

HAES AUSTRALIA POSITION STATEMENT

WEIGHT NEUTRAL CARE

Health and fitness professionals are often called upon to provide weight loss advice for adults classified as overweight or obese by BMI. While short-term weight loss is possible, long-term (3-5+ years) intentional weight loss remains elusive for most people¹ and is a proven contributor to body dissatisfaction, disordered eating and eating disorders². Assessment of health status by BMI does not consider lifestyle behaviours like dietary quality, physical activity, smoking and alcohol intake which are, in fact, stronger determinants of death and disease than BMI classification^{3,4}. The positive effects of weight loss are largely explained by the adoption of healthier lifestyle behaviours rather than the weight loss itself.

Weight neutral practitioners provide care which supports the enhancement of physical and mental health for people of all sizes without the intention of weight change.

HAES Australia endorses the Health at Every Size[®] principles as defined by the Association for Size Diversity and Health (ASDAH)⁵. The five principles are:

1. **Weight Inclusivity:** Accept and respect the inherent diversity of body shapes and sizes and reject the idealising or pathologising of specific weights.
2. **Health Enhancement:** Support health policies that improve and equalize access to information and services, and personal practices that improve human well-being, including attention to individual physical, economic, social, spiritual, emotional, and other needs.
3. **Respectful Care:** Acknowledge our biases, and work to end weight discrimination, weight stigma, and weight bias. Provide information and services from an understanding that socio-economic status, race, gender, sexual orientation, age, and other identities impact weight stigma, and support environments that address these inequities.
4. **Eating for Well-being:** Promote flexible, individualized eating based on hunger, satiety, nutritional needs, and pleasure, rather than any externally regulated eating plan focused on weight control.
5. **Life-Enhancing Movement:** Support physical activities that allow people of all sizes, abilities, and interests to engage in enjoyable movement, to the degree that they choose.

Weight neutral lifestyle approaches such as those based on *Health at Every Size*^{®6}, the *Non-Diet Approach*⁷ and *Intuitive Eating*⁸ have been tested in multiple randomised controlled trials (RCTs). The two systematic reviews^{9,10} of these RCTs have confirmed that the interventions lead to positive outcomes on biochemical measures, psychometric factors and health behaviours even without weight change.



HAES Australia strongly supports the following health care practices:

- A structured informed consent process for clients with weight concern which details the short and long term outcomes of weight loss efforts as well as weight neutral efforts.
- Clients of health and fitness professionals should be provided with the option of weight neutral care as outlined here. Promptly refer clients who prefer this option to a weight neutral practitioner.
- Clients, particularly women with a BMI $>25\text{kg/m}^2$, who have a history of weight cycling, chronic dieting, disordered eating or an eating disorder should be offered weight neutral care as the principal lifestyle modification approach.
- Treatments for which eligibility is based on BMI without a functional (eg strength, fitness, fertility) and lifestyle assessment (eg dietary quality, nutrition status) are patently unethical, as are policies which delay active treatment provision until arbitrary weight loss goals have been met. In the first instance, all clients should be offered the current best practice treatments that are offered to people with 'normal' BMIs unless there are treatments which have been found to be superior for larger bodies.
- Regardless of approach, clinical outcomes should include valid psychological measures, biochemical measures, physical function measures and health behaviour measures to more accurately record health status than BMI alone.

Many health and fitness professionals now offer weight neutral care, including General Practitioners, Accredited Practising Dietitians, Clinical Psychologists, Psychotherapists, Counsellors, Exercise Physiologists, Occupational Therapists, Nurses and Personal Trainers. A list of professionals who offer exclusively weight-neutral care is listed at www.HAESAustralia.com.au.

References

¹National Health and Medical Research Council (NHMRC), 2013, Clinical practice guidelines for the management of overweight and obesity in adults, adolescents and children in Australia, p161

https://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/n57_obesity_guidelines_140630.pdf

²Polivy, Janet, and Todd Heatherton. "Spiral Model of Dieting and Disordered Eating." (2015).

³Matheson E, King D and C Everett. "Healthy lifestyle habits and mortality in overweight and obese individuals." The Journal of the American Board of Family Medicine 25.1 (2012): 9-15.

⁴Queensland Government, 2016 Chief Health Officer Report, p75 <https://www.health.qld.gov.au/research-reports/reports/public-health/cho-report/2016/full#8>

⁵www.sizediversityandhealth.org

⁶'Health at Every Size' and 'HAES' are Registered Trademarks of the Association for Size Diversity and Health and used with permission.

⁷Waller F The Non-Diet Approach Guidebook for Dietitians, Lulu Press, Brisbane (2013)

⁸Van Dyke, Nina, and Eric J. Drinkwater. "Review article relationships between intuitive eating and health indicators: literature review." Public Health Nutrition 17.08 (2014): 1757-1766.

⁹Tylka, Tracy L., et al. "The weight-inclusive versus weight-normative approach to health: Evaluating the evidence for prioritizing well-being over weight loss." Journal of Obesity (2014).

¹⁰Clifford, Dawn, et al. "Impact of non-diet approaches on attitudes, behaviors, and health outcomes: a systematic review." Journal of nutrition education and behavior 47.2 (2015): 143-155.

Written by the HAES Australia steering committee 2017:

Fiona Willer, APD
Fiona Sutherland, APD
Megan McClintock, APD
Susan Williams, APD
Louise Adams, Clinical Psychologist

Sarah Harry, Psychotherapist
Jodie Mechielsen, Exercise Physiologist
Shelley Lask, Personal Trainer
Kerry Beake, Nutritionist, Counsellor

