

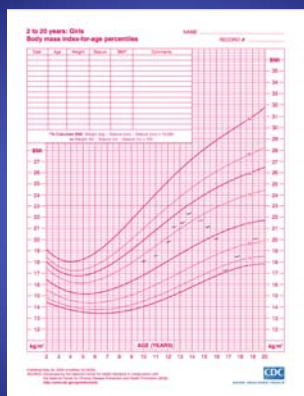
## ISSUES WITH BODY IMAGE, EATING DISORDERS AND DECISION-MAKING

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## OBJECTIVES

- Recognize the frequency of co-morbid eating disorders in obese adolescents
- Basic precepts of obesity management as related to eating disorder development
- Recognize the role of body dissatisfaction in obesity and eating disorder development

## DSM-V AND EATING DISORDERS

- Better recognition of EDs/FDs as spectrum
  - Anorexia nervosa
  - Bulimia nervosa
  - Binge-eating disorder
  - Avoidant/restrictive food intake disorder
  - Other specified ED/FD
    - Atypical anorexia nervosa
    - Bulimia (low/limited)
    - Binge-eating low/limited
    - Purging disorder

## OBESITY AND EATING DISORDERS

- Rising comorbidity
  - From 1995-2015
    - Obesity w/binge-eating: ↑ 7.3x
    - Obesity w/strict dieting or fasting: ↑ 11.5x
    - Obesity w/purging: no change

daLuz FO, Sainsbury A, Mannan H, et al. Int J Obes (Lond) 2017 (epub ahead of print)

## OBESITY AND EATING DISORDERS

- Rising comorbidity
  - Risk factors
    - Dieting
    - Depression
    - Weight/shape preoccupation
    - Perfectionism
      - Socially prescribed
      - Self-oriented

## BINGE EATING

- DSM V definition:
  - Large quantity of food over discrete time period
  - Sense of loss of control during episode
  - Binge eating episodes with 3 or more:
    - Rapid eating
    - Uncomfortably full
    - Large amounts of food when not hungry
    - Secretive eating/eating alone
    - Followed by disgust/depressed/very guilty

## BINGE EATING

- DSM V definition:
  - Marked distress regarding eating episodes
  - At least weekly x 3 months on average
  - No compensatory behavior and not associated with other eating disorders

## BINGE EATING

- Ask about “loss of control” during eating
- Treatment is multi-faceted
  - CBT
    - Family-based therapy
  - Consider SSRI
- Multiple resources on-line
  - Eating Disorders Association of Maine
    - [maineeatingdisorders.org](http://maineeatingdisorders.org)

## ISSUE AT HAND

“How do I encourage obese/overweight patients to pursue healthier weight without further increasing eating disorder risk?”

CLINICAL REPORT Guidance for the Clinician in Rendering Pediatric Care

American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

## Preventing Obesity and Eating Disorders in Adolescents

Neville H. Golden, MD, FAAP, Marcie Schneider, MD, FAAP, Christine Wood, MD, FAAP,  
COMMITTEE ON NUTRITION, COMMITTEE ON ADOLESCENCE, SECTION ON OBESITY

## KEY FACTORS TO ADDRESS

- Dieting
- Weight talk
- Weight teasing
- Family meals
- Body dissatisfaction

“I NEED TO GO ON A DIET”

## PATTERNS IN MAINE YOUTH

- 2007 Youth Risk Behavior Survey
  - 46% students trying to lose weight
    - 64% high school girls trying to lose weight
  - 4x as many girls believed they were overweight than actually were
  - Weight loss strategies included:
    - 10% fasting
    - 6% vomiting
    - 5% diet pills

## DIETING

- Project EAT study
  - Prospective/epidemiological study
  - 4746 middle- and high school students
    - Ethnic and economic diversity
  - Minneapolis/St. Paul
- Dieters after 5 years and controlled for baseline weight
  - 2x inc. risk for overweight/obesity
  - 1.5x inc. risk for binge eating

## DIETING

- Prospective cohort 14 and 15 yo
  - Dieting most important risk factor for eating d/o
    - “Severe” dieting
      - 12 months: 1 in 5 with new onset eating d/o
    - “Moderate” dieting
      - 12 months: 1 in 40 with new onset eating d/o
    - No dieting
      - 12 months: <1 in 500 with new onset eating d/o

Patton GC, Selzer R, Coffey C, et al. BMJ 318: 765, 1999

## BEST PRACTICE

- Family involvement in healthy lifestyle choices
  - Lifestyle modification
  - Supportive food environment
    - Family meals
    - Home-cooked meals
    - Less distracted meals
  - Decrease sedentary
  - Increase physical activity

“SHE’S GETTING A LITTLE  
CHUNKY”

## WEIGHT TALK

- Comments made by family members about
  - Patient weight
  - Own weight
  - Other people’s weight
- Linked to higher rates of
  - Overweight
  - Eating disorders/disordered eating

## WEIGHT TEASING

- Overweight adolescents experience weight teasing by family or peers
  - Females:
    - 40% early adolescent
    - 28% middle adolescent
  - Males:
    - 37% early adolescent
    - 29% middle adolescent

## WEIGHT TEASING

- Weight teasing by family members predicts
  - Girls
    - Overweight
      - Doubles risk over 5 years
    - Binge eating
    - Extreme weight control behaviors
  - Boys
    - Overweight

## BEST PRACTICE

- Educate families about impact of weight talk
  - Often done with good intention
- Families should limit discussions about weight and dieting
  - Patient
  - Others

## BEST PRACTICE

- Avoid comments about weight
  - Patient
  - Others
- Conversation needs focus on health/healthy habits
  - BMI/weight is a proxy for health
- Inquire about mistreatment or bullying

## “TIME FOR SUPPER”

## FAMILY MEALS

- Improves dietary intake
  - Models healthier food choice
  - Parent-child interaction
  - Parental monitoring of eating behavior
- Protective against eating disorders

## FAMILY MEALS

- Not all families are created equal
  - Project EAT examined family variables and relationship of family meals to disordered eating
    - Most family meals are protective
    - But there are exceptions....

Loth K, Wall M, Choi C, et al. Int J Eat Disord 48: 100-110, 2015.

## FAMILY MEALS: MITIGATING FACTORS

- Boys
  - Pressure-to-eat
  - Low enjoyment of family meals
- Girls
  - Family weight-teasing
  - High levels of weight talk
  - Poor overall family function

Loth K, Wall M, Choi C, et al. Int J Eat Disord 48: 100-110, 2015.

## BEST PRACTICE

- Higher frequency = higher protection
  - Aim for “most days” of the week
- Home-cooked is ideal
- Role model appropriate portion size
- Monitor content of conversation
- Toxic family environment decreases the benefit

“I HATE THE WAY I LOOK”

## BODY DISSATISFACTION

- High rates in teens overall
  - ~50% girls
  - ~25% boys
- Even higher in overweight teens
- Risk factor for
  - Eating d/o
  - Reduced physical activity (girls)

## BODY DISSATISFACTION

- Obesity onset <16 yo correlates with
  - Greater body dissatisfaction
    - Regardless of current BMI
  - Lower self-esteem
  - Higher BMI

Wardle J, Waller J, Fox E. Addictive Behav 27:561-73, 2002



## BODY DISSATISFACTION

- Comparison obese vs non-obese
  - Body dissatisfaction and self-esteem lower in
    - Girls than boys
    - Obese than normal weight
  - Depression higher in obese males than nl weight
    - No difference between obese and nl weight females

Mond J, Van den Berg P, Boutelle K, et al. J Adolesc Health 48(4): 2011

## BODY DISSATISFACTION

- Psychological effects of obesity when effects of body dissatisfaction mediated:
  - No apparent difference between obese and non-obese
    - Self-esteem
      - Male and female
    - Depression
      - Male

Mond J, Van den Berg P, Boutelle K, et al. J Adolesc Health 48(4): 2011

## BODY DISSATISFACTION

- Body shame appears to be a dominant factor in both obese and non-obese high school students
  - Vulnerability to disordered eating
  - Mediates relationship between low-self esteem and eating disorder risk

Iannaccone M, D'Olimpio F, Cella S, Cotrufo P. Eat Behav 21: 80-3, 2016.

## BODY SIZE ATTITUDES

- Attitudes toward body sizes are shaped by parental traits
  - Boys are particularly impacted by father's attitudes and behaviors
  - Girls are impacted by mother's attitudes and behaviors
    - Particularly dietary restraint

## BEST PRACTICE

- Do not leverage body dissatisfaction as motivator
- Prevention is far and away the best option
  - As early as possible
    - Before mid-adolescence
  - Many programs available for schools, teams, other social groups
- Cognitive behavioral therapy seems best option for individuals
- Aware impact of parental attitude and behavior

## TAKE HOME MESSAGES

- Consider pre-existing eating disorders in overweight/obese patients
- Encourage healthy lifestyle
- Family meals: more =better (usually)
- Encourage healthy lifestyle
- Avoid “weight talk”
- Encourage healthy lifestyle
- Don't use body dissatisfaction as weight loss motivator

And don't forget.... healthy lifestyle

THANK YOU