“Mirror, Mirror on the Wall…..”: Exploring How Healthcare Providers Can Promote Healthy Body Image in Youth

Dr. Megan Harrison, MD, FRCPC
Pediatrician, Division of Adolescent Health and Eating Disorders, Children’s Hospital of Eastern Ontario.
Assistant Professor of Pediatrics, University of Ottawa.

• I have no disclosures or conflicts of interest to report

Case 1 - Molly
16 yo referred to your clinic with irregular menstrual periods
• menarche at 11 yo; irregular periods for 1st year, then more regular
• has had irregular periods x 2 years, cycles every 30 to 90 days
• no medications (no OCP), not sexually active
• no other associated symptoms, nutrition same, no changes in activity (gym class 3 times a week)
Molly continued....

On exam:
- Weight
- Height
- BMI
- Vitals stable
- Normal thyroid exam
- No noted hirsutism, or acanthosis nigracans
- Subtle striae noted over abdomen

Plan:
- Suggest some screening blood work
- Show her the growth curve, explain healthy ranges of BMI
- Suggest that her irregular periods could be secondary to recent significant weight gain
- Suggest that she lose weight and aim for a weight of 135 lbs
- Booked follow up in 3 months

Case 2 - Stephanie

16 year old girl with type 1 diabetes presenting to your clinic with menstrual abnormalities

- Menarche at 13.5 years old
- After the first year, had regular periods (every 30 days)
- Over the last 8 months, her periods have been less frequent, with amenorrhea x 2 months
- Not sexually active
Stephanie continued…

• Elevated HbA1C (gone from 7% to 14%)
• Frequent ER visits/hospitalizations for DKA
• 10 pound weight loss over last 8 months, with increased exercise and trying to modify her nutrition – started eating “more healthy”
• Had been told that keeping a healthy weight would help her diabetes glucose control

On exam:
Weight
Height
BMI
Vitals ok
Physical examination within normal limits

Stephanie continued…

• Praised her for her commitment to healthy living and her weight loss
• Suggested that her irregular periods are likely secondary to change in weight within the context of her poorly controlled diabetes
• Suggest that she follow up soon with her endocrinologist to discuss insulin regimen
• Screening blood work
• Booked follow up
Outline
1. Cases
2. Eating Disorders
   - The Basics
3. Obesity
   - Let’s not make health about the “epidemic”
4. Body Image
   - How to foster positive body image
5. In the Office/Clinic/Ward
   - Promoting Positive Behaviours
6. Take home points

Some Statistics on Weight and Health Behaviors In Youth...
• 40 – 50% of girls age 11-15 say they need to lose weight
• 61% of Grade 7/8 students are trying to lose weight
• Dieting, binging, self-induced vomiting, diet pills, laxatives are seen in almost 1/3 of girls aged 12-18 years
• 4% of Grade 9 and 10 boys reported anabolic steroid use
• More than one in three girls (about 33%) who are actually at a healthy weight try to diet

Some Statistics on Weight and Health Behaviors In Youth...
• 95% of all dieters regain their lost weight within one to five years
• Dieting for weight loss is often associated with weight gain
• Adolescent girls who diet are at 324% greater risk of becoming overweight or obese
Background stats

- Anorexia Nervosa - 0.5% of adolescent females
- Bulimia Nervosa - 1-5%
- An even higher % who present with sub threshold eating disorders
- Obesity – 20% of children/teens

Eating Disorders: What Are They?

A Group of conditions involving the following:

- Obsessions with Food, Weight and Appearance
- Extreme dissatisfaction with weight and shape
- Practicing weight control behaviors
- Evaluation of oneself based on weight and shape
- Low self-esteem

The Development of an ED

Need to Gain Control / Feel Better
↓ Dieting
↓ Sense of Achievement
↓ Increased Dieting
↓ Snowballing of behaviours
↓ Eating Disorder

Vulnerable Youth

- Risk factors
- Comorbidities
- Low self-esteem
Outline

1. Cases
2. Eating Disorders – The Basics
3. Obesity – Let’s not make health about the “epidemic”
4. Body Image – How to foster positive body image
5. In the Office/Clinic/Ward – Promoting Positive Behaviours
6. Take home points

Question: Who is healthier?

<table>
<thead>
<tr>
<th>Person A</th>
<th>Person B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ht: 7’1</td>
<td>Ht: 5’9</td>
</tr>
<tr>
<td>Wt: 325 lbs</td>
<td>Wt: 138 lbs</td>
</tr>
<tr>
<td>BMI: 32</td>
<td>BMI: 21</td>
</tr>
<tr>
<td>%BF: 12%</td>
<td>%BF: 10%</td>
</tr>
<tr>
<td>WC: 90 cm</td>
<td>WC: 78 cm</td>
</tr>
<tr>
<td>BP: 114/72</td>
<td>BP: 122/84</td>
</tr>
<tr>
<td>Chol: High HDL, Low LDL, TG's with in normal range</td>
<td>Chol: Low HDL, High LDL and TG</td>
</tr>
</tbody>
</table>

Healthy life style versus weight

BMI = 32 kg/m² obese
BMI = 21 kg/m² normal weight
What BMI does not tell us.....

BMI does not tell us about:

• The presence of obesity related risk factors
• Health behaviours
• Co-morbid conditions
• Psychopathology
• Global functioning
• Global health
• Quality of Life
• Overall, it is a very crude marker of health and tells us nothing about health at an individual level

What is Weight Bias?

• Negative attitudes about body weight affecting interactions
• Stereotypes leading to:
  – Stigma
  – Rejection
  – Prejudice
  – Discrimination
  – Inequality

Weight Bias in Health Care

• Nurses
• Medical Students
• Psychologists
• Dietitians
• Fitness Professionals
• Physicians

Physicians…

- As patient BMI increases, physicians report:
  - Having less patience
  - Less desire to help the patient
  - Seeing obese patients was a waste of their time
  - Having less respect for patients


Weight Bias at home

- 47% of overweight girls and 34% of overweight boys report being teased about their weight by their parents
- 72% of overweight adults reported they had experienced weight bias from family members as children

Puhl RM et al, J Sch Health (2011)

Weight Bias by Peers

- Studies have shown that negative attitudes begin in pre-school
- Obese children viewed by peers as:
  - lazy
  - stupid
  - mean
  - having few friends and being undesirable playmates
  - ugly
Kids are Prejudiced Against Fat People by Age 4

- Children decided that fat Alfie and wheelchair Alfie would be less likely to win the race against Thomas.
- Fat Alfie was less likely to do well in school, to be happy with the way he looks, or to get invited to parties.
- They rated Fat Alfie as more likely to be naughty and as having fewer friends than Thomas to play with.

Hill (2013). European Congress on Obesity (ECO).

Overweight youth

- Are often bullied by peers.
- Tend to have poor body image.
- Tend to have lower self-confidence, self-esteem and higher incidence of mental health problems.

Puhl et al. Obesity (2009)

The Impact

- Low body satisfaction.
- Low self esteem.
- High depressive symptoms.
- Disordered eating (binge behaviors).
- Isolation/ withdrawal.
- Increased sedentariness.
- Avoidance of PE and participation in sports for the rest of their lives.

Puhl RM et al., J Sch Health (2011)
Puhl RM et al., Psych Bull (2007)
Eating Disorders and Obesity – What do we do?

They are 2 sides of the same coin

• They both:
  – Are associated with unhealthy behaviors
  – Have a serious impact on mental health and self-esteem
  – Impact youth physically/medically

Outline

1. Cases
2. Eating Disorders
   – The Basics
3. Obesity
   – Let’s not make health about the “epidemic”
4. Body Image
   – How to foster positive body image
5. In the Office/Clinic/Ward
   – Promoting Positive Behaviours
6. Take home points

Definitions

• Body image – how you view your physical self, including whether you feel you are attractive
• Linked closely with self-esteem
• Self esteem - is all about how much you feel you are worth and how much you feel other people value you
An adolescent’s self esteem and body image are affected by many variables – we modify our ideas of our own bodies according to our emotional state as well as the reactions of others in the environment.

What Influences Body Image?

- Family
- Friends & Peers
- The Media
- School
- Community & Culture

Growing up in a Weight Obsessed World
THIN, THIN, THIN

Muscles, Muscles, Muscles

Muscles, Muscles, Muscles

Body Image: Through the Eyes of the Media

- Promotes an unattainable ideal
- Creates body dissatisfaction, attacks self-esteem, and capitalizes on insecurities
- Creates and perpetuates stereotypes
- Redefines beauty by linking it to specific religious and moral values
Outline
1. Cases
2. Eating Disorders
   - The Basics
3. Obesity
   - Let's not make health about the “epidemic”
4. Body Image
   - How to foster positive body image
5. In the Office/Clinic/Ward
   - Promoting Positive Behaviours
6. Take home points

Back to cases
- Molly returns to see you
- Further hx reveals she had been teased for several months regarding her weight
- Longstanding issues with poor body image
- She aimed for the weight goal you suggested
- She began restricting her intake significantly and increased her exercise
- She feels cold, tired, withdrawn, sad, dizzy

- Growth curve
  - HR 40 bpm
  - BP 95/65
Back to cases
• Stephanie returns to see you
• There has been minimal change since you saw her
• She had been readmitted to ICU in DKA since your last appointment
• She admitted to struggling with poor body image
• Had been actively omitting insulin to facilitate weight loss
• She enjoyed the praise that she got for her initial weight loss and wanted that to continue

Take a moment to consider yourself as a body image role model...

How Often Do You:
• Talk about feeling fat?
• Say you should go on a diet or talk about being on a diet?
• Complain that you have eaten “too much”—again!
• Imply that you were “bad” or feel guilty for eating something
• Speak negatively about one or more body parts (eg. “I hate my big butt”)
• Make fun of or criticize people’s size or shape?
• Comment negatively about how much people eat?
Ask yourself:

- Am I prejudiced against overweight people?
- Do I think overweight people made bad choices about what and how much to eat?
- How many times have I said or heard “Oh you have lost weight, you look wonderful!”
- How many times have I associated the word fat with other words such as “stupid”, “lazy”, “dumb”

Examine the messages you send...

- Are you over-emphasizing beauty and body shape for girls? Strength and muscularity for boys?
- Avoid conveying an attitude which says in effect “I will like you more if you lose weight, don’t eat so much, fit into slimmer clothes.”
  Note many of us subtly do this every day…“Wow you look great, have you lost weight?”

What can you do in the office?

- take WEIGHT out of the discussion
  - by suggesting that children focus on weight as an outcome we are setting them up for weight preoccupation, dieting and likely weight gain
  - preoccupation should not be on one’s weight but rather on healthy behaviours
**Focus on healthy behaviours**

- What and how you eat (Nutrition)
- How you move (Physical activity)
- How you cope (Emotional health)

**In the Office: Nutrition**

- First and foremost – no dieting
- Eating Hygiene
  - Canada’s Food Guide
  - Regular eating throughout the day, balance, variety
  - Get kids cooking

**In the Office: Nutrition**

- Until late adolescence, kids are CONCRETE – they tend to think in BLACK and WHITE about things
- Avoid labeling things as “good” or “bad”
- Avoid tying certain foods to exercise/physical activity (i.e. “I am going to have to run extra hard later to work this off.”)
- Moderation, not deprivation
Be media savvy when it comes to nutrition:

- “The dangers of the obesity epidemic”
- The documentary “Supersize Me” by Michael Moore
- Warnings about trans-fats, high cholesterol, obesity, diabetes
- Warnings about what our kids are eating, fast foods, foods in school cafeterias
- DANGER! DANGER! DANGER!
- These messages are fine for most kids; the problem comes if a child is perfectionistic, anxious, does things “110%”, has OCD, or takes things literally

In the Office: Physical Activity

- Focus on the REAL reasons to engage in Physical Activity:
  - Improved Sleep
  - Stress Reduction
  - Opportunities for success and self-esteem
  - Social time with friends and family
  - FUN
- Should not be about losing weight or burning calories

In the Office: Fostering Positive Body Image

- Refrain from criticizing your own appearance or clothes in front of youth
- Help make home and office ‘appearance safe’ zones
  - No glossy diet fitness and fashion magazines
  - No diet foods
In the Office: Fostering Positive Body Image

• Focus on the **Instrumental**, not the **Ornamental** aspects of the body

In the Office: Fostering Positive Body Image

• Celebrate normal growth
• Teach that we are all different shapes and sizes
• Our shoe size is genetically predetermined….as is our body height, size, shape and weight

Remember our Olympic athletes with 3 different body types
Screening for body image concerns

Tips
• Are you trying/have you ever tried to lose weight?
• What do you think about your body/the way you look?
• Does your weight/your body affect the way you feel about yourself?
• What do you think you should weigh? Goal weight?
• What was your highest weight, lowest weight?

Don't forget about confidentiality

Tips
• Questionnaire – write things out
• “On a scale of 1 to 10”: How important is your appearance? How happy are you with your body/how you look? If it’s a 2/10, what would make it a 9 or 10?
Tips

• If you could change 3 things what would they be?
• If you could change 3 things about yourself what would they be? Why? How would that change your life?
• 3 wishes?

Excerpt from EAT-26 (Eating Attitudes Test)

• Am terrified about being overweight.
• Avoid eating when I am hungry.
• Find myself preoccupied with food.
• Feel extremely guilty after eating.
• Am preoccupied with a desire to be thinner.

Screening for Eating Disorders (SCOFF)

• Do you make yourself Sick because you feel uncomfortably full?
• Do you worry you have lost Control over how much you eat?
• Have you recently lost more than One stone (14 lb or 7.7 kg) in a three month period?
• Do you believe yourself to be Fat when others say you are thin?
• Would you say that Food dominates your life?
Eating disorder Screen for Primary care

- Are you satisfied with your eating patterns? (A “no” to this question was classified as an abnormal response).
- Do you ever eat in secret? (A “yes” to this and all other questions was classified as an abnormal response).
- Does your weight affect the way you feel about yourself?
- Have any members of your family suffered with an eating disorder?
- Do you currently suffer with or have you ever suffered in the past with an eating disorder

In the Office: Fostering Positive Body Image

Teach Media critique strategies:

- Discuss the messages in the media about women, men, sex, and food
- Teach children about computer enhancement of all photos in magazines, movies
- The hours of make-up work and clothes design in a photo shoot, and the use of air brushing
Special Note

- Thank you to CHEO PREDO group
- Thank you to CHEO’s Eating Disorders Program Team, especially:
  - Dr. Wendy Spettigue, Dr. Stephen Feder, Dr. Clare Roscoe, Dr. Julie Perkins, Dr. Mark Norris
- Thank you to CHEO’s Centre for Healthy Active Living Team, especially:
  - Dr. Annick Buchholz, Dr. Sasia Hadjiyannakis, Dr. Laurie Clark, Dr. Katie Baldwin, Jane Rutherford, Anna Aylett, RD

Thank You!