



#### **Ground Rules**



To help ensure everyone has the opportunity to gain the most from the live webinar, we ask that all participants consider the following ground rules:

- **Be respectful of other participants and panellists**. Behave as you would in a face-to-face activity.
- You may interact with each other and the panel by using the participant chat box. As a courtesy to other participants and the panel, keep your comments on topic. Please note that if you post your technical issues in the participant chat box you may not be responded to.

Audience tip: If you are having difficulties with the audio, please dial in on 1800 896 323 Passcode: 1264725328#.

### **Ground Rules cont.**



For help with your technical issues, click the Technical Support FAQ tab at the
top of the screen. If you still require support, call the Redback Help Desk on
1800 291 863. If there is a significant issue affecting all participants, you will
be alerted via an announcement.

Audience tip:
Click the Technical
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## **Learning Outcomes**



Through an exploration of obesity, the webinar will provide participants with the opportunity to:

- describe the general principles of a supportive environment for people with obesity who have poor mental health
- establish appropriate referral pathways to coordinate better services for people with obesity who have poor mental health
- identify challenges, tips and strategies for a collaborative response that offers people with obesity who have poor mental health, improved care.

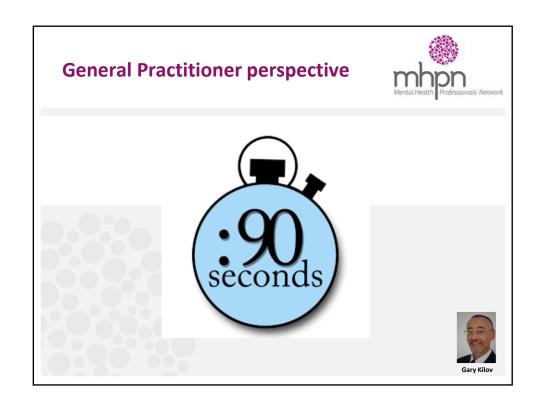
Audience tip:
The PowerPoint slideshow,
Natalie's story and
supporting resources can
be found in the Resources
Library tab at the bottom
right.

# **General Practitioner perspective**



# First consultation

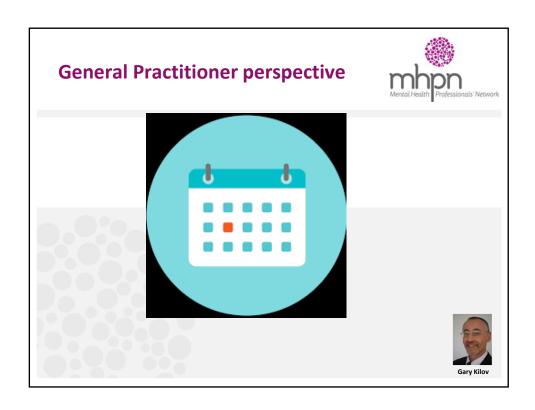














## Weight stigma, bias, & discrimination

- Creates a range of adverse outcomes (Kyle & Puhl, 2014)
- Is documented in health care professionals (Kyle & Puhl, 2014)
- Is generally HARMFUL for weight management behaviours
  - 1. Associated with dieting (Kong, et. al, 2013)
  - 2. Overeating (Major et. al, 2014)
  - 3. Avoidance of exercise (Vartanian & Novak, 2011)

#### **Activity – Implicit Associations Test**

http://www.uconnruddcenter.org





### Weight stigma, bias, & discrimination

- Simple recommendations for environment
  - Consider space, furniture, staff...









# **Psychologist perspective**



## Weight stigma, bias, & discrimination

Simple recommendations for language

• "People-first" language

Obese Person Vs Person who has obesity

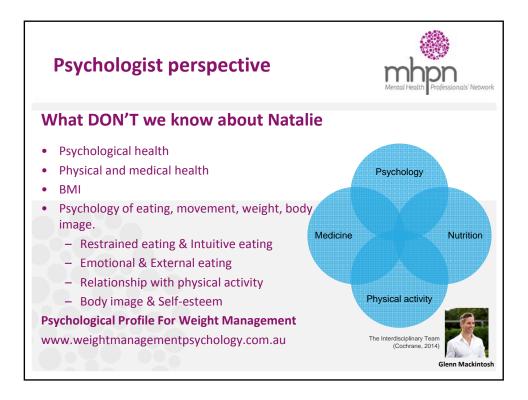
Non-judgmental language

Person who has obesity Vs Person above their most healthy weight

Weight-inclusive language

Person above their most healthy weight Vs Person looking to take care of their health







#### **Support options for Natalie**

#### **Contraindications**

- Dieting/Weight Loss
- Bariatric Surgery
- Pharmacological Intervention

#### **Potential support options**

- CBT + for body image and disordered eating (e.g., Mclean et. al., 2011)
- Non-Dieting / HAES ® (e.g., Bacon et. al., 2005)
- Social media declutter (e.g., Tiggerman & Zaccardo, 2015).





#### **Selected References**

- Bacon, L., Stern, J. S., & Van Loan et. al. (2005) Size acceptance and intuitive eating improve health for obese, female chronic dieters. Journal of the American Dietetic Association, 105, pp 929-936.
- Cochrane, A.J. (2014). A Multicomponent Multidisciplinary Approach to Obesity Management. PhD thesis.
- Kong, F., Zhang, Y., & You, Z. (2013) Body dissatisfaction and restrained eating: Mediating effects of self-esteem. Social Behaviour and Personality, 41 (7), 1165-1170.
- Kyle, T. K., & Puhl, R. M (2014) Putting people first in obesity. http://www.yaleruddcenter.org/archive/publications.aspx
- McLean, S. A., Paxton, S. J., & Werthheim, E. H., (2011) A body image and disordered eating intervention for women in midlife: A randomized controlled trial. Journal of Consulting and Clinical Psychology, 79(6), 751-758.
- Major, B., Hunger, JM., Bunyan, & Miller, CT. (2014) The ironic effects of weight stigma. Journal of Experiential and Social Psychology, 51, 74-80.
- Tiggerman, M, & Zacardo, M. (2015) "Exercise to be fit, not skinny": The effect of fitspiration imagery on women's body-image. Body Image, 15, 61 – 67.
- Vartanian, L. R., & Novak, S. A. (2011). Internalised societal attitudes moderate the impact of weight stigma on avoidance of exercise. Obesity, 19, 757 – 762.



## **Dietitian perspective**



#### Assessment

"What was your relationship with food, eating and your body like growing up?"

Paying attention to:

• Experiences of weight-based stigma

- Eating patterns
- Dieting patterns & behaviours
- Body image
- Weight history
- Weighing behaviour at home
- Family history MH, EDs, other
- Past experience with therapy/Dietitians etc.



## **Dietitian perspective**



### **Acknowledge & Explore**

- Mother chronic dieting/DE/ED?
- Housemate DE/ED?
- Strong narrative of "body as a problem to be fixed," limited opportunities to counter this belief

Focus on weight loss....or not? An important and tricky conversation!



## **Dietitian perspective**



#### **Priorities**

- Stabilise eating patterns
- Address restriction first (see below)
- Reduce frequency of weighing, counting
- Address "food rules" and "diet mentality"
- Build foundation of body trust through appetite awareness & nutritional self care

Restrictive eating

Binge eating

Fiona Sutherland

Natural eating

## **Dietitian perspective**



#### Moving forward....

- Other members of health team (who, where, ask permission to contact)
- Recommend an ED specialist therapist suitable for Natalie
- Offer option of group-based therapy RIPE Group (14 weeks, Hawthorn)

#### Summary...



# **Psychiatrist perspective**



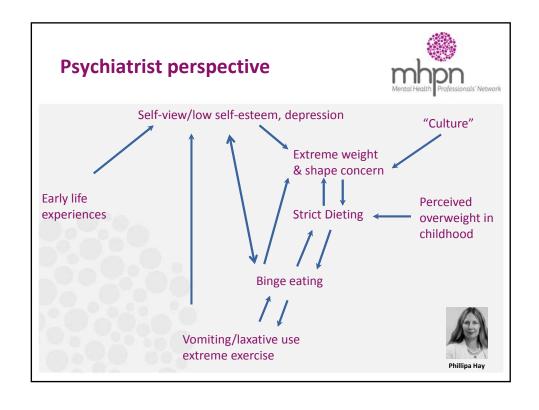
#### **Assessment**

- Confirm and clarify history and symptoms (as discussed):
  - Binge eating
  - Compensatory behaviours purging and non-purging
  - Overvaluation of weight/shape
  - Dietary intake
  - Weight current (examine & height), history, fluctuations

- Assess concomitant problems
  - Particularly mood and anxiety
  - Social anxiety
  - Interpersonal function
  - Medical ?metabolic syndrome, check biochemistry, cardiovascular risk
- Developmental narrative



# Psychiatrist perspective Review and personalise formulation with Natalie



# **Psychiatrist perspective**



## **Advise/discuss treatment**

- Explore stage of change
- Psychological therapies
  - Cognitive Behaviour Therapy
  - Behavioural weight loss
  - Integrated therapy : HAPIFED -
    - Aims to help people to sustain weight loss by reducing disordered eating, enhancing psychological wellbeing, and improving appetite regulation.
  - Others e.g. interpersonal psychotherapy
- Role of medications
  - Topiramate, antiobesity (orlistat), SSRIs
- (Role of Surgery)



Phillipa













**Q&A** session

## Thank you for your participation



- Please ensure you complete the feedback survey before you log out
- Click the Feedback Survey tab at the bottom of the screen to open the survey
- Certificates of Attendance for this webinar will be issued within four weeks
- Each participant will be sent a link to the online resources associated with this webinar within two weeks
- Our next webinar, Understanding the Impact of Veterans' Mental Health on their Families, will be held on Thursday 5th October 2017, 7.15-8.30 pm (AEDT).

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