Internalized Weight Bias

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WEIGHT MANAGEMENT PROGRAM BEHAVIORAL TREATMENT MODULE

WEIGHT BIAS AND STIGMA

In this section you will be invited to consider that struggling with weight is struggling with a real condition that is:

- Mostly genetic
- Centred in the brain
- Strongly influenced by the environment
- Progressive in that the brain and body defend against weight loss
- Diets and/or exercise are ineffective long-term treatments
- Can be successfully managed in the long term with real treatment

Weight Bias and Stigma

Countering internalized weight bias is important because those who live with excess weight inevitably face negative attitudes and stereotypes related to their size and appearance from the public, the media, health care practitioners, and even family and friends. This stigma is based on a common misconception that being overweight or obese is a personal choice and could easily be reversed if one simply chose to eat less and move more. These biases are not only hurtful and damaging but are unfortunately—and inevitably—internalized. This internalization puts one at risk of stress, low self-esteem, learned helplessness and depression. Countering internalized weight bias is necessary, possible, and if done correctly can directly improve outcomes and quality of life.

What if the risk of living with overweight or obesity was the risk of living with a real disease? What if past weight loss efforts were difficult not because of any failure on your part but instead because you are living untreated with a real disease? Diet and Exercise are not the treatment for this condition. What if treatment for this condition exists but you have never received treatment? Would struggling with weight still be your fault? The risk of living with Overweight and Obesity is primarily inherited, the genes are primarily expressed in the brain, and the condition is progressive.

Effective long term treatment exists for those with overweight or obesity.
The three pillars of treatment are behavioural treatment, medication and surgery. This internalized weight bias module, is the first module in an eight module comprehensive **behavioural treatment**. Safe and effective **medication** , and safe and effective **surgery** may be added to your treatment. To counter internalized weight bias, consider the following points.

Evidence of REAL DISEASE

GENETICS

Approximately seventy percent of the variability of size in all humans is heritable. There may be as many as 1500 individual variants of genes that determine your risk of struggling with weight in your lifetime.

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THE BRAIN

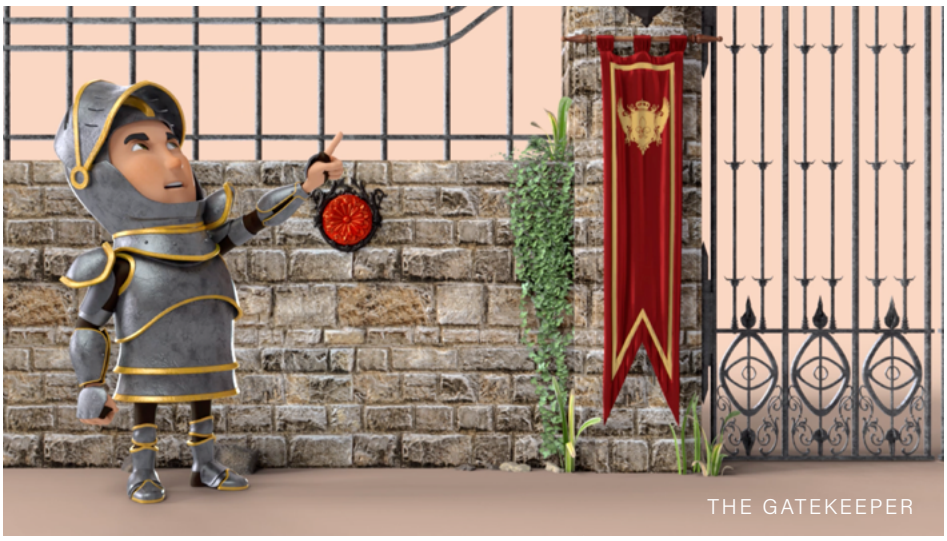
What many people do not know is that the majority of these genes that influence weight are expressed in the brain. Most of the differences in risk are based on differences in three areas of the brain that regulate metabolism, appetite and weight. These three areas comprise the appetite system and are called the homeostatic system (The GateKeeper), the motivation system (The GoGetter) and the executive system (The Sleepy Executive) as seen in this must see video. Genetic differences at each of the three levels are the main determinants of whether someone will struggle with weight in their lifetime.

THE ENVIRONMENT

The human appetite system evolved from living in an environment where calories were often scarce and finding food involved work, hence the motivation to *GO AND GET*. The prevailing understanding of how and why obesity happens is that this ancient system has collided with the modern food environment; this ultra-processed, sugar, fat and salt added, ultra-portioned, ultra-available, anytime, aggressively advertised, delivered-right-to-your-front-door - food environment. It is also important to note that even the overabundance of healthy food in our current food environment can drive the overconsumption of calories and contribute to weight gain. Our planet's obesity epidemic can be directly traced back in time to the early 1970s when all these food environment changes began. Collectively these changes refer to the 'obesogenic' environment.

Neuro-hormonal response to weight loss that favours weight regain. In the event someone is able to lose weight, the body 'fights back' in response to weight loss, effecting powerful changes that favour weight regain. This is because to our ancestors, weight loss was never a good thing, and in fact was likely because their food supply was interrupted. To defend against fat loss, appetite increases and metabolic rate decreases, driven by the 'homeostatic system' or the 'gatekeeper', the lowest of the three levels of the appetite system. Fat cells make and release a hormone called leptin, so if leptin levels are dropping it means that fat is being lost. The homeostatic system is expert at recognizing dropping leptin levels and in response to this signal, the gatekeeper becomes alarmed and strengthens appetite/ **WANTING**, the motivation layer is made more sensitive and we are driven more strongly to *GO AND GET* food. Ultimately, it is this progressive increase in the drive to *GO AND GET* that results in the characteristic shape of losing weight, where weight loss slows and slows and eventually plateaus. As we lose weight, we are driven to eat progressively more, and we are eventually driven to eat an amount that is the same as the amount that we are burning. We land at a break-even point. This defence against fat loss is an example of a system that provided an advantage in a former environment but now provides a disadvantage in this one.

Dieting and exercise are inadequate treatments for this condition. This is what you have tried but it doesn't work long term for this brain-centred real medical condition. Instead, treatment works. The next step to countering internalized weight bias is to understand that treatment exists and you have never been treated before. If you have never once been comprehensively and effectively treated for this real medical condition, isn't it possible that your past failed effort(s) at sustained weight loss are inadmissible evidence as to whether or not you can succeed going forward? It's therefore important to know that treatment exists and it works.



THE GATEKEEPER

Treatment Exists

Internalized bias is also countered by learning that effective long-term treatment exists for overweight and obesity. The three treatments are behavioural intervention, medication and surgery.

Behavioural therapy

You will learn that up to 30% to 50% of individuals clearly respond with long-term success to comprehensive behavioural treatments alone. Behavioural therapy targets the executive system, making the sleepy executive as awake as possible just when she or he is most needed. As a reminder, the homeostatic and motivation systems (The GateKeeper and the GoGetter) are in the non-conscious parts of the brain. You and I cannot get there, but medication can.

Medication

It is now common and appropriate that individuals may add medication as an adjunct to a behavioural intervention either immediately or through the course of their treatment. Medication use is considered as long-term treatment and has been shown, in 70% of patients, to support significant weight loss and significant improvements in health markers.

Surgery

A third component of treatment—surgery—may be considered for patients who qualify and/or for those whom behavioural intervention, plus or minus medication, is not satisfactory or successful. . The effect of surgery, like medication, acts in the non-conscious parts of the brain, even better improving the likelihood of greater weight loss and long-term success.

So, the invitation reads - would you consider that you have been struggling with excess weight not because of a flaw in character or a lack of willpower or motivation, but instead because you have been struggling untreated with a real condition, , for which effective and comprehensive treatment exists?

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