

# EATING DISORDERS AND ‘OBESITY’

Eating disorders are severe mental illnesses that have a high mortality rate<sup>1</sup> and are a leading cause of the non-fatal burden of disease among Australian women.<sup>2</sup> Eating disorders affect approximately 4% of Australians<sup>3</sup> and occur in people across the weight spectrum.<sup>4</sup> Anorexia nervosa is the most recognised diagnosis, affecting 3% of people with eating disorders.<sup>3</sup> However, the most common forms of eating disorder in Australia are bulimia nervosa (BN) (12%) and binge eating disorder (BED) (47%).<sup>3</sup> This position statement responds to an increasing trend in eating disorder treatment to focus on weight management for people living in larger bodies.

HAES Australia acknowledges standard medical definitions of eating disorders and “obesity” used in Australia. Eating disorders are diagnosed according to DSM-5 criteria.<sup>5</sup> “Obesity” is classified as a BMI over 30.<sup>6</sup> In Australia, “obesity” is defined as a risk factor that is associated with chronic diseases, and is not a disease or disorder in itself.<sup>5,6</sup> In this position statement, “obesity” is used only in reference to current research and policy discourses.

Weight bias compromises the treatment and recovery of people with eating disorders. Applying BMI criteria in the DSM-5<sup>5</sup> means that eating disorders often go undiagnosed among people at higher weights, despite evidence showing a higher prevalence of BED and BN among people of a higher BMI category.<sup>4,7,8</sup> Current evidence<sup>9</sup> regarding the concurrent treatment of eating disorders and “obesity” prioritises weight loss over eating disorder recovery, and the measurement of short-term outcomes does not reflect the cyclical nature of BED.

Adopting clinical practice guidelines for “obesity”<sup>6</sup> in eating disorder treatment reinforces the disordered cognitions that drive eating disorders (e.g. the overvaluation of weight and shape and fear of gaining weight), and encourages disordered behaviours, such as restrictive eating and compensatory behaviours.<sup>5</sup> “Obesity” guidelines recommend using lifestyle interventions to achieve modest weight loss, despite evidence that sustainable weight loss is near impossible for the majority of people.<sup>6</sup> Notably, behavioural weight-loss interventions have been shown to be ineffective in the long term, leading researchers to conclude that it is *“ethically questionable to claim that psychological treatments for obesity “work” in the absence of data on their longer-term outcome”*(p. 712).<sup>10</sup>

HAES Australia endorses a Health At Every Size® perspective as the most ethical, effective approach to address eating disorders and “obesity”. HAES Australia rejects the pathologising of higher body weights. **“Obesity” is a body size that reflects one aspect of human diversity, whereas eating disorders are severe mental illnesses that affect people of all shapes and sizes.** Therefore, eating disorder prevention, early identification, treatment, and recovery must be prioritised in individual health care, health services, and public health policy.

HAES Australia strongly supports the following health care practices and policies:

**Screening:**

- Eating disorder screening should be conducted with people across the weight spectrum who express weight concerns as well as those who seek weight-loss or weight-management services in clinical and research settings.
- If screening indicates a person is at risk or experiencing symptoms of eating disorder, they should be referred to appropriate specialist care for further assessment.

**Assessment:**

- A comprehensive biopsychosocial assessment that explores physical, psychological, behavioural, nutritional, occupational, and social factors is needed to ensure person-centred treatment. All physical assessments must be weight-neutral. Clinicians must be competent at recognising the signs of malnutrition, cardiovascular complications and nutritional deficiencies in smaller and larger bodies.

**Treatment:**

- Treatments for which eligibility is based on BMI without a comprehensive assessment are patently unethical, as are policies which delay active treatment provision until arbitrary weight criteria have been met.
- Safe eating disorder treatment is weight-neutral and trauma-informed. It focuses on treating eating disorder symptoms and behaviours and promoting long-term recovery.
- All clients should be offered current best practice treatments. In the absence of evidence, new treatments should be underpinned by ethical principles and established theories or models of care.
- Outcome measures should include reliable and valid measures of physical function, symptoms, and health behaviours, as well as personal recovery and quality of life. Anthropometric measurements, such as weight or BMI, are not recommended as primary measures of health or eating disorder recovery as they are not accurate measures of nutritional intake or eating behaviour.

**Public health:**

- Redirect funding for “obesity prevention” towards the prevention and treatment of eating disorders and chronic diseases.
- Use weight-neutral language in all universal public health messages and focus on promoting physical and mental health and social well-being for all people.
- Empower people by focusing on sustainable health behaviours.
- Take action on upstream social, cultural, political, and commercial determinants of health that perpetuate weight bias, stigma, and discrimination.

**Research:**

- Acknowledge weight bias and include measures of confounding variables when investigating the relationships between weight and health.
- Critically reflect on the purpose of weight or other anthropometric measures in research.
- Ensure people with a lived experience of eating disorder, in a range of body shapes and sizes, are involved at all levels of research in a meaningful way.

A list of clinicians, public health professionals, and researchers who follow HAES principles is listed at [www.HAESAustralia.org.au](http://www.HAESAustralia.org.au).

## **References**

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