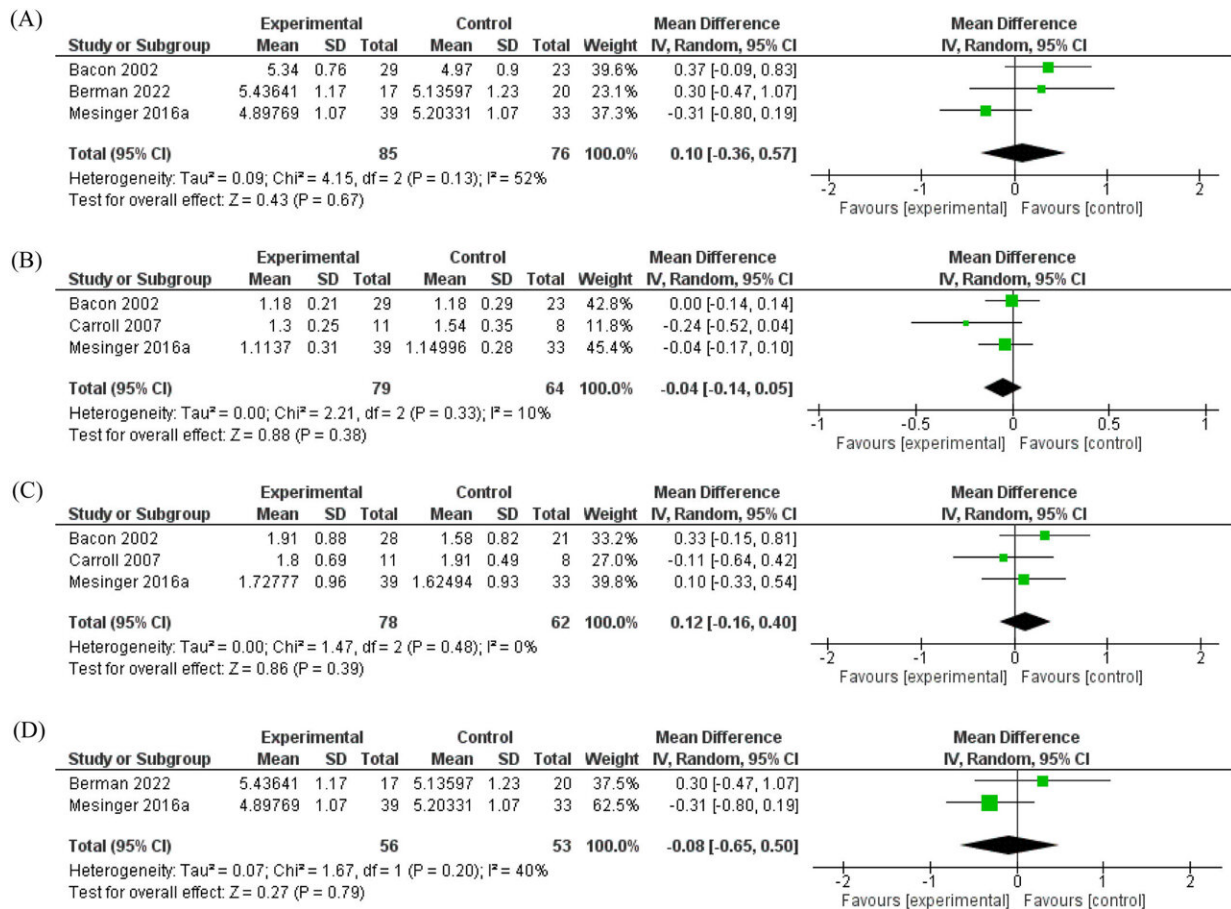


Popular holistic health approach delivers limited benefits, finds study

April 3 2024, by Carmen Swadling



(a) HAES intervention effect on total cholesterol (mmol/L) relative to all control interventions. (b) HAES intervention effect on HDL cholesterol (mmol/L) relative to control interventions. (c) HAES intervention effect on Triglycerides (mmol/L) relative to control interventions. (d) HAES intervention effect on total cholesterol (mmol/L) relative to weight loss control interventions only. HAES, Health at Every Size. Credit: *Nutrition & Dietetics* (2024). DOI:

10.1111/1747-0080.12869

A new study has revealed a popular, holistic approach to managing an individual's relationship with food and dieting has one clear benefit—reducing hunger. The Health at Every Size (HAES) practice concentrates on intuitive eating behaviors, without focusing on changes in body weight or size.

Established over a decade ago, HAES aims to address the stigma and discrimination from [health care professionals](#) that people with larger bodies can experience when seeking health and [medical advice](#).

A University of Newcastle and Hunter Medical Research Institute research team has conducted a [systematic review](#) and meta-analyses, identifying no significant improvements in cardiometabolic health indicators, depression, restrictive eating behaviors, or weight outcomes across interventions using HAES-based approaches.

A previous, older systematic review of studies assessing the effects of HAES interventions on physical and [psychological health](#)—compared with [weight loss](#) or social support interventions—was not consistent with the findings in the current review. The updated review included an additional six studies.

University of Newcastle Laureate Professor of Nutrition and Dietetics Clare Collins, AO, said the study showed HAES interventions had a role to play in addressing people's relationships with food and eating, but for managing medical aspects of weight-related health, additional treatments were needed.

"When people have diet-related chronic health conditions, like elevated

blood fats, or [high blood pressure](#), they need to be referred for medical nutrition therapy for management of those specific risk factors.

"When people are seeking to improve their relationships with food, particularly susceptibility to hunger, then referring to a HAES practitioner is appropriate."

With the global prevalence of obesity on the rise, understanding effective approaches to improve diet-related health is crucial. Obesity is associated with an increased risk of chronic conditions like cardiovascular disease and type 2 diabetes.

Diet is a known modifiable risk factor for managing chronic health conditions like heart disease, type 2 diabetes, and other weight-related health conditions. Numerous dietary strategies can be used to reduce energy intake and they vary in the approach to achieve specific daily kilojoule targets.

A strong uptake and interest in using 'weight neutral' approaches such as HAES, shifted the treatment focus away from weight reduction as the primary focus to health and size acceptance and building healthy behaviors.

The HAES approach does not focus on any measure of [body weight](#), shape, or size but instead encourages a "fulfilling and meaningful lifestyle" through eating according to internally directed signals of hunger or satiety and engaging in "reasonable levels of physical activity."

A key recommendation from the review is that HAES [intervention](#) should not be used instead of medical nutrition therapy to manage diet-related chronic disease risk factors.

Professor Collins said HAES interventions have been very popular,

especially while few effective treatment options existed for obesity treatment.

"We're now revisiting the best interventions for optimizing weight-related health, given there are medical treatment options that the latest evidence is showing are effective, such as medication and bariatric surgery."

She said in addition to managing hunger, the review found a HAES approach showed promising positive trends in the domains of body image, well-being, and eating behavior—but not for other physical or psychological outcomes.

The review concluded that HAES-based interventions alone could not currently be recommended over other intervention strategies for the management of weight-related and/or heart health, where relevant clinical guidelines should guide treatment.

"Our review confirms that while there may be benefits for people around food behaviors, it's not a health or chronic disease risk factor intervention."

"So, you may improve your psychological relationship with food through treatment with a HAES intervention, but you may also need medical nutrition therapy with education and information to improve your blood pressure. If you're working with your GP, they can direct you to the best intervention for your blood pressure while you're working on managing your relationship with food."

"The key thing about HAES is that for people seeking to improve their relationship with food, HAES interventions can be suitable, with the caveat that the only significant effect at this stage is the susceptibility to hunger.

"We've shown they are helpful for that one aspect of appetite regulation."

Professor Collins said it was advisable to use the HAES-based intervention as an add-on to other effective treatments.

She said a limitation of the systemic review was that many of the studies didn't report pre and post-data or between-group differences, creating methodological limitations in many of the included studies. The research team made recommendations on how to improve future research in this area.

"Further research, in more diverse populations, is needed to extend it to other applications."

More information: Erin D. Clarke et al, Revisiting the impact of Health at Every Size interventions on health and cardiometabolic related outcomes: An updated systematic review with meta-analysis, *Nutrition & Dietetics* (2024). [DOI: 10.1111/1747-0080.12869](https://doi.org/10.1111/1747-0080.12869)

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