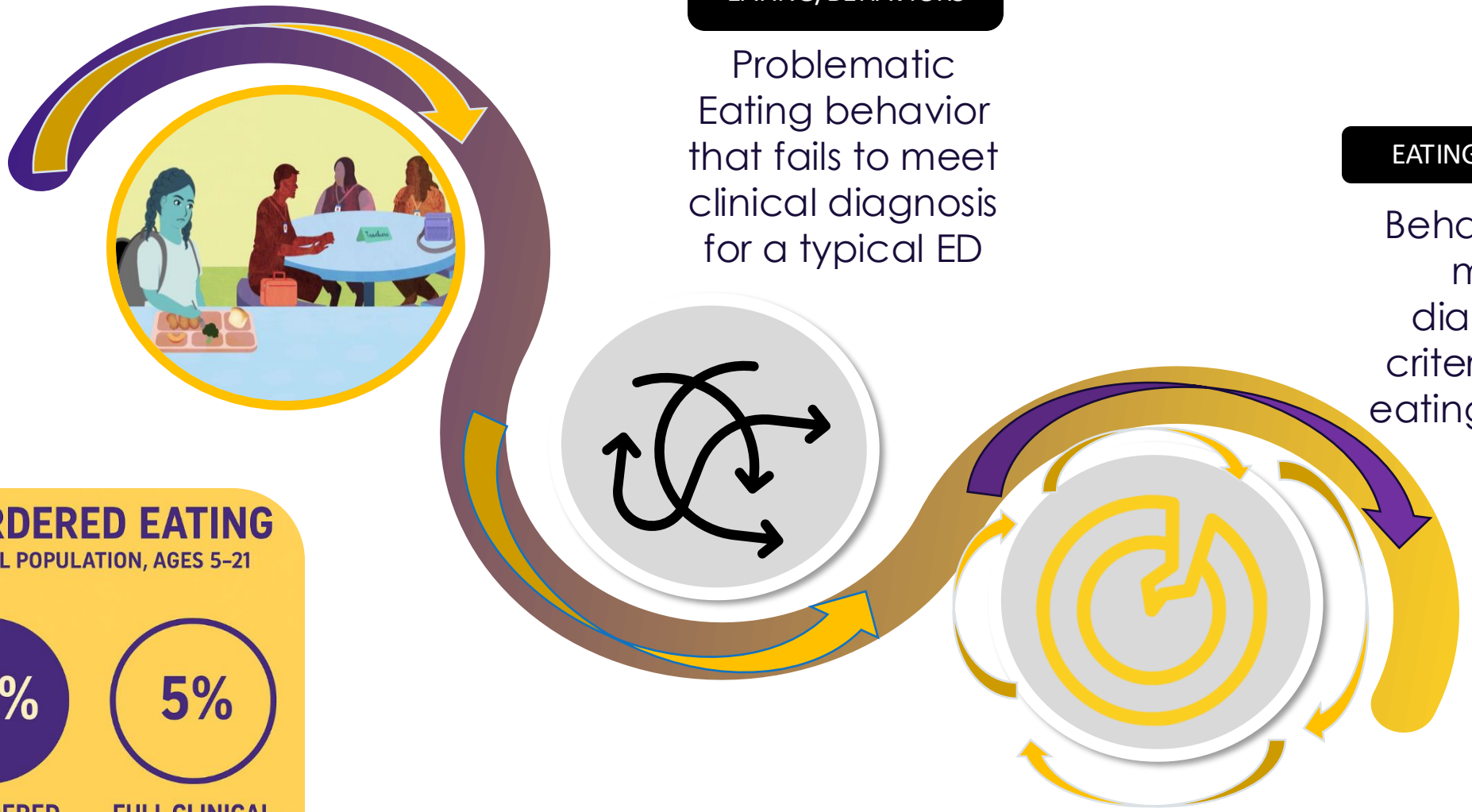
Avoidance of physical activity due to fear of judgment.

Increased risk of unhealthy dieting, binge eating, and eating disorders.

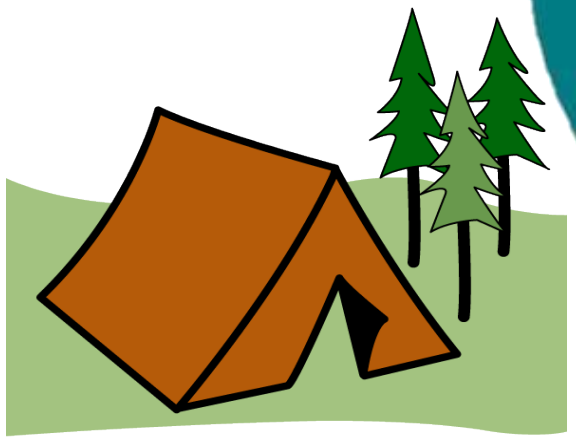
The Paradox:

Weight stigma is associated with *worse* physical health outcomes, not better.

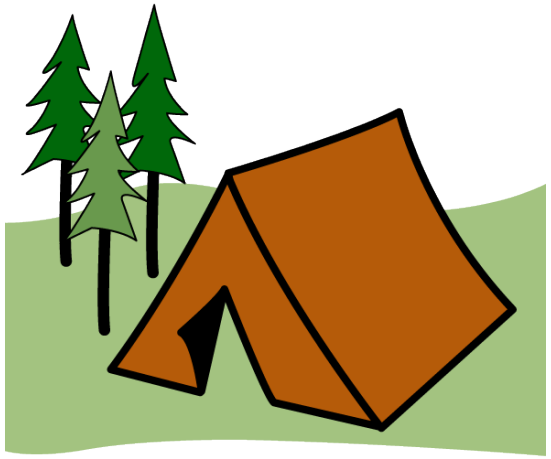
A Slippery Slope



Disordered Eating Comes in all Shapes & Sizes

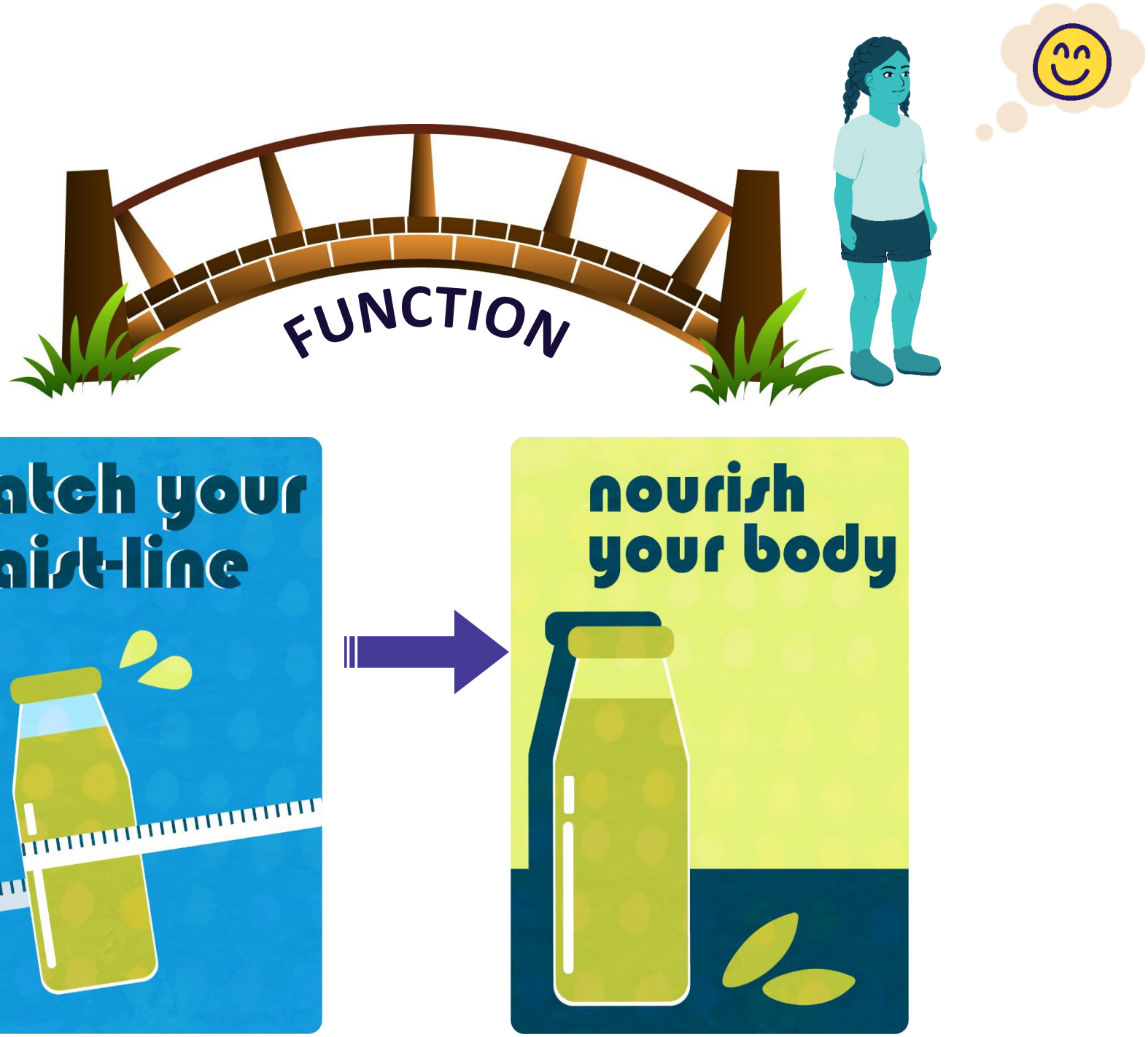


Camp Obesity



Camp Eating Disorders

Two Camps, No Bridge


FUNCTION
watch your waist-line
nourish your body

Prevent & Protect

Body acceptance & healthy behavior change are not mutually exclusive

"Hating our bodies is not, in fact, a successful driver of healthy behavior." (Stewart, 2016)

Protective Factors

Body Appreciation

Evolution, Reverse Selfie
Dove, 2007, 2022

Shift focus from weight →
to health, strength, skill, and function

Nutrition

Fueling our bodies with nutrient dense foods helps us feel our best, energizes our bodies, nd helps them grow strong.

Fitness

Moving our bodies allows us to provide our bodies with the activities and strength they need to carry us through our day and reach our goals.

Mood

Being aware of how we feel allows us to mind our mood, cultivating calmness and kindness for ourselves and others.

Sleep

Getting enough sleep each night lets our minds and bodies recharge to be ready for what's ahead.

Fun/Play

Having fun is a great way to learn and to provide ourselves with all the factors our bodies need to thrive.

Body Appreciation

Despite our similarities and differences, we must value one another by cultivating an environment of awareness and body appreciation.

Call to Action

Is what we are doing working?

Healthy bodies and resilience minds grow in environments where weight stigma is challenged, diversity is celebrated, and mental health is prioritized.

PROJECT PLAY
aspen institute

PARENT CHECKLIST

GETTING KIDS INTO THE GAME

FOR KIDS (AGES 6-12) NOT PLAYING SPORTS

It can be hard, knowing how to introduce your child to sport and physical activity that meet their unique needs. Ten questions to ask of yourself, your kid, and local programs in finding a good fit:

IS MY CHILD GETTING AN HOUR OF PHYSICAL ACTIVITY DAILY?
If the answer is no, they are not getting the CDC's recommended amount for youth. That means moderate-to-vigorous activity, with at least three of those days also involving exercise that strengthens muscles and bones.

DO I REGULARLY ENGAGE IN PHYSICAL ACTIVITY OR SPORTS MYSELF?
Research shows that parents who are physically active are more likely to have physically active children. Be a role model, while also encouraging fun activities that you can enjoy together – from bike riding to a backyard catch.

HAVE I POPULATED OUR HOME WITH BALLS AND OTHER SPORTS EQUIPMENT?
Provide a child with the tools to play, on their own terms (not those of adults), and often they will. Unstructured play builds physical literacy and love of game, with intrinsic rewards that encourage further engagement.

DO I LIMIT SCREEN TIME AT HOME AND REQUIRE MY CHILD TO GO OUTSIDE?
The American Academy of Pediatrics recommends parents place consistent limits on time spent with media. Start by removing TVs from bedrooms. Research shows more than 1.5 hours of daily TV is a risk factor for obesity.

HAVE I ASKED MY CHILD WHICH SPORTS THEY MIGHT LIKE TO LEARN?
Most kids get funneled into the same, small handful of team sports. But there are 120 sports offered across the U.S., and some providers and sites might just be a few miles away. There's a sport for every kid. Internet tools can help you explore.

HAVE I CONSIDERED ACTIVITIES THAT LIMIT PEER COMPARISON?
Rock-climbing. Skiing. Snowshoeing. Martial arts. Archery. Individual sports can feel safe, especially for kids with special needs. Then there are more recreational team games, like Ultimate Frisbee.

HAVE YOU ASKED THEM TO PLAY WITH YOU?

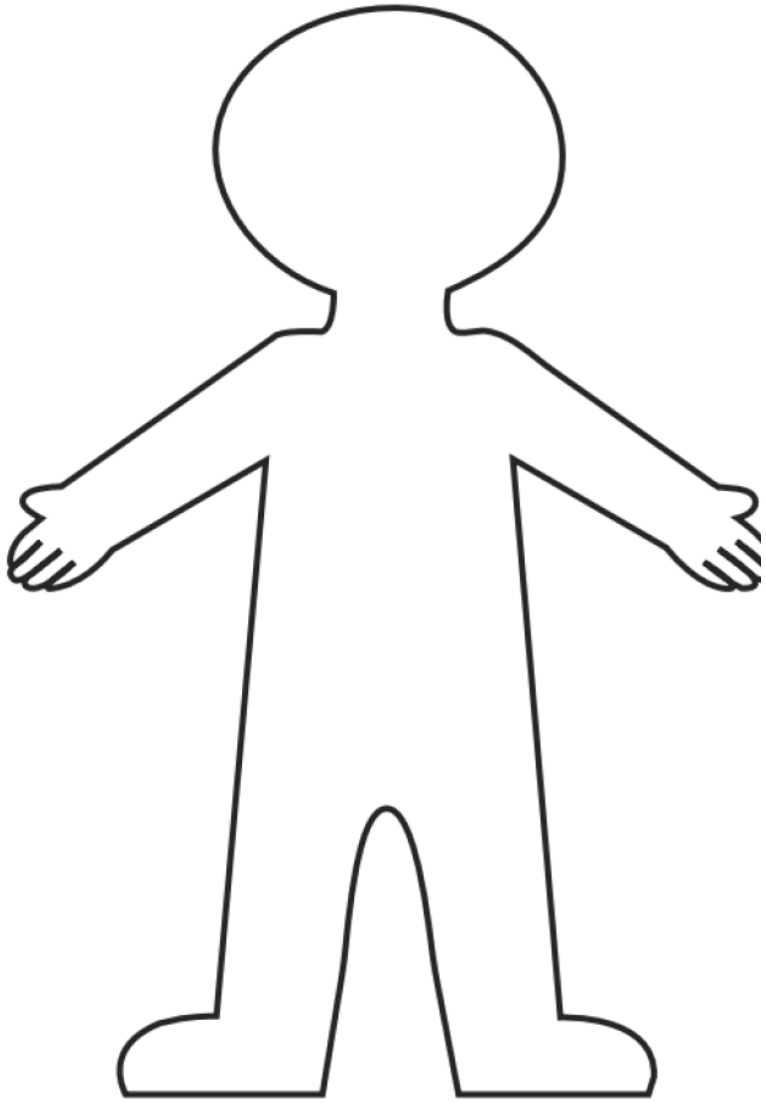
Golf. Tennis. Hiking. Volleyball. Skiing and snowboarding. Family activities can be plenty fun and you moving your body matters – parents are role models. Casual play also leaves ample room for schoolwork, the most common reason that high school students don't join teams.

HAVE YOU USED TECH FOR GOOD?

Tech is part of the problem – getting teens off social media. But digital tools also can offer solutions. Consult search marketplaces to find camps and sport options. Tap AI chatbots for ideas, customized for your teen. Use fitness and activity trackers and reward them for steps taken

Health Behaviors for Health

My Amazing Body



Function Over Form

I am a Human like no other!

With my brain, I will think about _____

With my heart, I will be _____

With my hands, I will make _____

With my eyes, I will observe _____

With my legs, I will go _____

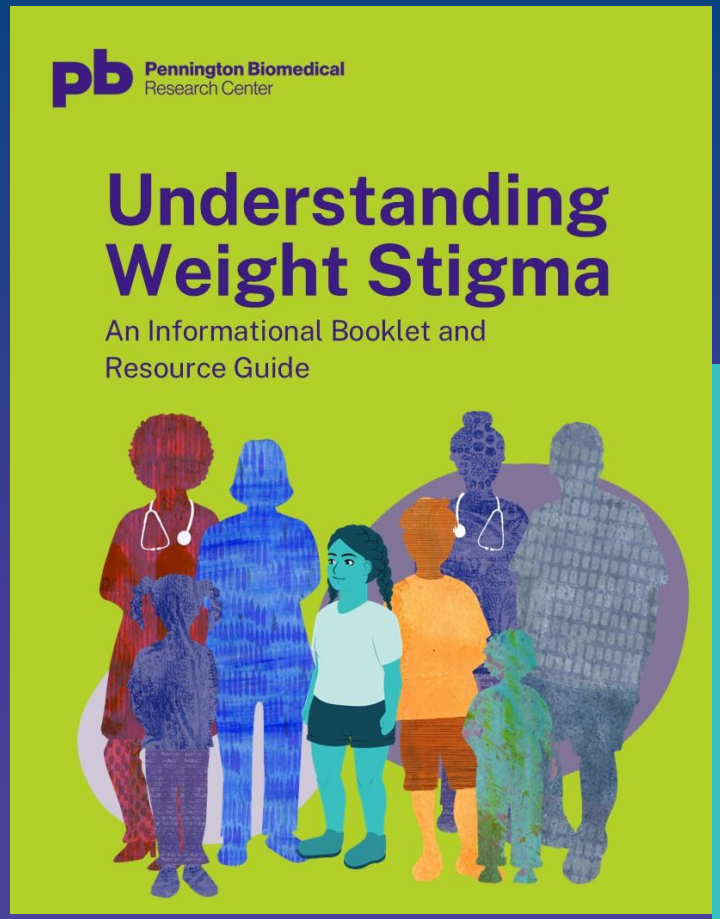
I am amazing!

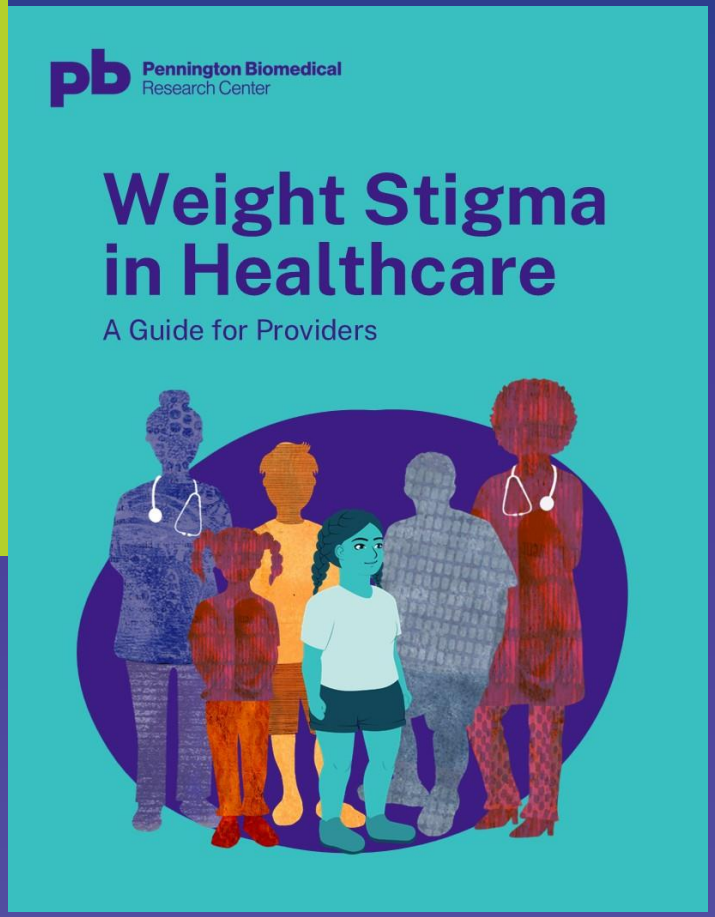
Resources

Healthcare Providers

Educators

Caregivers





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- Greaux Healthy Weight Stigma Materials
- UConn Rudd Center for Food Policy & Health Weight Bias & Stigma Research & Resources
- World Obesity Society
- The Obesity Society (TOS)
- Obesity Action Coalition
- Health at Every Size Movement (HAES)
- National Eating Disorder Association (NEDA)

UCONN RUDD CENTER FOR FOOD POLICY AND HEALTH

OAC Obesity Action Coalition

END WEIGHT STIGMA

NEDA National Eating Disorders Association

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TEDxLSU:
The Body Revolution We Need: Function Over Form, 2016

Objectives

- Differentiate between various types of eating disorders and their unique characteristics
- Identify common comorbidities associated with eating disorders and corresponding treatment considerations
- Review effective strategies for initiating patient conversations and initiate treatment plans

Facts and Stats

Be the Reason: Annual Childhood Obesity Conference

- 9% of the US population, 28.8 million Americans, will have an eating disorder in their lifetime
- Up to 22% of children and adolescents struggle with disordered eating
- People in larger bodies are at the highest risk of having developed an eating disorder in their lives

Evaluation

Common Presentations:

Irritable Bowel

Chest pain

Dizziness

Grades slipping

Fainting

Low impact Fractures

Irregular cycles

Anxiety/Depression

Bloating

Fatigue

Abdominal Pain

Acid Reflux

Swollen cheeks

Constipation

Hair Loss

Dry Skin

Hair Thinning

Screening in your office

24-hour food recall

- Do you know the calories you consume per meal/day?
- Why do you skip lunch? Do you think it will affect your weight?

Screens?

- SCOFF
- EAT

Screening in your office

- **Some pointed questions:**
  - Do you ever hide food?
  - Do you feel guilty after eating?
  - Do you look at nutrition labels?
  - Do you eat in private?
  - Have you ever made yourself throw up?
  - Do you have fears of eating in public?
  - Do you change what you eat in hopes to lose/gain weight?

Diagnosis

Eating Disorders vs. Disordered Eating

Eating Disorder

- Serious mental illness
- Highly distressing attitudes, beliefs, and behaviors related to one's food intake, body shape, and weight
- Chronic
- Interferes with daily life

Disordered Eating

- Behaviors and beliefs surrounding food and exercise
- Can negatively impact one's health, but are often less severe or frequent
- Does not completely impair daily functioning

Signs of Disordered Eating

- Body dissatisfaction
- Skipping meals
- Fasting
- Excessive exercise
- Preferring to eat in private
- A tendency toward perfectionism
- Developing odd eating habits
- Studies food labels
- Rigidity in eating
- Uncomfortable physically and emotionally after eating

- Disordered eating is a risk factor in the development of an eating disorder.
- Early intervention is shown to improve treatment outcome.

*Alhaj, O. A., Fekih-Romdhane, F., Sweidan, D. H., Saif, Z., Khudhair, M. F., Ghazzawi, H., Nadar, M. S., Alhajeri, S. S., Levine, M. P., & Jahrami, H. (2022). The prevalence and risk factors of screen-based disordered eating among university students: a global systematic review, meta-analysis, and meta-regression. Eating and weight disorders: EWD, 27(8), 3215–3243

Eating Disorder Categories

- Restrictive
  - Anorexia Nervosa
    - Restrictive Subtype
    - Purging Subtype
  - Bulimia Nervosa
  - Other Specified Feeding or Eating Disorder (OFSED)
- Binge Eating Disorder (BED)
- Avoidant/Restrictive Food Intake Disorder (ARFID)

ANBP vs. Bulimia

ANBP

- **Intense fear of gaining weight**
- Food intake restriction
- Distorted body image
- Recurrent episodes of **binge eating and/or purging** behavior within the last three months

Bulimia

- Influenced by body shape
- None or less restrictive behaviors
- Recurrent episodes of **binge eating and compulsions** (purge or non-purge activity)

Other Specified Feeding or Eating Disorder (OSFED)

- May meet criteria for more than one eating disorder or have more severe disordered eating with symptoms of different types of eating disorders.

- **Example:** Patient who skips breakfast and lunch in hopes to with intention to lose weight, and eats a "normal" dinner with snacks following. Binges a few times per week for over a year. Intense fear of weight gain with extreme distress after binging. Fear of weight gain.

Restrictive Disorders: Myths Busted

- Do NOT need to be underweight
- Can be any demographic
- They do occur in males
- It will NOT “get better with age/time”
- Can begin in very young ages

BED vs. Obesity

Binge Eating Disorder	Obesity
May be average sized or overweight	Overweight
Feels a loss of control when over-consuming food	Does not report a loss of control
Feels guilt or "extreme anguish" after a binge	Does not report severe guilt after over-consuming
Can distinguish between "over-eating" and a "binge"	Does not report binges
Binge > once weekly for > 3 months	

What is ARFID?

Avoidant/Restrictive Food Intake Disorder

- Previously "Selective Eating," AKA "Extremely picky eater"
- NO BODY IMAGE ISSUES
- Avoidance secondary to anxiety about their perceived fear foods, new foods, or food related experiences
- Much younger mean age of diagnosis

ARFID: Types

- **Avoidant**
  - Avoid foods due to **sensory/sensitivity** concerns
  - May be sensitive to smell, textures, appearance, or even color of food
- **Aversive**
  - Refuse food based on **fear** of adverse reaction (i.e. vomiting, choking, allergic reaction, nausea, pain, swallowing)
- **Restrictive**
  - **Little-to-no interest** in food
  - May forget to eat and/or have a lack of appetite
  - Associated diagnoses include ADHD, depression

What can we do to prevent eating disorders?

Can we incite an eating disorder?

- **Healthcare workers can inadvertently contribute to the development or maintenance of eating disorders in their patients.**
- Weight stigma among healthcare professionals leads to misdiagnosis or underdiagnosis of eating disorders, especially in larger bodied patients.
- Clinician's own beliefs can intentionally reinforce eating disorders.
- The American Psychiatric Association highlights the importance of early identification, screening, and **sensitive assessment to prevent harm**

European Eating Disorders Review : The Journal of the Eating Disorders Association. 2011 Jul-Aug;19(4):296-302. doi:10.1002/erv.1056.

Word Choices

“Healthy/Unhealthy”	→	“Nutritious/Less nutritious”
“Exercise”	→	“Movement/Activity”
“Obese”	→	“Larger body”


WHILE TALKING ABOUT
WEIGHT
,THEY DONT TALK ABOUT
WEIGHT
BTW ENCANTO IS A GOOD MOVIE,IF
YOU HAVEN'T SEEN IT YOU REALLY SHOULD

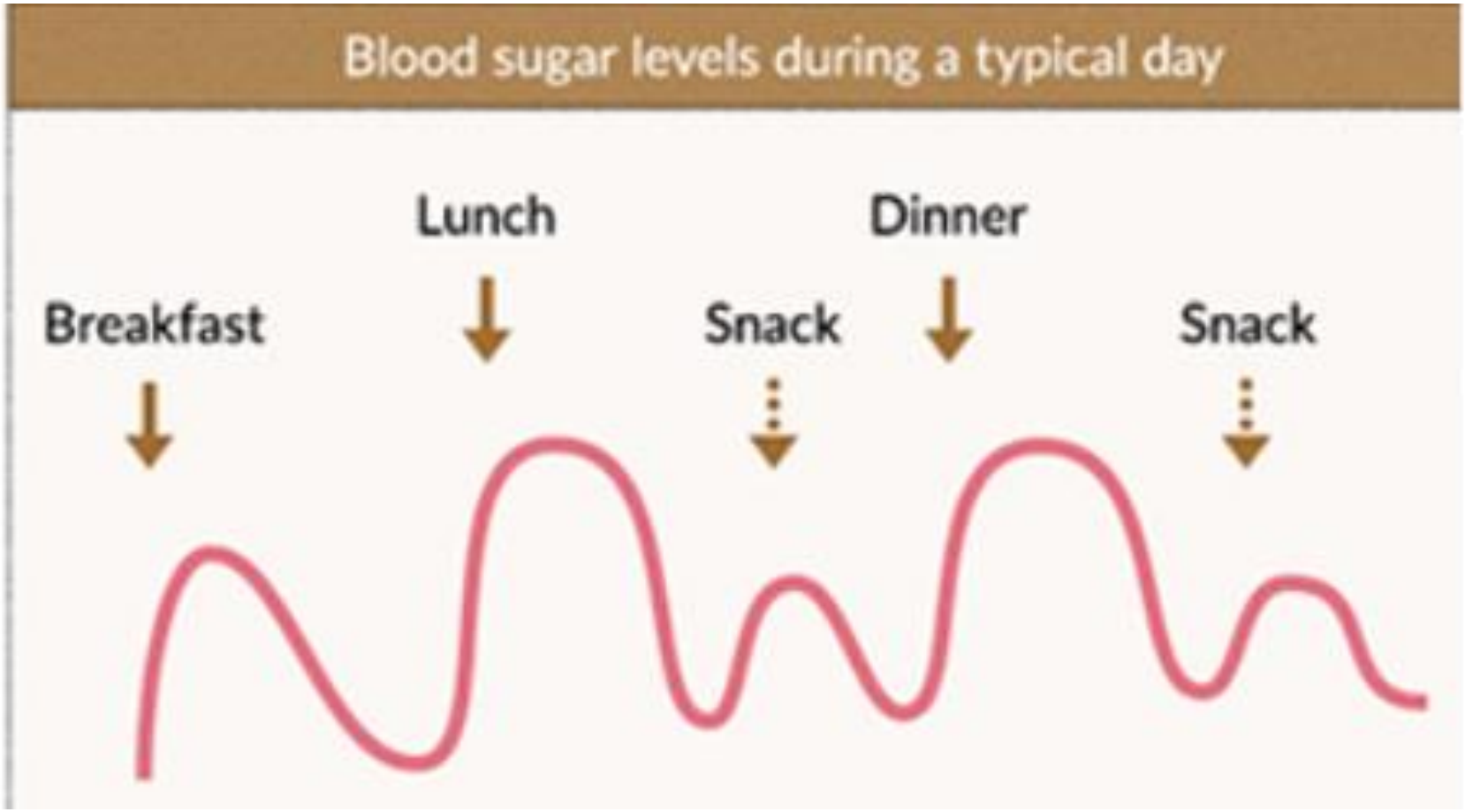
Navigating Conversations

- Change conversations so they not only focus on weight
- Instead focus on all vital signs and overall nutrition
- Avoid comments regarding appearance or body
- Even “You look nice/healthy/good” can be negative
- Encourage movement related to increasing heartrate and not to “burn calories”

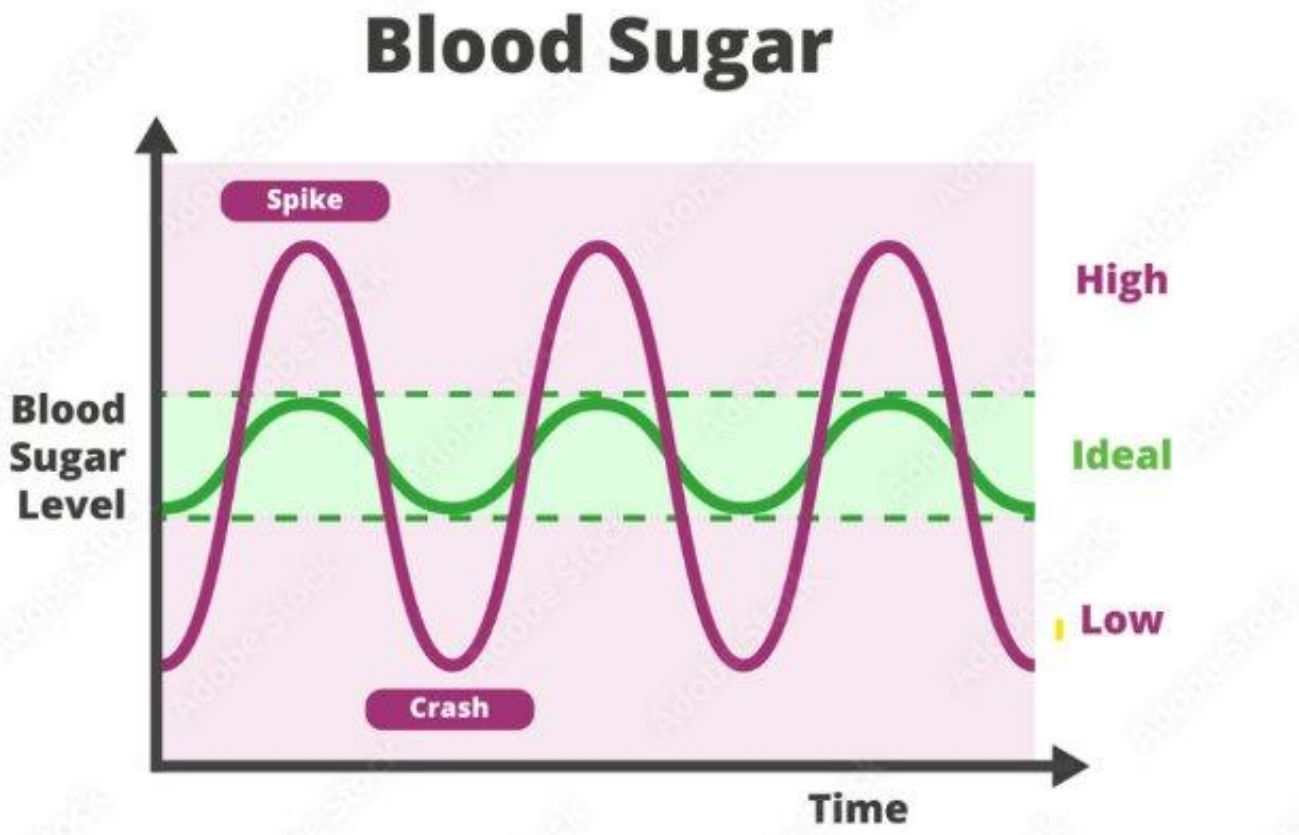
Meal Plan Discussions:

- Focus on the foods we NEED instead of what to AVOID
- “Rules”
  - Eat every 3-4 hours (educate on glucose stability)
  - Every meal should have at least protein, carbs, and fruit/veggies
  - Every snack should have at least 2 food groups (one should be protein or fiber to suffice hunger)
- FIBER: Education on fiber can be valuable

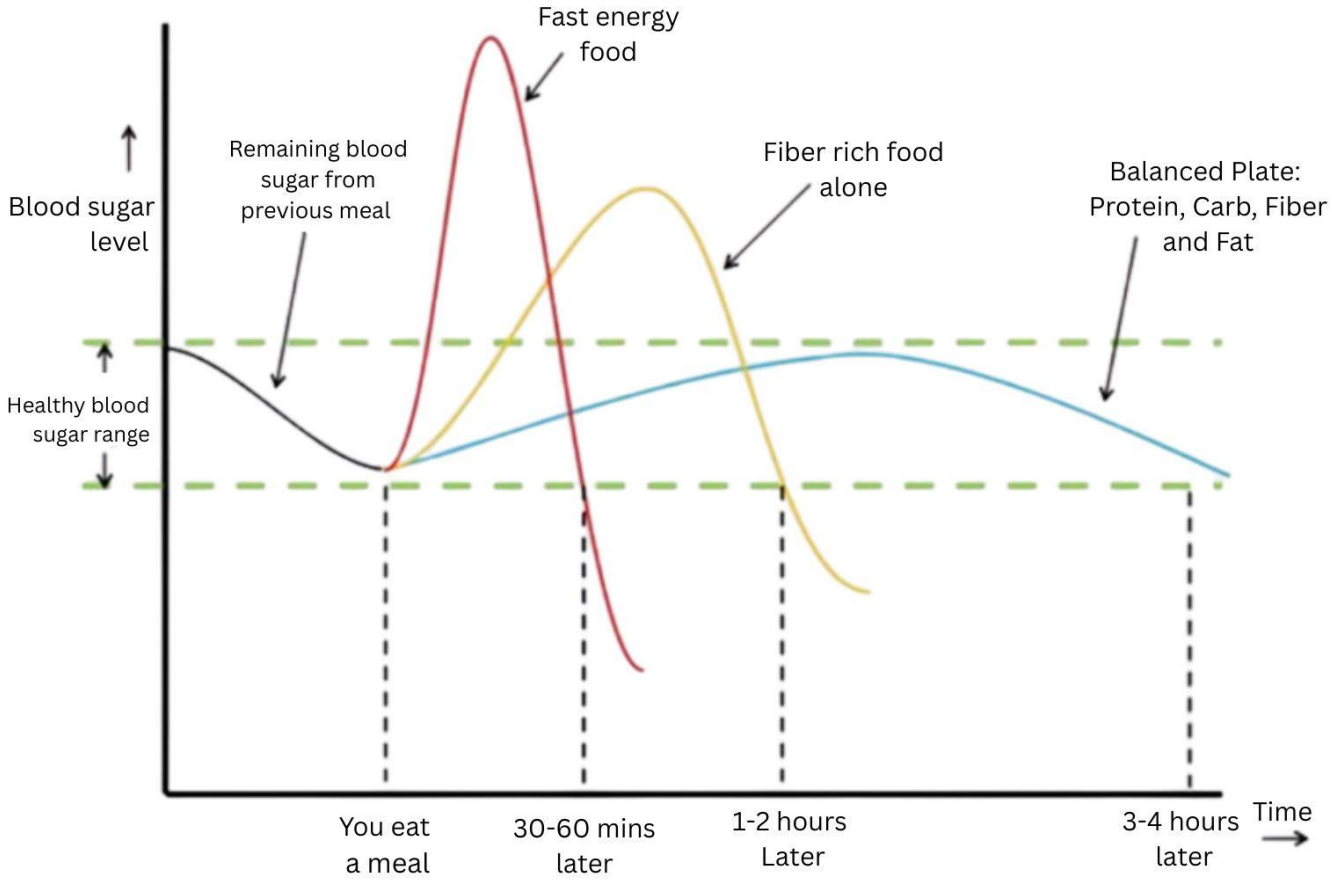
“Rule:” Eat every 3-4 hours



“Rule:” Every meal needs protein, carbs, and fruit/veggies



“Rule:” At least 2 foods groups at all snacks



Multidisciplinary Treatment

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What is CEDAR Health?

- Outpatient eating disorder services
- Multidisciplinary team
  - Eating Disorder Physician
  - Therapists
  - Registered Dietitian
  - Feeding Therapy Provider
- All under one roof: 3941 Houma Blvd Ste 2B, Metairie, LA 70006

We see ALL Ages

- Call/text our office at 504-226-6280
- Submit a form for an appointment request on our website www.cedar.health
- We offer in-person and virtual care!

To make an appointment or learn more, visit **www.cedar.health**

CEDAR Website

CEDAR Instagram