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Breaking WEIGHT BIAS

Promoting Health without harming through digital training tools

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1.3. Common misconceptions about weight and people with obesity

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Table of Content

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TRAINING CONTENT

1.3. Common misconceptions about weight and people with obesity

Unfortunately, in this day and age, we still lack effective ways and strategies to improve the treatment of obesity on an individual and social level. What everyone should realise is that many of the beliefs about weight and people with obesity are stereotypes that have been promoted and reinforced by our culture for years. Repeating and spreading myths and misconceptions about obesity can lead to **poor clinical decisions, inaccurate public health recommendations**, and unproductive allocation of limited research resources. Unfortunately, all myths and beliefs are continually pervasive in the media, culture, and scientific literature (Chaput et al., 2014).

Many stereotypes about weight and obesity are based on the mistaken belief that body weight can be completely controlled, thus placing the blame solely on human willpower.

What are the common misconceptions about weight and people with obesity, and how can they be an obstacle to effectively supporting patients and improving their health?

The three most common misconceptions about weight and obesity, based on the article by Chaput et al. (2014) in the peer-reviewed medical journal of Canadian Family Physician (CFP), are the following:

- **Obesity is the result of physical inactivity and is most often caused by unhealthy eating habits** - These two beliefs are most often cited as causes of obesity, making most obesity prevention and treatment programmes target these two factors. This results in the neglect of other factors that may contribute to weight gain, i.e. insufficient sleep, psychological stress, medications, endocrine disruptors, intergenerational effects, etc. From all the data collected, it appears that physicians and specialists should consider a wider range of factors that may contribute to their patients' current weight. This will enable them to properly identify and address the relevant factors that may cause obesity in a patient. Focusing on new factors may contribute to the development of a personalised framework that addresses the root causes of patient weight gain. In summary, to support patients with obesity in improving their health, clinicians should move beyond simplistic and ineffective beliefs and address the factors that contribute to increased energy intake, decreased metabolic rate, and decreased activity.

- **People with obesity are less active than their regular-weight peers** - This discriminatory bias against people with obesity is prevalent both among people who have zero understanding of obesity and among healthcare professionals,

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even those who interact with people with obesity and withness their attempts to lose weight and their constant concerns about that. According to the latest data from the Canadian Health Measures Survey, only 7% of Canadian children and youth and 15% of Canadian adults (Colley et al., 2011) meet physical activity guidelines and standards.

The study calculated the number of steps per day walked by girls with obesity, girls having a weight considered to be "normal", boys with obesity and boys having a weight considered to be "normal". The results showed that girls with obesity walk an average of 11,159 steps per day, while girls having a weight considered to be "normal" average was 10,224 steps per day. Boys with obesity average was 10,256 steps, while boys having a weight considered to be "normal" average was 12,584 steps per day. However, it should also be noted that children with obesity have more weight to carry when walking. This means that they consequently burn more calories than children having a weight considered to be "normal". As can be seen in figure 1.3.(a), all the children had similar physical activity levels, but their weight differed greatly.

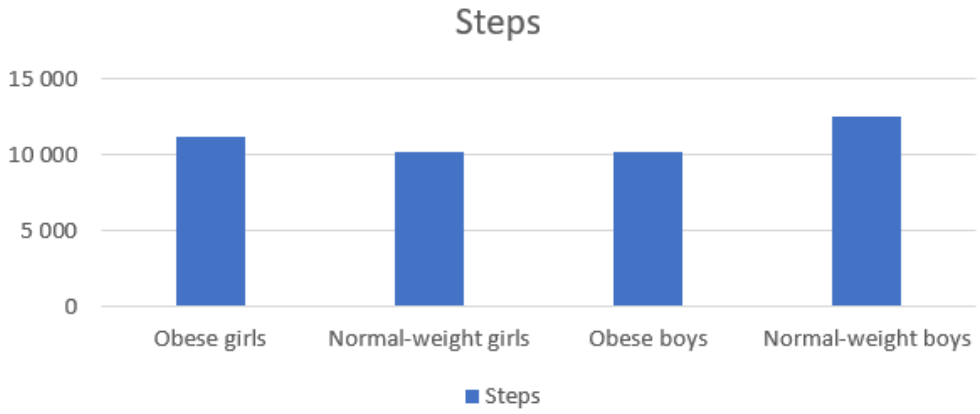

Figure 1.3.(a): Own elaboration based on Canadian Health Measures Survey (Colley et al., 2011)

- **Diets work in the long term** - Research shows that the great majority of people who have lost weight through dieting, end up gaining their weight back - or even more. This happens not because they lack "will-power", but as a result of coordinated metabolic, neuroendocrine, and autonomic changes that oppose the reduced weight (Maclean et al., 2011). That being said, it is crucial to change our mindset around weight regain and abandon the idea that it is a matter of "personal failure", but an expected consequence of dieting. *You can learn more about the effectiveness of dieting as a weight-loss method in chapter 5.3*.

The above examples are just the tip of the iceberg of misconceptions about people affected by obesity. Given the prevalence of this phenomenon, it is important for every

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professional to increase their knowledge of obesity and try to approach each patient individually. New ways of thinking in this field and practice will help in supporting patients and will certainly improve their health.

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