

# Educating medics about weight stigma could reduce UK's obesity rate

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To help tackle the UK's obesity crisis, we must better educate medical professionals on weight stigma, according to the conclusions of a large-scale review led by UCL researchers.

It is widely accepted that people living with obesity are negatively affected by weight [stigma](#), often referred to as weight-blaming; this is a form of discrimination, across all settings, based on stereotypes and prejudices about people who are either obese or overweight.

In health care, the negative biases associated with weight stigma are known to limit both access to [health services](#) and treatments. This has recently been the focus of a joint international consensus statement, published in *Nature*, aiming to end weight stigma in health care globally.

Published in *Obesity Reviews*, researchers at UCL conducted a review to evaluate weight stigma reduction strategies in health care practice and health care education, with a view to provide recommendations for interventions, learning, and research.

Lead author, Dr. Anastasia Kalea (UCL Division of Medicine) says that "sadly health care, including general practice, is one of the most common settings for weight stigmatization and we know this acts as a barrier to the services and treatments that can help people manage weight."

"A common misconception among medics and others, is that obesity is caused by factors within a person's control, focusing on diet and exercise without recognition of, for instance, social and environmental determinants."

"In this review, it was clear more needs to be done to educate health care professionals and medical students on the complex range of factors regulating body weight, and to address weight stigma, explicitly emphasizing its prevalence, origins, and impact."

In the largest study of its kind, researchers undertook a [systematic review](#) of 3,773 international research articles. This included 25 weight

stigma interventional initiatives, comprising a total of 3,554 participants.

Through this analysis, researchers identified that weight-inclusive approaches to education in health care were effective in challenging stereotypes and improving attitudes. Such methods included ethics seminars discussing patient experiences, embedding virtual story-telling of patient case studies, or empathy evoking activities in the curriculum, such as following a calorie restricted diet or participation in clinical encounters with patients living with overweight and obesity. However, other methods such as video presentations and short lectures were not equally effective in improving attitudes in the long term.

Researchers are now calling on medical schools in both the UK and globally to ensure effective and sustained weight-inclusive teaching is embedded in medical doctor training and is added to the continuing professional development of clinicians.

Dr. Kalea says that "weight stigma needs to be addressed early on and continuously throughout health care education and practice, by teaching the genetic and socioenvironmental determinants of weight, by discussing the sources, impact and recognizing the implications of stigma on treatment. We need to move away from a solely weight-centric approach to health care to a health-focused weight-inclusive one. And it is equally important to assess the effects of weight stigma in epidemiological research."

Obesity is one of the UK Government's health priorities. Almost two-thirds (63%) of adults in England are overweight or living with obesity—and one in three children leave primary school overweight or obese, with obesity-related illnesses costing the NHS £6 billion a year. The urgency of tackling the obesity and overweight has been brought to the fore by evidence of the link to an increased risk from COVID-19.

Dr. Kalea adds that "stigma reduction interventions are a current research priority. Improving the ways we educate health care professionals early on is a starting point, keeping the focus on our patients; we need to communicate better, listen carefully to our patients needs and let these inform our teaching and research agendas."

Weight stigma is also known to cause "internalized weight bias" (IWB), which is when a person applies negative societal or cultural beliefs about [body weight](#) to themselves. This can lead to [psychological distress](#), depression, anxiety, [low self-esteem](#) and often leads to decreased health motivation and maladaptive coping such as avoidance of timely health care, social isolation, reduced physical activity and disordered eating behaviors.

Weight stigma has also been shown to increase risk of developing obesity, and health care is one of the most common contexts where weight stigmatization occurs. Physicians have been reported as the second most common source of weight stigma and discrimination.

Senior author, Professor Rachel Batterham OBE (UCL Division of Medicine), who leads the Centre for Obesity Research at UCL and the UCLH Centre for Weight Management said: "Identifying widely applicable ways to effectively reduce health care related [weight stigma](#) is urgently needed. In addition to improving health care provision, and the health and well-being of patients with [obesity](#), health care that not only avoids, but actively addresses and reduces internalized weight bias may help patients better cope with and reduce the effects of stigma until it minimized in society. Not surprisingly, whilst stigmatizing does the opposite, empathetic, non-stigmatizing weight-related communication can increase patients' health motivation and intention to comply with health professionals' advice."

**More information:** Britta Talumaa et al, Effective strategies in ending

weight stigma in healthcare, *Obesity Reviews* (2022). DOI: [10.1111/obr.13494](https://doi.org/10.1111/obr.13494)

Francesco Rubino et al, Joint international consensus statement for ending stigma of obesity, *Nature Medicine* (2020). DOI: [10.1038/s41591-020-0803-x](https://doi.org/10.1038/s41591-020-0803-x)

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