NON-DIET APPROACHES USING THE HEALTH AT EVERY SIZE® MODEL

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LEARNING OBJECTIVES

• Develop a clear understanding of the term "non-diet" and the Health At Every Size® (HAES) paradigm

• Identify alternative approaches to patient care that do not involve dieting for weight loss
TOPICS

1. Why Diets Fail
   • Research review on efficacy of traditional weight loss diets
   • Negative effects of dieting

2. Health At Every Size® - a solution that works
   • Introduction to HAES
   • Research supporting non-diet interventions such as HAES versus traditional dieting

3. Practical Applications
   • Learning how to apply the non-diet/HAES paradigm in patient care settings
FIRST, DO NO HARM?

• Does a weigh-centric approach to health (AKA dieting for weight loss) cause harm?

“First, do no harm. After that, go nuts.”
A diet is any plan that promises weight loss (or health) as an outcome, by attempting to exert control over eating behaviors including but not limited to:

• reducing calories

• cutting out entire food groups, and/or

• restricting foods in some capacity
Would you take medicine that was ineffective 95% of the time?
DO DIETS EVEN WORK?

• No peer-reviewed weight loss research—of any kind or by any method—can demonstrate consistent “weight loss success” for more than a small fraction of participants in the long term

• People on diets typically lose 5 to 10 percent of their starting weight in the first six months

• However, no more than 5% of research participants are able to maintain “significant” weight loss—by any method—for more than 3-5 years (hence the often talked about statistic that 95% of diets fail)

THE HARM OF DIETING

Weight-focused interventions may contribute to:

- Weight cycling
- Increased risk for osteoporosis
- Increased chronic psychological stress & cortisol production
- Increased anxiety about weight
- Eating disorder behaviors
- Weight gain
- Stigmatization and discrimination against fat individuals

Source: https://haescurriculum.com/videos/
DIETS CAUSE WEIGHT CYCLING

Repeated periods of weight loss and regain form a pattern known as weight cycling AKA “yo-yo dieting”

Weight cycling has been shown to cause:

• More rapid adipose (fat) tissue growth
• Inflammation
• Hypertension and hyperlipidemia → increased risk of heart attack and stroke
• Insulin resistance
• Slower metabolism
• Changes in fuel utilization (increase in carbohydrate cravings)

Strohacker K, McFarlin BK., (2010). Influence of obesity, physical inactivity, and weight cycling on chronic inflammation. Laboratory of Integrated Physiology. 2, pp.98-104
DIETS LEAD TO WEIGHT GAIN

• Not only do studies show that the majority of people regain the weight they lost, most people gain MORE WEIGHT with every diet attempt

• Twin Study (2012)
  • 4129 twins
  • 5 year follow-up
  • "Does dieting, independent of genetics, cause weight gain?"

• Results:
  • Dieting is a predictor of future weight gain independent of genetics
  • There is a dose-dependent association, meaning the more lifetime diet attempts, the more weight is gained
  • “Dieting... may in part be responsible for the current obesity epidemic”

DIETS & BIOLOGICAL CHANGES

• Centuries ago, a low-calorie period could equate to starvation or illness.

• To survive, the brain would send various signals to the body to preserve energy.

• When people diet, their bodies go into a similar “starvation mode” also known as adaptive thermogenesis which SLOWS METABOLISM (the rate at which we burn calories)

• A metabolic slowdown leads to a build-up of calories… and excess calories get stored as fat, leading to weight gain


Other biological changes include:

- **Decrease in physical activity**: Physical activity, both conscious and subconscious, tends to decline when dieting and may be a key factor in obesity and weight regain.

- **Increase in cortisol**: This stress hormone can cause many health issues and play a role in fat gain when levels are constantly elevated.

- **Decrease in leptin**: An important hunger hormone that is supposed to tell your brain you are full and to stop eating.

- **Increase in ghrelin**: Often seen as the opposite of leptin, ghrelin is produced in the digestive tract and signals your brain that you are hungry.
If dieting (restricting food intake to lose weight) is ineffective and harmful and leads to weight gain, why is the medical community still telling people to do this?

Why are we giving people a broken product?
WHY DIETS ARE STILL THE NORM

• Messages about health in the media
  – Health depends on weight
    • Thin = healthy
    • Fat = unhealthy

• BMI is still being used as a measure of health

• The $61 billion dollar diet industry profits off of selling the lie that being fat is inherently unhealthy and undesirable

• Weight stigma is pervasive in our society

Source: https://haescurriculum.com/videos/
BMI IS A TERRIBLE INDICATOR OF HEALTH

Body Mass Index (BMI)

- Weight in kg / height in meters squared

What are limitations of using the BMI to assess health?

- Doesn’t take into account muscle vs. fat mass, fitness levels, nutrient intake, and differences in muscle mass between males and females
- BMI was meant to be a screening tool, not a diagnostic tool

Source: https://haescurriculum.com/videos/
Can you truly look at someone’s height versus weight to determine if that person is healthy?
DIETING IS ON THE RISE

The dieting industry is a $61 billion dollar industry

Money Spent on the Diet Industry (Billions)

Marketdata Enterprises, Inc., 2011
PICK YOUR POISON
WHAT IS WEIGHT STIGMA?

Weight stigma is in fact more socially acceptable, severe, and in some cases more prevalent than racism, sexism, and other forms of bias (Brochu & Esses, 2011; Puhl & Heuer, 2009).

Weight stigma has even been described as the last “acceptable” form of bias or discrimination (Puhl & Brownell, 2001).

Overweight individuals are negatively stereotyped, and commonly perceived as lazy, lacking in willpower and control, and unattractive (Brochu & Esses, 2011).

There is substantial evidence of weight discrimination across multiple domains of living, including employment (hiring, wages, promotion, and firing), health care, education, and mass media (Puhl & Heuer, 2009).

WHAT IS WEIGHT STIGMA?

Children as young as 3 years describe overweight children as “mean,” “stupid,” “lazy,” and “ugly” (Cramer & Steinwert, 1998).

Epidemiological studies show overweight and obese children experience up to twice the risk of bullying than normal weight children (Brixval, Rayce, Rasmussen, Holstein, & Due, 2012).

81% of 10-year-olds admit to dieting, binge eating, or a fear of getting fat and we are now seeing eating disorders in children as young as five. (Sacker, Md, Ira, Dying to be Thin: Understanding and Defeating Anorexia Nervosa and Bulimia – a Practical Lifesaving Guide)

RESEARCH: WEIGHT STIGMA IS HARMFUL

Article: The Ironic Effects of Weight Stigma (Major et al, 2014)

Findings:

America's war on obesity has intensified stigmatization of overweight and obese individuals.

Exposure to weight-stigmatizing news articles caused self-perceived overweight women to consume more calories and feel less capable of controlling their eating than exposure to non-stigmatizing articles.

Findings suggest that social messages targeted at combating obesity may have paradoxical and undesired effects.

Article: Weight stigma is stressful. A review of evidence for the Cyclic Obesity/Weight-Based Stigma model (Tomiyama, 2014)

Findings:

This model characterizes weight stigma as a “vicious cycle” – a positive feedback loop wherein weight stigma begets weight gain.

This happens through increased eating behavior and increased cortisol secretion governed by behavioral, emotional, and physiological mechanisms, which are theorized to ultimately result in weight gain and difficulty of weight loss.
Fig. 1. The vicious cycle of weight stigma.
1. We want people to be healthy
2. Dieting for weight loss is ineffective and harmful

There has to be a better way...
Introducing…

A Non-Diet Approach

Health at Every Size®
DEFINITION OF HEALTH AT EVERY SIZE®

• HAES® supports people in adopting health habits for the sake of health and well-being (rather than weight control).
• HAES® encourages:
  – Eating in a flexible manner that values pleasure and honors internal cues of hunger, satiety, and appetite.
  – Finding the joy in moving one’s body and becoming more physically vital.
  – Accepting and respecting the natural diversity of body sizes and shapes.

Source: Health at Every Size Curriculum (haescurriculum.com)
HAES® = WEIGHT NEUTRAL

• Encouraging healthy habits and attitudes
• Taking the focus off of weight - Let a person’s weight settle where it may
• Supporting people to feel good about themselves, no matter the outcome

Source: Health at Every Size Curriculum (haescurriculum.com)
## DIET VS. NON-DIET

<table>
<thead>
<tr>
<th></th>
<th>Diet Paradigm</th>
<th>Non-Diet (HAES) Paradigm</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Weight</strong></td>
<td>• Aim for a certain weight</td>
<td>• Body will seek its natural weight when individuals eat in response to cues</td>
</tr>
<tr>
<td><strong>Food</strong></td>
<td>• Good/bad, legal/illegal, should/shouldn’t, etc.</td>
<td>• ALL food is acceptable&lt;br&gt;• Quantity/quality are determined by responding to physical cues (hunger/fullness, taste preferences, etc.)</td>
</tr>
<tr>
<td></td>
<td>• Quantity/quality determined by external sources (calories, grams, exchanges)</td>
<td></td>
</tr>
<tr>
<td><strong>Physical Activity</strong></td>
<td>• Exercise to lose weight</td>
<td>• Aim to be more active in fun and enjoyable ways</td>
</tr>
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Source: [https://haescurriculum.com/videos/](https://haescurriculum.com/videos/)
6 Randomized Controlled Trials

HAES/non-diet groups experienced improvements in:

• Physiological measures (e.g. blood pressure, blood lipids)
• Health behaviors (e.g. physical activity, eating disorder pathology)
• Psychosocial outcomes (e.g. mood, self-esteem, body image)

No studies found adverse findings in the HAES/non-diet groups

Source: Health at Every Size Curriculum (haescurriculum.com)
RESEARCH IN SUPPORT OF HAES®

Randomized Controlled Trial Spotlight

• 6-month randomized clinical trial
• HAES group vs. Diet group
• 2-year follow-up
• White, obese, female chronic dieters 30-45 yrs
• N=39 per group to start

Bacon et al, 2002; Bacon et al, 2005
## RESEARCH IN SUPPORT OF HAES®

### Intervention

<table>
<thead>
<tr>
<th>Diet Group</th>
<th>Non-Diet</th>
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<tbody>
<tr>
<td>• Calorie restriction and food diaries</td>
<td>• Body acceptance/self-worth</td>
</tr>
<tr>
<td>• Read food labels/fat grams</td>
<td>• Techniques to focus on internal cues vs. external cues</td>
</tr>
<tr>
<td>• Exchanges</td>
<td>• Nutrition- effects of food choices on well-being</td>
</tr>
<tr>
<td>• Benefits of exercise</td>
<td>• Activity that allowed them to enjoy their bodies</td>
</tr>
<tr>
<td>• Encouraged to walk at certain intensity</td>
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</tbody>
</table>

Bacon et al, 2002; Bacon et al, 2005
## Results

<table>
<thead>
<tr>
<th></th>
<th>Diet Group</th>
<th>Non-Diet</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>• No significant improvement at 2-year follow-up</td>
<td>• Significant improvement at 2-year follow-up</td>
</tr>
<tr>
<td>Body Image</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self Esteem</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Labs</td>
<td>• No significant changes at 2-year follow-up</td>
<td>• Significant changes in Total Cholesterol, LDL, Systolic BP at 2-year follow-up</td>
</tr>
<tr>
<td>Drop Out</td>
<td>• 41% drop out rate</td>
<td>• 8% drop out rate</td>
</tr>
<tr>
<td>Weight</td>
<td>• Lost weight, then gained</td>
<td>• Maintained weight</td>
</tr>
</tbody>
</table>

Bacon et al, 2002; Bacon et al, 2005
WEIGHT AND HEALTH ARE NOT SYNONYMS

• Studies have found that anywhere from one-third to three-quarters of people classified as obese are metabolically healthy. They show no signs of elevated blood pressure, insulin resistance or high cholesterol.¹

Meanwhile, about a quarter (23.5%) of non-overweight people are what epidemiologists call “the lean unhealthy.”¹

• A 2016 study that followed participants for an average of 19 years found that unfit skinny people were twice as likely to get diabetes as fit fat people.²

Habits, no matter your size, are what really matter.

HEALTHY BEHAVIORS, NOT WEIGHT, IS KEY

Increasing evidence suggests fitness and diet may affect health independent of weight status, and that obesity and fitness are non-mutually exclusive. ¹

Obese individuals who engage in moderate intensity physical activity for 150 minutes per week have half the death rates and lower rates of CVD than their unfit, normal-weight counterparts. ²

In US adults of various weight classes, healthy lifestyle habits (e.g., moderate drinking, not smoking, regular exercise, and fruit-and-vegetable consumption) significantly decreased the risk of mortality for all individuals, irrespective of initial BMI. ³

2. Blair SN, Church TS. The fitness, obesity, and health equation: is physical activity the common denominator? JAMA. 2004;292(10):1232–1234
Figure 1. Hazard ratio for all-cause mortality by body mass index (kg/m^2) and number of healthy habits (ie, fruits and vegetable intake, tobacco, exercise, alcohol). Data from Table 3.
COMMON HAES® MYTHS

Myth 1: The Health At Every Size message is that everyone is healthy regardless of weight

Facts:
• Not everyone may be at the weight that is right for them
• However, efforts to lose weight are often futile and even harmful
• The HAES paradigm supports people in making good health choices regardless of size

Source: https://haescurriculum.com/videos/
Myth 2: The Health At Every Size message is that people shouldn’t be concerned about nutrition and activity

Facts:
• Eating and exercise habits are important components of health
  • Weight is not
• When eating based on internal cues, certain foods make you feel good and others don’t
• Dietary variety is encouraged

Source: https://haescurriculum.com/videos/
**COMMON HAES® MYTHS**

**Myth 3:** People who eat based on cravings will eat junk food all the time

**Facts:**
- It’s the anticipation of dieting and guilt around eating that leads to feeling out of control around food
- Humans crave variety

Source: [https://haescurriculum.com/videos/](https://haescurriculum.com/videos/)

1 Urbszat, Herman & Polivy, 2002; 2 Havermans, 2013
PRACTICAL APPLICATIONS

As healthcare professionals, how can we do better for our patients in larger bodies?

1. Provide your fat patient with the same treatment you would provide to a thinner patient with a similar concern. Focus on treating the condition rather than the weight.

2. Show compassion for how difficult it is to live in a culturally stigmatized body. Support your larger clients in handling the unique challenges of their bodies.

3. Help clients set weight-neutral health goals versus weight-centric ones

SETTING WEIGHT-NEUTRAL HEALTH GOALS

Help patients brainstorm health and fitness goals that matter to them — the things they think they will obtain via weight loss — and help them do those things in the bodies they currently have.

For instance,

- **Do you want to work on mobility?** Awesome, let’s do some strength training and stretching…that’ll help whether you lose weight or not.

- **Do you want to walk, run, or climb up the stairs more easily?** Awesome, let’s get some more cardio in…that will also help whether you lose weight or not.

- **Do you want to manage your blood sugar or blood pressure more effectively?** Great! Let’s work on getting enough protein and fiber at meals and snack times—a little cardio helps here too.
MINDFUL AND INTUITIVE EATING

Introduce your patients to the ideas of mindful and intuitive eating instead of restrictive diets.

Intuitive Eating: a way of eating that teaches you to eat based on your natural hunger and fullness signals, as well as other physical sensations – rather than relying on food rules, strict meal plans, and/or calorie counting.
Dieters may ask themselves “What should I have for lunch?” or, “What can I have for lunch?” and try to stick to whatever rules or boundaries they have set for themselves in the name of “health” (or more typically, in the name of weight control).

An Intuitive Eater, however, may ask—

“What do I want to have for lunch today?”

“What would feel good to eat right now?”

“What am hungry for?”

“What would satisfy me?”

“What would be pleasurable to me?”

Mindful Eating

Aware
Tasting vs. mindless munching

Observe
Notice your body. (rumbling stomach, low energy, stressed out, satisfied, full, empty)

Savor
Notice the texture, aroma, and flavor. (is it crunchy, sweet, salty smooth, spicy?)

In-the-Moment
Be fully present. Turn off the T.V. Sit down. When you eat, just eat.

Nonjudgment
Speak mindfully and compassionately. Notice when "shoulds," rigid rules or guilt pop into your mind.

Susan Albers PsyD 2012 Eat, Drink & Be Mindful
MINDFUL EATING

• **Before eating**
  – Mind-body check-in
  – What does my stomach say?
  – What am I craving?
  – What am I feeling?

• **During eating**
  – Is it satisfying the craving?
  – Am I enjoying this eating experience?
  – What is my stomach saying?
  – What is my brain saying?
  – Is the 10\textsuperscript{th} bite as good as the 1\textsuperscript{st}?

Source: https://haescurriculum.com/videos/
INTUITIVE EXERCISE

What happens when weight loss is the primary motivation for exercise?

• We count calories burned
• We only exercise on machines that count calories burned
• We only exercise after we eat something high in calories
• We avoid exercising at places where others appear more fit
• We only continue to exercise IF we continue to lose weight

Source: https://haescurriculum.com/videos/
Help patients identify intrinsic motivation for exercise

- Reduced anxiety
- Reduced stress
- Reduced depression
- Improved sleep
- Social interaction
- Enjoyment
- Improved self-confidence
- Improved body image (regardless of changes in body shape)
- Improved cognitive function
- Improved energy

Source: https://haescurriculum.com/videos/
INTUITIVE EXERCISE

Make it happen by:

• Finding Pleasurable Activities
• Making it Fun – Music? Exercise partners?
• Mixing it up! VARIETY
• Listening to your body
• Making it fit in – everything counts

Source: https://haescurriculum.com/videos/
INTUITIVE EXERCISE IDEAS

• Sports
• Walking
• Biking
• Hiking
• Swimming
• Skating
• Rock climbing
• Dancing
• Wii fit

• Free workout videos on the internet
• Taking the long way to class or work
• Parking far
• Stairs
• Gym

Source: https://haescurriculum.com/videos/
HAES® RESOURCES

Organizations that promote HAES and fight against size discrimination

• National Association to Advance Fat Acceptance (NAAFA)
  ▪ [http://www.naafa.org](http://www.naafa.org)
• Association for Size Diversity and Health (ASDAH)
  ▪ [https://www.sizediversityandhealth.org](https://www.sizediversityandhealth.org)
• Society for Nutrition Education and Behavior
  ▪ [http://www.sneb.org](http://www.sneb.org)

Source: https://haescurriculum.com/videos/
HAES® RESOURCES

Health At Every Size (Linda Bacon, PhD)
Intuitive Eating (Evelyn Tribole and Elyse Resch)
Council on Size & Weight Discrimination
  • http://www.cswd.org/
HAES Community
  • www.haescommunity.org/
HAES Curriculum
  • https://haescurriculum.com/
Additional Resources
  • Books, Articles, Websites/Blogs:
    https://www.sizediversityandhealth.org/content.asp?id=31

Source: https://haescurriculum.com/videos/