# Nutrition Nibbles

Break through common nutrition myths, see what's trending, catch up on latest research, and get great tips from our team of Registered Dietitians.

MYTH

*Eating disorders are a choice. I just need to tell my loved one to snap out of it.*

FACT

**Eating disorders (EDs) are actually complex medical and psychiatric illnesses that patients don't choose and parents don't cause. The American Psychiatric Association classifies five different types of EDs in the DSM-5: Anorexia Nervosa, Bulimia Nervosa, Binge Eating Disorder, Avoidant/Restrictive Food Intake Disorder and Other Specified Feeding or Eating Disorder. EDs commonly co-occur with other mental health conditions like major depression, anxiety, social phobia, and obsessive-compulsive disorder.**


## Eating Disorder Awareness Month

**Did you know that obesity and eating disorders (EDs) share a number of risk and protective factors?** Identifying these common factors can help with prevention strategies that will address both weight-related conditions.

**Some Common Risk Factors:**

**Dieting:** Research has shown that dieting is often a precursor to an ED. Dieting is also associated with weight gain over time. Weight gain may be related to increased metabolic efficiency, a decrease in sustained healthy behaviours and a disinhibition in eating.

**Media use:** Exposure to media is a risk factor for ED due to its promotion of the thin ideal. The pressure to conform to the cultural ideal for size and shape leads to thin-ideal internationalization. This in turn leads to body dissatisfaction and disordered eating since the thin ideal is not attainable for most people. Media use is also associated less desirable health behaviours such as consumption of high calorie, nutrient poor foods and a reduction in physical activity.

**Body image dissatisfaction:** Body dissatisfaction is the most common risk factor attributed to EDs. Attempts to reach the thin ideal can lead to unhealthy practices with food and exercise. When the desired outcome is not achieved, feelings of disappointment, anxiety, shame and guilt may result, increasing the risk of developing an ED. Restrictive dieting may also lead to hunger and feelings of deprivation, which in turn may lead to overeating and bingeing, leading to extreme weight fluctuations (i.e. yo-yo effect). Body dissatisfaction is also associated with decreased physical activity.

**Weight-related teasing:** It is proposed that teasing may result in negative emotions, body dissatisfaction and increased dieting. All of these factors have been associated with the development of EDs and weight gain.

**Some Protective Factors:**

**Regular family meals:** Family meals have been shown to be protective against dieting, binge eating, and extreme weight control behaviours, therefore, reducing the likelihood of EDs and obesity. As well, family meals may provide an opportunity to recognize early signs of disordered eating and enable parents to intervene before they become extreme. Additionally, family meals are predictive of family connectedness, increasing the likelihood that a child will communicate with parents about disordered eating patterns. Family meals are also associated with healthier nutrition habits.

**Positive body image:** Positive body image is when a person is able to accept and appreciate their body. Individuals with positive body image are less likely to be impacted by media messaging and societal pressures to conform to the thin ideal. They are also more likely to engage in healthy practices with food and physical activity, which lessens the probability of weight-related disorders.

**Healthy self-esteem:** When people feel good about themselves, they are more likely to adopt healthy lifestyle behaviours. Additionally, individuals with a healthy self-esteem tend to have more body positivity.

http://pediatrics.aappublications.org/content/127/6/e1565
http://www.eurekalert.org/pub_releases/2015-11/uoth-snb110615.php

### Reducing "Fat Talk" in Primary Care & Beyond

Fat talk refers to the negative and self-defeating vocabulary used to define our bodies. This comes up commonly in conversations such as "I look so fat in these jeans." However, it can also appear in less visible ways such as complimenting a person, "You look great, have you lost weight?" These implicit forms of communication are salient within our culture and are socially accepted. However, the effects of such "Fat Talk" are psychologically damaging. A recent study in the journal of pediatric obesity showed that the pressure to be "thin" in adolescents, from peers and parents, resulted in higher BMI over 1 year (1). There was a greater association of pressure and weight gain amongst individuals who were at a higher baseline BMI (1). There is additional evidence to suggest that weight stigma can further perpetuate weight gain through increased psychological stress, by threatening an individual's social identity (2). Weight stigma has increased 66% in the past decade in the USA (2010 stats), and weight stigma is associated with reduced access to healthcare due to fear of stigmatization (3). Weight stigmatization is associated with increased risk of EDs, particularly binge eating disorders and bulimia (3).

Fat talk can also be implied through our physical environments. Imagine you are coming to your doctor's office, none of the chairs would fit you, and you're forced to stand or sit on the very edge of the seat. How does that make you feel? Uncomfortable? Undervalued? Making sure our environments demonstrate inclusivity of all sizes is one step towards eliminating weight stigma. Another way is watching how we communicate in primary care. Do our programs and services use stigmatizing language? Look at the print material posted in waiting rooms and the messages they send; do they depict larger individuals in a negative light, do they perpetuate size stereotypes? People who are at a higher weight can be healthy eaters, and engage in regular activity; too often, we assume that the opposite is true. In counselling, don't make assumptions based upon size. Size is not a good indicator of health behaviors. Messages in primary care should emphasize healthy eating vs. achieving an ideal weight. Refer to the Nutrition Nibbles article on Health At Every Size (HAES).


1. Suelter C.S., Schvey N., Kelly N. R., Shanks M., Thompson K.A., Mehari R., …Schomaker L.B. (2018) Relationship of pressure to be thin with gains in body weight and fat mass in adolescents. J pediatric Obes. 13(1), 14-22.
2. Hunger J. M., Major B., Blodorn A., Miller C.T. (2015). Weighed down by stigma: How weight-based social identity threat contributes to weight gain and poor health. Soc Personal Psychol Compass. 9 (6), 255-268.
3. Puhl R. M., Heuer C. A., (2010). Obesity stigma: Important considerations for public health. American Journal of Public Health. 100(6),1019-1028.


RESOURCES

**HFHT Eating Disorder Nutrition Counselling Program:** This service is appropriate for those who are awaiting more intensive treatment, those who have either declined referral to an intensive treatment program; or who are not eligible for, or terminated an intensive treatment program. Referrals can be made using the HFHT Centralized Services One Referral Form: https://docs.hamiltonfht.ca/dsweb/Get/Document-89853/. Referral to mental health services is strongly recommended for ongoing mental health support. For more information, contact the Nutrition Program, 905-667-4848 ext 153.

**Eating Disorders Care Map:** Includes a quick reference guide on how to screen for an ED, diagnosis criteria, referral information and forms, medical monitoring guidelines, and other professional resources, as well as patient-friendly resources for books, videos, and list of private practitioners in the area:

https://docs.hamiltonfht.ca/dsweb/Get/Document-86051/.

**End Fat Talk Infographics:** Hard copies are available to post in your practice.

*Talk to your Registered Dietitian for more information*

# END FAT TALK

**Fat talk is the term for negative body-related conversations. Fat talk is not the thoughts that go through your mind, instead, it is the body-related comments said to other people about yourself or about others.**

## 5 Reasons to End Fat Talk

## 5 Ways to End Fat Talk

### 1

**FAT TALK HURTS**

Those around you could be struggling with their own insecurities and hearing fat talk can make them feel worse; not to mention, you're hurting yourself. The only thing you will accomplish when you bash yourself is lowering your self-esteem.

**DON'T ENGAGE**

When people start to talk negatively about their bodies or get into obsessive diet talk, simply change the topic. Introduce a more positive conversation. Don't allow fat talk to be normal, casual conversation.

### 2

**FAT TALK PERPETUATES DISCRIMINATION**

Whether you mean to or not, participating in fat talk reinforces the following messages: thin = happy, fat = lazy, and appearance is everything.

**DO NOT PUT YOURSELF DOWN TO LIFT OTHERS UP**

Lifting up our friends by degrading ourselves promotes negative body image and diminishes your self-esteem.

### 3

**FAT TALK ALIENATES PEOPLE**

Fat talk leads to body shaming. Body shaming destroys a person's confidence, so much so that they don't want to be Noticed, and they avoid social situations.

**LABEL EMOTIONS**

Instead of "I feel fat," be more specific. Fat is not a feeling. Use more mindful or feeling words instead, like uncomfortable, bloated, upset or frustrated.

### 4

**FAT TALK INFLUENCES CHILDREN**

We need to be accepting of all body types. We need to realize our bodies are beautiful and do amazing things. Thin is NOT the ideal, fat is NOT shameful. We were created to be different, and we need to learn and teach our children to love those differences.

**STOP BODY CHECKING**

Notice the things in your life that promote the thin ideal and remove them. Reduce body checking thoughts by not looking at fashion or cosmetic fitness magazines; delete "thinspiration" boards and images, and surround yourself with positive body messages.

### 5

**FAT TALK MAKES BIG MONEY**

Countless weight-loss companies, magazines, clothing brands and even TV shows thrive off fat talk and self depreciation. They want you to feel you're not good enough, but you can be if you buy their products. Don't help them get rich.

**STOP MAKING APPEARANCE-BASED COMMENTS**

Using "skinny" or "thin" as compliments promote body negativity and the idea that skinny equates to being beautiful. Not sure what to say? Check out Compliments That Have Nothing To Do With Appearance.

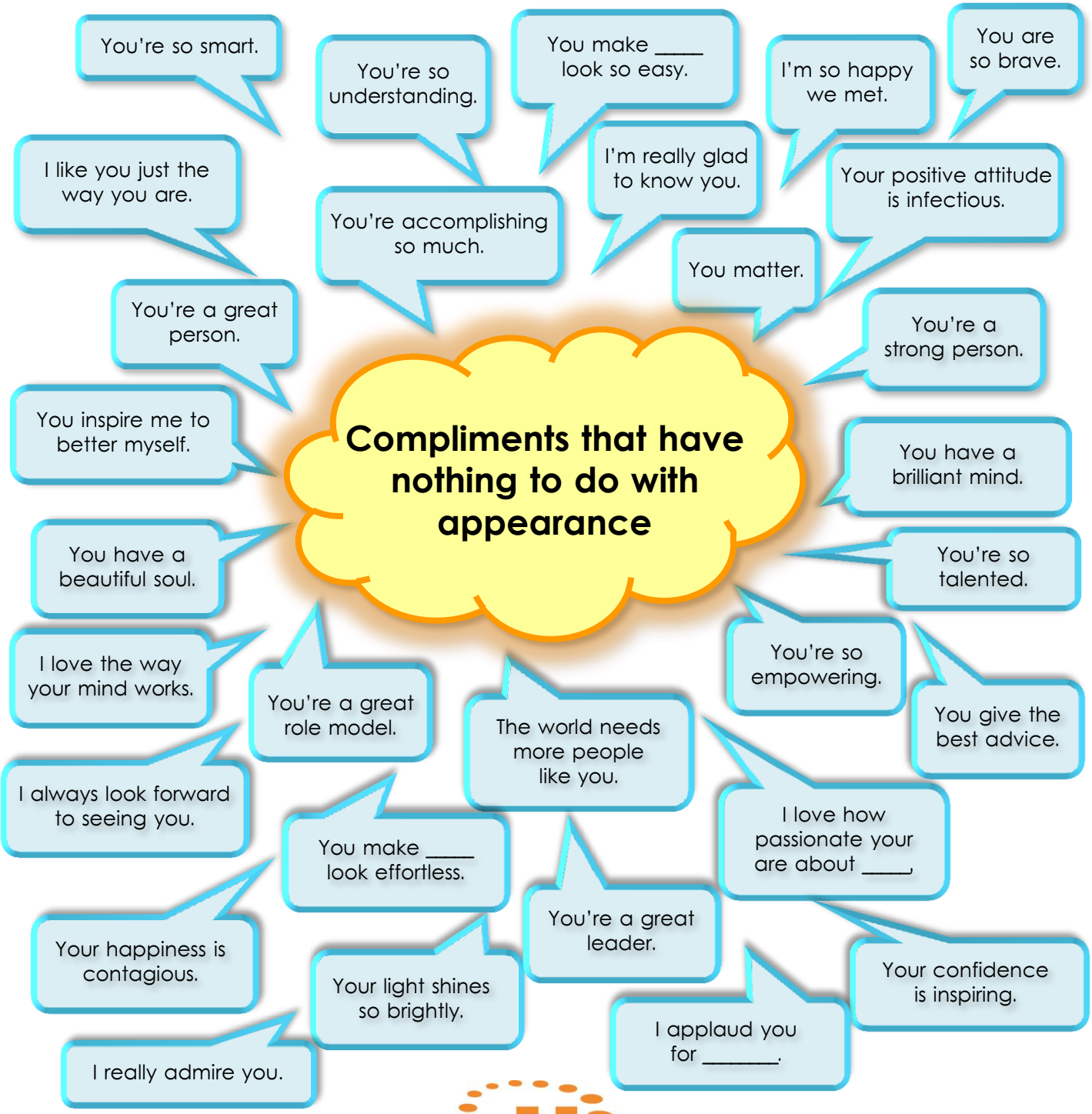
**NOBODY benefits when we only see a healthy body as a thin body. Talk to your Registered Dietitian about the evidence-based paradigm – Health at Every Size (HAES) and switch the focus from weight to health and well-being!**

Hamilton Family Health Team

*Better care, together.*

# END FAT TALK

**We're all guilty of fat talk and giving appearance-based compliments. It's common to hear "Have you lost weight? You look great!" But this kind of message could be interpreted as if they didn't look great before. Appearance-based compliments place too much importance on how we look instead of who we are, and promotes the thin ideal. Become aware of fat talk, and end it. Not sure how? One way is to give more meaningful and empowering compliments.**




Hamilton Family Health Team

*Better care, together.*