Introduction


This month we are exploring how professionals can communicate appropriately and effectively about eating disorders and obesity. We are also highlighting the latest research that explores the relationship between obesity and eating disorders.

We hope you enjoy this month’s edition and if you would like to suggest topics or events to be featured in future editions of the e-bulletin, please contact us at info@nedc.com.au.

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It is an undisputed fact that individuals who experience mental health issues are often faced with stigma. Stigma is a broad term which is used to describe the negative thoughts, attitudes and feelings about people on the basis of the traits of a person. When a person is labelled by their illness, they are often seen as part of a stereotyped group. Negative community attitudes can lead to prejudice and discrimination. This can impact on the lives of people who live with a mental illness, their families and carers, and more broadly all those who wish to live in a fair society.

Stigma brings experiences and feelings of:

- Shame
- Blame
- Hopelessness
- Distress
- Misrepresentation in the media
- Reluctance to seek and/or accept necessary help

Research has consistently demonstrated widespread stigma toward anorexia nervosa, bulimia nervosa, and binge eating disorder. Furthermore, studies comparing individuals with eating disorders with non-eating-related mental disorders found that individuals with anorexia nervosa or bulimia nervosa were perceived as being more responsible for their disorder (than individuals with issues such as major depressive disorder or schizophrenia), suggesting that the public perceives eating disorders as more controllable than other mental disorders. Finally, a recent study by Ebner and Latner (2013) found that individuals with binge eating disorder were blamed more for their condition, and described as being less impaired than individuals with anorexia nervosa or bulimia nervosa, indicating that the severity of binge eating disorder may be unrecognised among the public.

Obesity stigma is widespread and increasing over time. Individuals with obesity who
experience stigmatisation express poor body image and psychosocial functioning and are at risk for depression and general psychiatric symptoms. On the societal side of stigma consequence, the attribution of obesity to personal responsibility leads to negative reactions including less empathy and willingness to help the affected individual (Sikorski, et al., 2011). Thus, weight bias may exist all along the weight spectrum.

Studies have also consistently documented negative weight bias among health care providers including physicians, nurses, medical students, dieticians, psychologists and fitness professionals (Puhl, Latner, King, & Luedicke, 2014). Weight-based stereotypes held by health-care professionals ultimately have important implications for the quality of care that patients receive, with some research showing that weight bias in the health-care setting serves as a barrier to health-care utilisation and increases impairment in health-related quality of life. In addition, considerable research has demonstrated that individuals experiencing weight-bias increases their vulnerability for numerous psychological consequences, including depression, low self-esteem, anxiety, poor body image, and suicidality; as well as maladaptive eating behaviours, including binge eating, unhealthy weight control practices, increased food consumption, poorer outcomes in weight loss treatment, and eating disorder symptoms.

These findings suggest that efforts to reduce weight bias among professionals in the eating disorders field are warranted. Providing educational interventions that emphasise the complex aetiology of eating disorders and obesity (e.g. information on biological and genetic contributors) and challenging common weight-based stereotypes can effectively reduce weight bias. It is possible that some professionals may exhibit resistance in response to stigma reduction efforts that involve confronting one’s own personal attitudes and assumptions about eating disorders and obesity. However, a better understanding of the nature and correlates of weight bias in professionals will help to guide targeted interventions to improve therapeutic relationships and client outcomes as well as reduce stigma in training and clinical practice.

“For me stigma means fear, resulting in a lack of confidence. Stigma is loss, resulting in unresolved mourning issues. Stigma is not having access to resources… Stigma is being invisible or being reviled, resulting in conflict. Stigma is lowered family esteem and intense shame, resulting in decreased self-worth. Stigma is secrecy… Stigma is anger, resulting in distance. Most importantly, stigma is hopelessness, resulting in helplessness.”
Gullekson (in Fink & Tasman, 1992)

References:


Contrary to what many people believe, obesity and eating disorders share many common factors. Research shows that people who are overweight and obese have a higher risk of developing disordered eating and eating disorders than the general population. In addition, young people and adults who engage in unhealthy weight-control practices gain more weight over time and are at higher risk of becoming overweight or developing obesity.

In the last three decades, worldwide rates of obesity have doubled and instances of obesity and eating disorders occurring at the same time have quadrupled. This extreme rise illustrates the urgent need to address the relationship between eating disorders and obesity, and the research-based recommendations of health promoting activities.

The aim of health promotion activities is to shape the knowledge and behaviours of community members to prevent disease and improve health. At present, the health promotion strategies for obesity and eating disorders tend to be conducted separately; however, there is growing evidence to suggest that a shared approach could be of benefit.

To address the need for developing a collaborative approach to health promotion strategies for obesity and eating disorders The National Eating Disorders Collaboration are in the process of developing an Integrated Health Promotion Blueprint which will look at shared issues in safe and effective approaches to health promotion and prevention.

NEDC will rely on input from experts in the fields of obesity, body image and eating disorders as well as evidence-based practice information and research already available.

Some of the topics covered will include the potential for unintended harm, finding common ground, working together to overcome barriers, and a framework to address shared needs and set common goals for the future.
The choice should not be one of prioritizing prevention of obesity or prevention of eating disorders (Becker, 2011). The Academy for Eating Disorders (AED) observed that “obesity and eating disorders are not opposite ends of the same spectrum”. Obesity and eating disorders may be viewed as occurring at the same end of a spectrum with healthy beliefs, attitudes, and behaviours at one end, and problematic beliefs, attitudes, and behaviours (and ultimately clinical disorders) at the other end.

There is both an imperative and a substantial need for a collaborative approach to eating disorders and obesity prevention. These fields may disseminate potentially conflicting messaging and it is unclear whether messaging from one field inadvertently increases risk of illness in the contralateral field. Ideally, obesity and eating disorder prevention programs would be integrated, with experts from each field involved in development and evaluation of communication strategies. Initiatives currently in use should be evaluated for their impact on obesity and eating disorder risk. The emphasis must therefore be on an integrated and collaborative approach to the development and dissemination of weight-related public health messages and information that targets different audiences while engaging them with consistent clear messages.

Find out more about communicating about eating disorders.

Find out more about eating disorders and obesity.
Latest research: Eating Disorders and Obesity

The National Eating Disorders Collaboration collects and provides the latest evidence based research and information available on eating disorders from Australia and around the world. The topics included in our Knowledge Hub are wide ranging and recognise the physical, social and emotional aspects and the broad spectrum of eating disorders. This month in the e-Bulletin we are highlighting content in our Knowledge Hub relating to eating disorders and obesity.

An internet obesity prevention program for adolescents.
The purpose of this study was to compare the effectiveness of two school-based internet obesity prevention programs for diverse adolescents on body mass index (BMI), health behaviors, and self-efficacy, and to explore moderators of program efficacy. It was hypothesized that the addition of coping skills training to a health education and behavioral support program would further enhance health outcomes. Find out more: http://nedc.com.au/researchlink/2038/an-internet-obesity-prevention-program-for-adolesc

Compulsive Overeating as an Addictive Behavior: Overlap Between Food Addiction and Binge Eating Disorder
This narrative review considers the overlapping symptoms and characteristics of binge eating disorder (BED), and models of food addiction, both in preclinical animal studies and in human research. It is suggested that what we have come to call ‘food addiction’ may simply be a more acute and pathologically-dense form of BED. Find out more: http://nedc.com.au/researchlink/1926/compulsive-overeating-as-an-addictive-behavior-ove
Eating-related Environmental Factors in Underweight Eating Disorders and Obesity: Are There Common Vulnerabilities During Childhood and Early Adolescence?

This study aimed to examine whether there is an association between individual, social and family influences and dysfunctional eating patterns early in life and the likelihood of developing a subsequent underweight eating disorder (ED) or obesity.


Self-efficacy beliefs and eating behavior in adolescent girls at-risk for excess weight gain and binge eating disorder.

The purpose of this study is to examine the relationship between self-related agency beliefs and observed eating behavior in adolescent girls with loss of control (LOC) eating. Among girls susceptible to disordered eating and obesity, the domain-specific belief in one’s ability to refrain from eating when food is widely available may be especially salient in determining overeating in the current food environment.


Social anxiety and disordered overeating: an association among overweight and obese individuals.

The study objectives were to evaluate the relationship between social anxiety, binge eating, and emotional eating in overweight and obese individuals and to evaluate the relationship between weight and social anxiety. In this study, social anxiety was associated with binge eating and emotional eating in overweight and obese men and women. When appropriate, interventions could address social anxiety as a barrier to normative eating patterns and weight loss.


Stigmatizing attitudes differ across mental health disorders: a comparison of stigma across eating disorders, obesity, and major depressive disorder.

The aim of the current article was to compare stigmatizing attitudes toward eating disorders (EDs), including anorexia nervosa (AN), bulimia nervosa (BN), and binge eating disorder (BED), with stigma toward another weight-related condition (obesity) and a non-weight-related mental disorder (major depressive disorder [MDD])


Find more research in the NEDC Knowledge Hub.