

The ‘Health at Every Size’ approach to health: A critical review

Madison Darragh

This is the joint winning paper in the graduate category of the
Dr Elisabeth Feniak Award for Excellence in Technical Writing 2019
presented by the Canadian Home Economics Foundation.

Abstract

The focus on weight as a primary indicator of health causes psychological and physiological harm, and traditional weight-management strategies are unsustainable by most who engage in them. The ‘Health at Every Size’ (HAES) approach, which focuses on health rather than weight, has demonstrated better long-term sustainability and fewer harmful health effects; it also combats weight stigma. HAES research is still in its infancy and has limitations regarding the generalisability of its findings. However, preliminary results are promising, especially when compared to the weight-centric paradigm. In addition, HAES can be incorporated into public-health initiatives to generate more positive outcomes for both physical and mental health. Despite the need for expansion of HAES research, this critical review demonstrates that it is possible to achieve positive health outcomes without focusing on weight. At the very least, this approach has the potential to cause less harm than weight-focused alternatives. The HAES approach provides a promising new perspective that has the potential to impact the broader health field for the better.

Introduction

Traditional weight-management guidelines typically focus on reducing kilojoule intake and increasing exercising (Lau et al., 2007). However, these strategies have been shown to be ineffective in the long term, and to promote eventual weight regain and weight cycling—which involves repeated periods of weight loss and weight gain—both of which are associated with poor health outcomes (Mann et al., 2007; Ochner et al., 2013; Tylka et al., 2014). Traditional weight-management strategies also perpetuate weight stigma, which refers to negative weight-related attitudes and beliefs that manifest as

stereotypes, prejudice or discrimination towards those with higher weights (Puhl, Moss-Racusin et al., 2008). Weight stigma is associated with increased mortality and chronic disease risk, over and above initial weight (Tomiyama et al., 2018; Wu & Berry, 2018). For these reasons, traditional weight-management approaches often lead more to harm than to benefits.

In contrast, the Health at Every Size (HAES) approach focuses on health rather than weight. Bacon and Aphramor (2011) explain that the three pillars of HAES are:

- encouraging body acceptance, which involves embracing bodies as they are as opposed to trying to change them to fit a certain ideal weight or shape
- applying intuitive eating, which involves eating for pleasure and being aware of internal, bodily cues for eating, such as hunger and emotions
- supporting active embodiment, which is movement and exercise for the enjoyment that they bring rather than something done out of guilt or necessity.

Bacon and Aphramor (2011) argue that the scientific evidence supports a paradigm shift to a HAES approach. HAES interventions have been shown to improve psychological outcomes, physiological outcomes and behavioural outcomes (Ulian et al., 2018). The results are also typically sustained over longer periods of time in comparison to traditional weight-management methods (Bacon & Aphramor, 2011). Since HAES approaches focus on health rather than weight, they also help to minimise weight stigma and discrimination by removing weight from the health equation.

HAES interventions involve a paradigm shift in the way that we think about health and weight,

and, as has been noted, it is purported that these interventions can cause less harm and to do more good for a greater number of people than other approaches. This paper will discuss these issues by looking at traditional weight-management strategies in comparison to HAES methods, as well as some of the limitations of the HAES research. The paper will also consider how HAES can be applied in public-health interventions.

The question of long-term adherence

There is evidence that while kilojoule-restricted diets for weight loss may work in the short term, they do not work for most people in the long term (Mann et al., 2007). Kilojoule-restriction strategies promote eventual weight regain and weight cycling, both of which are associated with poor health outcomes (Mann et al., 2007; Tylka et al., 2014). Deliberate weight loss is associated with changes to physiological mechanisms that promote future weight regain, including long-term changes to adipose cellularity, endocrine function and energy metabolism (Ochner et al., 2013). In addition, statistics on weight regain likely underestimate the true figures because weight-loss studies typically have several methodological issues, including high dropout rates and short periods until follow-up (Mann et al., 2007). The human body is designed to adapt to changes in the environment and weight loss is no exception.

On the other hand, HAES approaches are more sustainable over the long term. They result in less attrition over the course of the study period, increases in physical activity, and improvements in both eating behaviours and mental-health outcomes. These positive changes have been found to have been sustained at long-term follow-up, as opposed to the results of kilojoule-restricted weight-loss interventions, which typically do not persist until long-term follow-up (Bacon et al., 2005; Provencher et al., 2009). The greater benefits of the HAES model at long-term follow-up have also been demonstrated recently in a Canadian context (Bégin et al., 2019). Although these types of long-term studies are in their infancy, they consistently record greater success over longer periods of time in terms of both health-behaviour changes and mental-health outcomes. Because these methods are more sustainable, it is more likely that they will lead to the accumulation of positive outcomes over time. Where kilojoule-restricted diets are associated with poor long-

term adherence, HAES approaches may be able to reverse that outcome.

The question of health outcomes

Kilojoule-restricted diets

Kilojoule-restricted diets can have negative impacts on health. For example, dieting at a young age has been associated with reduced bone-mineral accrual, which can adversely affect bone health later in life (Hohman et al., 2018).

Weight cycling

Starting dieting at a young age often takes individuals down a course that is hard to change. Once weight has been lost, it is very easily regained. As a result, a common outcome of intentional weight loss is weight cycling, which involves repeated periods of weight loss and weight gain. Weight cycling is associated with several metabolic and cardiovascular risk factors. These factors are apparent regardless of weight, as they also occur in normal-weight individuals who weight cycle (Montani et al., 2015). In the Framingham Heart Study, which used 32 years of follow-up data, weight cycling was associated with overall mortality, and also with morbidity and mortality from coronary heart disease (Lissner et al., 1991). Weight cycling also predisposes individuals to gain more weight, to binge eat more often and to participate in less physical activity, making it increasingly likely that their long-term health will suffer (Field et al., 2004). Not only has the predisposition to gain weight due to previous weight cycling been demonstrated even in elite athletes, but it also remains true when controlling for other health habits such as smoking and physical activity (Saarni et al., 2006). Unique harm appears to be caused by weight cycling, even for individuals who otherwise appear to be healthy.

Eating disorders

Additionally, apart from weight cycling, a subset of individuals who are put on kilojoule-restricted diets go on to develop clinical eating disorders (Fairburn et al., 2005). Kilojoule-restricted dieting is thought to be a contributing factor in the pathogenesis of bulimia nervosa (Brewerton et al., 2000) and it may play a role in many cases of binge-eating disorder too (Grilo & Masheb, 2000). The internalisation of the thin ideal body type has been identified as a risk factor for eating pathology (Stice, 2002). The group that is more susceptible to eating disorders and disordered eating is also at risk of harm when restrictive diets are prescribed and thinness is held up as an ideal.

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The HAES approach

By contrast, a review of randomised controlled trials that compared HAES approaches to conventional weight-loss treatments found that HAES methods showed significant improvements in physiological measures such as blood pressure and blood lipids, in health behaviours such as physical activity and eating-disorder pathology, and in psychosocial outcomes such as mood, self-esteem and body image (Bacon & Aphramor, 2011). Importantly, no adverse effects were found in any of the studies. Limitations of the studies include small sample sizes and a primary focus on Caucasian women. However, the results are remarkably consistent. A more recent systematic review of 14 studies also found similar improvements in diet quality, eating behaviours, wellbeing, body image and lipid profiles (Ulian et al., 2018). This review contained studies with similar limitations, however, amalgamating the results of many studies helps to build support for the HAES approach. The limitations will also be further discussed later in this paper.

In addition to the health benefits of HAES, the obesity paradox is a well-documented phenomenon where the overweight BMI (kg/m²) category is protective of longevity in comparison to the normal weight category and there is often no threat to longevity in the obese class I category (Orpana et al., 2010). Obese individuals living with various chronic diseases have also been shown to live longer than normal-weight individuals with these diseases (Bacon & Aphramor, 2011). Therefore, the long-term changes in health behaviours that are often seen with HAES interventions are more likely to lead to positive health outcomes than the changes brought about by purely weight-focused approaches. However, Penney and Kirk (2015) raise the question as to whether obesity should be framed as a disease in and of itself, or whether it should be viewed as a risk factor for many other medical conditions.

Finally, regarding the development of eating disorders, HAES approaches often decrease eating-disorder symptomatology as opposed to being a catalyst for these behaviours (Provencher et al., 2009).

For all these reasons, adopting HAES approaches has clear health benefits and, at the very least, no negative consequences result. This is in contrast with the probable risk of weight cycling and possible development of clinical eating disorders that may arise from prescription of kilojoule-restricted diets.

The question of stigma and discrimination

We are living in a time when weight discrimination is starting to exceed discrimination based on race or gender (Puhl, Andreyeva & Brownell, 2008). The large body of research on the harms of weight stigma provides evidence that cannot be ignored. Weight stigma is associated with many chronic health issues and with societal exclusion. Perceived weight stigma is associated with chronic increased cortisol levels that persist even after controlling for BMI and other confounders (Jackson et al., 2016). Weight stigma is associated with avoidance of medical care, further weight gain, risk of diabetes, inflammation, eating disturbances, depression, anxiety and poor self-esteem (Papadopoulos & Brennan, 2015; Sutin & Terracciano, 2013; Tomiyama et al., 2018; Wu & Berry, 2018). These factors often lead to social exclusion and worsening health for those who experience this type of discrimination. An intervention that focuses on weight-loss perpetuates the idea that those who are above average in weight should aspire to change. This only promotes weight discrimination.

Weight stigma also results in poor health behaviours, rather than increasing motivation for behavioural change. For example, a focus on the importance of physical appearance often results in overeating and eating more processed foods (Sutin et al., 2016). Weight stigma has also been linked to exercise avoidance (Papadopoulos & Brennan, 2015). Finally, discrimination based on weight leads to higher rates of alcohol and substance abuse, which further harm health (Tomiyama et al., 2018). Increasing numbers of large-scale reviews that demonstrate that weight stigma is harmful to both mental and physical health mean this issue cannot be ignored. These effects are also still apparent after controlling for BMI (Tomiyama et al., 2018). Additionally, research that claims to demonstrate a link between negative health outcomes and obesity rarely factors in weight stigma, which evidently leads to skewed results. Inescapably, weight stigma has a massive effect on health outcomes and so must be accounted for in high-quality research.

In comparison, HAES approaches can help to reduce weight stigma. HAES encourages body-size acceptance, which is associated with healthier eating behaviours and greater body appreciation (Augustus-Horvath & Tylka, 2011). It has also been shown that individuals exposed to HAES

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philosophy develop more positive relationships with food (Bombak, 2015). Those who immerse themselves in weight-inclusive communities describe benefits such as greater social support, health improvements and increased wellbeing (Dickins et al., 2011). The harm associated with perpetuating discrimination based on weight is evident and there appear to be benefits seen in individuals or communities where weight stigma is either reduced or eliminated entirely.

Limitations to the HAES approach

Some view HAES as a radical new approach to health and, therefore, it is not without its critics. Some limitations to the research are that many of the HAES studies used small sample sizes and/or were conducted primarily on Caucasian women, and/or were directed primarily at those below the class II obesity range. However, the results across the studies are remarkably consistent.

HAES studies related to men and non-Caucasian subjects

Unfortunately, there does not appear to be any studies for HAES interventions specifically using male or non-Caucasian samples, so more research is needed in order to ascertain the generalisability of results. Despite a need for further research, there is preliminary evidence that HAES approaches can still benefit groups other than Caucasian women. For example, one small pilot study conducted in Brazil (an incredibly diverse country) found beneficial outcomes that were consistent with other studies on both psychological and physiological measures (Ulian et al., 2015). However, this approach needs to be tested on more heterogeneous populations.

In a study that included a large number of men and focussed on weight stigma and its effect on long-term cortisol levels, results did not differ by sex (Jackson et al., 2016). This can also lead us to hypothesise that the negative consequences of weight stigma impact the physiology of both men and women, and so both sexes stand to benefit from approaches that reduce this type of discrimination.

HAES studies related to class II obesity subjects

Another limitation is that many of the HAES studies primarily examined individuals in the overweight and class I obesity range rather than those who were in the class II obesity range and higher. Although studies conducted on the

higher obesity ranges are rare, some have found improvements in psychological function and eating behaviours with HAES interventions amongst these higher-weight individuals (Borkoles et al., 2015; Tanco et al., 1998), therefore, these individuals do still appear to benefit from the HAES approach. However, more studies are needed to expand on this research and to examine physiological measures in this group. Penney and Kirk (2015) add that the current debate lacks consideration of whether the HAES approach is appropriate for individuals living with class II and III obesity, for whom modest weight reduction could result in important health benefits.

HAES and environmental approaches

Concerns about the impact of the current obesogenic environment on health have been well aired, with many governments taking proactive measures to improve the environment by, for example, taxing sugary drinks and introducing food labelling to indicate to the consumer the nutritional content of the food. Nevertheless, the obesogenic environment prevails. Some researchers—see, for example, Penney and Kirk (2015)—question whether the HAES approach, which relies on applying intuitive eating such as eating for pleasure and being aware of internal, bodily cues for eating, is an appropriate public-health approach given the current obesogenic environment.

Indeed, an examination of the food environment is important to support public-health initiatives. Access, affordability and availability of healthy foods are important to consider for the improvement of population-health outcomes (Ahern et al., 2011; Minaker et al., 2013). Genetic and environmental factors often outweigh voluntary lifestyle choices in their effects on weight (Silventoinen et al., 2010). A focus on HAES interventions may lead to important environmental factors being overlooked.

On the other side of the argument, some have claimed that the evidence that altering environments will lead to changes in population rates of obesity is weak and often inconsistent (Bombak, 2014; Casazza et al., 2013). Others have argued that viewing the obesogenic environment as a primary health issue may mask gender, race and socioeconomic inequities by homogenising areas based on the food environment (Cossrow & Falkner, 2004; Kanter & Caballero, 2012; Newton et al., 2017). In addition, the focus

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on the obesogenic environment perpetuates weight stigma, which is ultimately harmful to health and wellbeing for all the reasons previously discussed. Finally, individuals claim to prefer health messages that promote healthy behaviours without reference to weight, and weight-stigmatising public-health messages are rated more negatively and are less likely to inspire behavioural change than those that do not mention weight (Puhl et al., 2013). The public may be more likely to embrace HAES approaches. The impact of the environment is nuanced and must be considered carefully.

In a scoping review of the unintended harms of public-health initiatives, obesity-related efforts were found to be harmful due to being based on poor-quality evidence, their focus on preventing one extreme outcome at the expense of another extreme outcome, their lack of community engagement, and their ignorance of the root cause of the problem (Allen-Scott et al., 2014). Therefore, it may be less harmful and more effective for environmentally based interventions to also adopt a HAES perspective and to focus on overall health rather than primarily on weight loss as an outcome. As an example, one study found that mortality rates and diabetes rates were associated with areas that had lower access to grocery stores and greater access to fast-food restaurants, whereas obesity rates were not associated with these factors (Ahern et al., 2011). This is just one illustration of how focusing on obesity as a proxy for health can skew results and lead researchers to draw false conclusions. Instead, a focus on health over weight can lead to the development of more effective public-health interventions.

Conclusion

Traditional weight-management strategies are an unsustainable part of the food system. Their perpetuation of weight as a focal indicator for health is causing both psychological and physiological harm. The HAES approach has demonstrated better long-term sustainability, positive health benefits and reduced weight stigma. The HAES research is relatively new and so is not without its limitations; primarily limits to the generalisability of findings. However, preliminary results are promising, especially in comparison to the alternative weight-focused paradigm. In addition, HAES is not mutually exclusive to environmental public-health interventions. Indeed, it seems likely that HAES can be incorporated into future initiatives to generate more positive outcomes for both physical and mental health. Despite the need

for expansion of the HAES research, this critical review demonstrates that it is possible to achieve positive health outcomes without a focus on weight. The HAES approach also clearly imparts less harm on those who embrace the philosophy than traditional weight-loss methods do. The HAES approach provides a promising new perspective that has the potential to drastically impact the health field for the better.

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