



NEDDC e-Bulletin

Issue Six | December 2012

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Dear Reader,

Welcome to the December issue of the NEDC e-Bulletin. This month we are highlighting research and evidence-based information relating to the relationship between obesity and eating disorders. We have also highlighted some Australian eating disorders research currently taking place in Australia.

As we say goodbye to 2012 we hope you had a productive and healthy year and we look forward to bringing you the latest evidence based information on the prevention, identification, early intervention and management of eating disorders in the year to come.

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Guest expert article

Eating Disorders and Obesity: Finding the Balance in Prevention and Health Promotion



By Dr Hunna Watson and Julie McCormack

To some, obesity and eating disorders seem as different as night and day. The specialists who work in one field may have an altogether absent understanding of the other. Yet when we consider the individuals affected, we see that eating disorders and obesity have more in common that first appearances point to:

- Disordered eating is higher in obese and overweight individuals compared to normal weight individuals
- Longitudinal research shows that those who diet and use unhealthy weight control practices are at risk of both eating disorders and obesity
- A lifetime history of binge eating disorder is associated with severe obesity (BMI \geq 40 kg/m²)
- Among Australian adults, the prevalence of comorbid obesity and eating disorder behaviours quadrupled from the 1990s to 2000s - rising more than the prevalence of obesity or eating disorder behaviours alone

In our prevention efforts, each field targets many similar outcomes. Prevention interventions aim to reduce risk factors and enhance protective factors to promote positive health outcomes. Eating disorders and obesity have shared risk factors, including being overweight in childhood, weight bias and stigmatisation, childhood weight-related teasing, hours of watching television, media and marketing exposure, dieting and disordered eating, poor body image, depression, and family focus on weight. Shared protective factors include enjoying physical activity, weight, positive body image, high self-esteem, eating breakfast every day, family modelling of healthy behaviours (e.g., avoiding unhealthy dieting, engaging in physical activity, having regular meals), and regular and enjoyable family meals.

Perhaps eating disorders and obesity have more in common than not? An implication of understanding eating disorders and obesity as two sides of the same coin is that coordinated and consistent messaging to promote health outcomes is both efficient and achievable. Health promotion and prevention efforts that actively target eating disorders or obesity, or preferably both in a coordinated manner, can focus on discouraging dieting, emphasise a positive and healthful approach to nutrition, regular eating patterns, accentuating personally enjoyable physical activity, health as a possibility for all – at any size and shape, promote critical consumption of media messages and marketing, encourage reduced screen time (TV, computer, video games), positive parent role modelling of attitudes and behaviour (eg; around food, body and exercise), regular and enjoyable family meals, develop a positive and responsible fashion industry, support urban design that enable healthy lifestyles, and establish policies that reduce risk of harm such as school and workplace policies on weight-based teasing.

By understanding the overlap between obesity and eating disorders we are empowered to promote a healthy, fulfilling society for all.

References

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Watson, H. J., & McCormack (in press: expected date of publication: April 2013). Eating disorders and obesity: Conflict and common ground in health promotion and prevention. In R. Ahmed & B. R. Bates (Eds), Health communication and mass Media: An integrated approach to policy and practice. Farnham, Surrey UK: Gower Applied Research/Ashgate Publishing Group.

Research article review

Is a culture of anti-obesity messages spawning stigma?



What are some of the problems with obesity-related public health campaigns?

Anti-obesity messages are everywhere – in news, in entertainment, and in public health campaigns. We are constantly being told that fat is bad for us, and we need to lose weight in order to be healthy.

Obesity-reduction strategies in the form of community-based interventions and social marketing campaigns often emphasise the desirability of an ideal body weight through dieting and physical exercise. However these messages don't necessarily improve our health, and they certainly don't appear to result in weight loss. Instead, popular ideas about fatness and health may inadvertently stigmatise the individuals they intend to help, and may be a risk factor in the development of eating disorders ([Schwartz & Henderson, 2009](#)).

A well recognised potential downside of the community-based programmes and social marketing campaigns targeting obesity is their promotion of the social desirability of thinness, and the undesirability of being overweight. These messages may be harmful to some people, particularly adolescents who face the strongest social pressure to be thin.

By focusing on weight as the problem and weight loss as the solution, social and economic inequalities are made invisible. Health disparities between groups are blamed on individuals for not making “healthy” choices. Furthermore, the emphasis on individual responsibility amounts to a form of victim blaming that allows structural inequalities to remain unaddressed. Individuals who don't or aren't able to lose weight are branded as non-compliant. Overweight people are seen as having a “bad” attitude, with little thought given to genetic or environmental factors, or the presence of an eating disorder. As a result, they are perceived as undeserving of respect, dignity, or even access to medical treatment since they apparently have only themselves to blame ([Sikorski, et al., 2011](#)).

These attitudes have the opposite effect to that intended, and a cycle can develop whereby perceived stigmatisation and discrimination can increase risk of unhealthy behaviours (e.g. higher calorie intake, binge eating, less physical activity) that contribute to obesity and eating

disorders. This may result in adverse psychological and health outcomes for obese individuals, and worsen negative societal attitudes toward obese persons ([Puhl, Peterson, & Luedicke, 2012](#)).

How can messages be framed to motivate rather than alienate and stigmatise those the messages are intended for?

Messages intended to motivate individuals to be healthier can be more effective if framed in ways that foster confidence and self-efficacy to engage in healthy behaviours, rather than in ways that employ personal blame or solitary effort.

This suggests that people may react more positively and feel more motivated to improve their lifestyle behaviours in response to messages that focus on the public health benefits of healthy eating and regular physical activity, rather than messages that focus on the undesirable features of obesity. Given that increased nutrition and exercise are important for all segments of the population, this approach could have a broad reach. Furthermore, these interventions have a better established evidence base and a stronger prospect of benefit ([Walls, Peeters, Proietto, & McNeil, 2011](#)).

For a better understanding of the type of weight-related public messages that should be promoted, please take a look at the NEDC publication [Evaluating the Risk of Harm of Weight-Related Public Messages](#).

References:

- Puhl, R., Peterson, J. L., & Luedicke, J. (2012). [Fighting obesity or obese persons? Public perceptions of obesity-related health messages](#). *International Journal of Obesity*
- Schwartz, M. B., & Henderson, K. E. (2009). [Does obesity prevention cause eating disorders?](#) [Editorial]. *Journal of the American Academy of Child & Adolescent Psychiatry*, 48(8), 784-786.
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Current Australian eating disorders research



There are many [eating disorder research studies](#) currently occurring in Australia and researchers are frequently looking for participants to contribute to this research. The following is a list of current eating disorders research requiring participants. If you know of anyone who might be interested in participating in some of these it would be much appreciated if you could pass these along.

Exploring the Relationship between Self Esteem, Schemas and Eating Disorders

About: It is hoped that this research will increase our knowledge about the way in which schemas (beliefs) are linked to self-esteem and particular eating disorder symptoms. This information will inform the developing schema therapy model for the treatment of eating disorders.

Looking for: anyone with an eating disorder diagnosis aged 16 years or older

Participation involves: Participants are required to complete a battery of questionnaires which will take approximately 20 minutes

Participate: Contact Dr Susan Simpson at susan.simpson@unisa.edu.au for more details

Dysfunctional eating in a community sample: The role of emotion regulation, impulsivity and reward and punishment sensitivity

About: The study aims to explore an important step in understanding pathways between the Behavioural Inhibition and Approach Systems, emotion regulation and impulsivity within dysfunctional eating.

Looking for: Australian residents aged 18 years or older

Participation involves: Participants are required to complete several questionnaires, which will take approximately 20 minutes.

Weblink: <https://www.surveymonkey.com/s/HN55WJ6>

Why do people not seek help for an eating disorder?

About: The project aims to identify a group of people who have not engaged with clinical services. Our research seeks to understand what factors influence people’s decisions not to seek conventional help for eating disordered behaviour, with the aim of increasing the potential for early intervention.

Looking for: women who are 16 years and over, and have not seen a health professional for disordered eating, have not been given an eating disorder diagnosis, or delayed seeking treatment.

Participation involves: Participants will be asked to complete three questionnaires about eating, exercise and how you feel about your body. Participants might be invited to participate in subsequent phases of the project depending on your answers to the questionnaire

Weblink: <http://www.flinders.edu.au/sabs/psychology/services/flinders-university-services-for-eating-disorders/what-other-research-projects-can-people-participate-in.cfm>

Events and resources



At Home with Eating Disorders

At Home with Eating Disorders is the 1st Australian eating disorders conference for families and carers and is being held on May 23-25, 2013 in Brisbane.

Best evidence for eating disorders shows that the close involvement of families and carers in the care of their loved ones is key to improving early detection, restoration to a healthy weight and maintaining long term wellbeing. For parents and

carers, however, the journey can be confusing, challenging and difficult to navigate.

The primary aim of *At Home with Eating Disorders* is to provide families and caregivers of people with eating disorders with access to a range of expert information and knowledge so that they can leave the conference feeling empowered, better informed and more able to support, care for and assist in the recovery of the person with the eating disorder.

The secondary aim of the conference is to provide opportunities to network and connect with others who share a similar experience, in a safe and supported environment.

Keynote speakers include:

- **Professor Daniel Le Grange**, Professor of Psychiatry and Behavioral Neuroscience and Director of the Eating Disorders Center at the University of Chicago Medical Center.
- **Professor Janet Treasure**, Professor of Psychiatry at King's College London and Head of the Eating Disorders Unit at the South London and Maudsley NHS Trust.

Clinicians and people with eating disorders wanting to learn more about the role of families and carers in supporting recovery are also welcomed.

The program and flyer have been [made available](#).

More details can be found on the [event website](#).

UCAN: Uniting Couples (in the treatment of Anorexia Nervosa) workshop

UCAN: Uniting Couples (in the treatment of Anorexia Nervosa) workshop will be run by Professor Cynthia Bulik - Wed 22 May 2013 at the Royal Brisbane Women's and Childrens Hospital Education Centre.

The need for novel effective interventions for adults with anorexia nervosa (AN) is indisputable. Encouraged by family-based treatment which has shown considerable promise in younger AN patients, Drs. Cynthia Bulik, Donald Baucom, and Jennifer Kirby developed and tested a couple-based intervention entitled UCAN, that emphasizes the power of the partner in treating adult AN. Grounded in a cognitive-behavioral couple therapy framework, UCAN jointly engages patients and partners in the treatment of AN while simultaneously addressing the burden AN imposes on intimate relationships.

For more details visit [ANZAED](#).

Family Therapy Training 2013

Family Therapy Training 2013 is a series of workshops run by the Children's Hospital Eating Disorder Service at Westmead Hospital that provide practical skills and confidence to work with child and adolescent eating disorders.

The workshops will be led by Andrew Wallis, Colleen Alford and the therapy team at the Children's Hospital Eating Disorder Service. The presenters have taught these workshops nationally for many years and are highly experienced in the models.

The schedule for the workshops is as follows:

- *March 27-28*: Intensive Family Based Treatment Workshop
- *July 4-5*: Practical Guide to Family Therapy Skills Workshop
- *October 18*: Advanced Family Based Treatment Workshop

For my details [download the flyer](#).

Professor James Lock Australian speaking tour

US child & adolescent psychiatrist and one of the developers of Maudsley Family Based Therapy will be touring major Australian and New Zealand cities in March 2013. The draft itinerary for this tour is as follows:

- Mon – Fri March 4th – 8th: Auckland
Contact: Dr Roger Mysliwiec - RogerM@adhb.govt.nz
- Fri March 15th: Christchurch
Contact: Rachel Lawson - Rachel.Lawson@cdhb.health.nz
- Wed March 20 to Friday 22nd: Adelaide
Contact: Gabbi Heruc - gabriella.heruc@adelaide.edu.au
- Monday 25th March: Melbourne
Contact: Claire Diffey - Claire.Diffey@mh.org.au
- Tuesday 26th and Wednesday 27th March: Perth
Contact: Anthea Fursland - Anthea.Fursland@health.wa.gov.au or Julie McCormack - Julie.McCormack@health.wa.gov.au

Opportunities to get involved



Become a member!

The NEDC has just finished a productive and successful 2012 that has seen the official launch of our website, the NEDC national workshop and the completion of our Gap Analysis and Prevention and Early Intervention reports. As we enter 2013 now is the perfect time to become a member of the NEDC.

NEDC membership is a mutually beneficial relationship and a vehicle for partnering, shared learning and ensuring everyone has a voice in the discussion of strategic priorities for improving approaches to prevention and treatment of eating disorders in Australia. With the assistance of our members, it is the aim of the National Eating

Disorders Collaboration (NEDC) to help ensure:

1. Eating disorders are a priority mainstream health issue in Australia
2. A healthy, diverse and inclusive Australian society acts to prevent eating disorders
3. Every Australian at risk has access to an effective continuum of eating disorders prevention, care and ongoing recovery support

To become a member you just need to fill out our [quick online membership form](#).

Becoming a member is free but the participation and support of our members is priceless! If you are not yet a member we would love to have you involved.