

Enhancing conversations about eating, weight, and mental health: a starting point for Manitoba healthcare providers

Based on data from international research suggesting a 4-5% prevalence rate in North America, an estimated 53,000 to 67,000 people in Manitoba have symptoms sufficient for an eating disorder diagnosis. As clinicians, we strive to work in the best interests of our patients. While many of us have learned varying information about the connection between weight and health, patients have reported that receiving weight-normative or weight-centric healthcare can reduce their trust in a healthcare provider. That lack of trust can lead to ruptured patient relationships, missed appointments, and potentially worse health over time. Due to the physiological adaptations associated with dieting and weight loss that promote weight regain, long-term weight loss is not sustainable; weight loss focused goals can lead to weight cycling, body shame, and/or disordered eating. Instead of promoting weight loss, clinicians can collaborate with clients to address social determinants of health and focus on behaviour-oriented goals to improve the well-being of patients of all shapes and sizes.

Learn more:

- The [Women's Health Clinic](#) is a community clinic based in Winnipeg, offering a wide range of services for women, Two-Spirit, genderqueer, trans, and non-binary people. Programming includes: an adult eating disorders program for people of all genders, counselling, psychoeducation for parents, and prenatal workshops. To learn more about how to work with people affected with eating disorders, WHC offers workshops specific to healthcare providers. Contact them at: 204-947-2422 ext 137 to register!
- The [National Eating Disorder Information Centre](#) is a registered Canadian charity based out of the University Health Network in Toronto, ON. They offer a national toll-free telephone helpline and live chat service that's available to anyone across Canada, anonymously and confidentially, who might have questions about eating disorders - whether it's the person directly affected or loved ones or professionals supporting them.
- The [Health Sheet Library](#) was created to provide information and options for those who want, and those who give, evidence-based, weight-neutral care. There are tipsheets for: heart disease, high blood pressure, high cholesterol, hyperthyroidism, idiopathic intracranial hypertension, joint pain or replacement, non-alcoholic fatty liver disease, obstructive sleep apnea, osteoarthritis, polycystic ovarian syndrome, and type-2 diabetes.
- The July 2023 issue of the American Medical Association Journal of Ethics discussed ["How we over-rely on BMI"](#). The full issue might be helpful, with this [article](#) focused on caring for patients with eating disorders full of practical tips.



This resource aims to provide suggestions for clinicians on how to implement weight-inclusive language when talking about weight, disease management, and behavior changes with their adult patients. This resource draws on inspiration from a similar document created by the International Association of Eating Disorder Professionals in 2016. For communication strategies geared towards supporting adolescents and young adults with similar concerns, [see this open-access paper](#) from Canadian authors Yorke, Evans-Atkinson, and Katzman (2021).

Guideline	Instead of...	Try this!
<p>1. Do not comment on a patient’s appearance, even when intended as a compliment or expression of concern.</p>	<p>“You’ve lost weight, you look great!”</p> <p>“You’ve [lost/gained] a lot of weight since the last time I saw you.”</p>	<p>“I’m glad to see you.”</p> <p>“It’s been a while since our last visit. Have there been any big changes or updates?”</p>
<p>2. Catch assumptions you might have about a patient’s eating or lifestyle habits based off of their physical appearance and instead, get curious.</p>	<p>“Stop eating fast food and processed food.”</p> <p>“You probably make a lot of healthy food choices.”</p> <p>“Eat less, exercise more”</p>	<p>“Do you have any difficulties getting groceries? I know eating a variety of foods on a tight budget can be tough.”</p> <p>“Tell me more about your eating. How is your relationship with food? “</p> <p>“Tell me about your relationship with physical activity. Do you have any physical activity or movement goals? Many might look to exercise to change their body, but it’s important we have a balanced relationship with this, too!”</p>

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3. When there is a medical condition, address the condition in the same way for people of all sizes.

Weight changes should be presented as a side effect of illness or recovery, not the illness itself. Instead of focusing on weight as a health parameter, you can focus on direct symptoms and/or observations (e.g., changes in hemoglobin a1c, liver enzymes, iron levels, etc.)

“You need to lose weight to improve or treat this medical condition/concern”

“You have diabetes because of your body size.”

“You need to lose 5-10% of your body weight to manage [disease] or have [X] intervention.”

“This lab finding is a concern. Let’s talk about possible approaches and figure out how to proceed together.”

“Are you interested in learning some strategies that can be helpful for managing [this condition]?”

“There are many factors that can lead to someone developing diabetes. It’s not your fault. Stress - which might come from food insecurity or work pressures, to name just a couple of sources - can impact our blood sugar levels. Would you be open to exploring some community resources with me that could help with this?”

“It looks like this procedure we’re looking into has a specific weight cut-off. That’s unfortunate. Let’s talk through what we can do to get you access to this.”

4. Do not offer generic eating advice or bring your own eating or dieting topics into the conversation.

Encourage clients to add in health-promoting items rather than making the focus on the items you want them to take out.

“It’s great that you are avoiding sweets, they’re bad for you anyway.”

“Grapes are good for you, you should eat more of them.”

“If you’re trying to lose weight, just cut out carbs.”

“Have you tried intermittent fasting (or any other diet)? It has been working for me.”

“Instead of cutting something out... increasing the variety and diversity of foods we’re eating can contribute to our health and wellness. What’s something you would like to try adding in?”

“Do you have questions about certain foods or eating behaviours? There’s a community resource [e.g., [Dial-A-Dietitian](#)] I can share with you where you can learn more.”

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5. If you, your client, or client's loved one suspects an eating disorder, remember that eating disorders cannot be diagnosed based on the way someone looks.

Instead, get curious and learn more about what impacts they've been experiencing to their physical health and mental health.

"You don't look like you have an eating disorder."

"I wonder if you have [insert ED, e.g., binge eating disorder] based on your body size."

"Why won't you eat?"

"Why won't you just stop eating so much?"

"Thanks for trusting me with that. I know eating disorders don't discriminate and can affect anyone."

"I'm noticing some signs that I would like to explore further. Would you be open to me asking a few questions [that I have?] OR [from a [screening tool for disordered eating?](#)]"

"It sounds like eating has been a challenge lately. Can you tell me more about what's brought you here today?"

6. Weight loss medications are not currently recommended for those with disordered eating and eating disorders as it inhibits recovery from these conditions.

"There are medications that I can prescribe that can help you lose weight."

Before prescribing weight loss medication, [screen for an eating disorder](#).

Discuss all side effects of the medication with the client before prescribing and review side effects on a regular basis