

Eating disorder specialists not immune to weight bias

By Kathryn Doyle

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NEW YORK (Reuters Health) - Even some mental health professionals that treat eating disorders harbor prejudice against the obese, a new study suggests.

"Weight bias has been documented among different groups of health providers like doctors, nurses and medical students, so there is no reason to expect that professionals who treat eating disorders would be immune to the same bias," lead researcher Rebecca Puhl of the Rudd Center for Food Policy and Obesity at Yale University in New Haven, Connecticut, said.

Bias against excess weight is considered socially acceptable and is rarely challenged, she said.

Since therapists who treat patients with eating disorders likely see people who have been bullied or victimized for their weight, bias in the therapist could be especially damaging and could hinder treatment, Puhl told Reuters Health.

Close to 4 percent of girls and women have an eating disorder - including anorexia, bulimia or binge eating disorder - at some point in their life, according to the National Institute of Mental Health. Among boys and men, the rate is a bit under 2 percent.

For the new study, more than 300 professionals that treat eating disorders completed anonymous online questionnaires. The surveys assessed explicit weight bias and attitudes toward treating obese patients.

Half of the professionals reported hearing other people in their field make negative comments about obese patients. Another 42 percent believed providers that treat eating disorders often have negative stereotypes about obese patients, according to findings published in the International Journal of Eating Disorders.

In addition, 42 percent of respondents believed obese patients weren't motivated to improve their diets and 64 percent believed these patients were not following treatment recommendations, Puhl said.

Weight bias can lead to doctors communicating in a condescending tone and making inaccurate assumptions about a patient's abilities or struggles, Puhl said. It can also influence how much time or effort doctors or therapists spend trying to help a patient.

Biases like these can be conveyed in subtle, often nonverbal ways, like interacting with less warmth and fewer smiles, said Janice Sabin of the University of Washington in Seattle, who has studied weight bias among doctors but didn't participate in the new research.

Patients seeing a professional with weight bias may start to feel ashamed and stop seeking treatment, or feel depressed or anxious, which can impair treatment, Puhl said.

She said people can look to a trusted friend or family member for support and seek out a therapist who doesn't make them uncomfortable.

"Patients should avoid seeking treatment from therapists who may hold prejudice against people with obesity," Angelina Sutin, who studies psychological well-being at Florida State University College of Medicine in Tallahassee, said.

"Fortunately, many therapists are competent professionals that can provide quality care," Sutin, who wasn't involved in the new research, told Reuters Health.

"If possible, talk to any friends, acquaintances, or any other contacts about the proposed provider," she said. "A good recommendation can go a long way."

Sabin said that for patients, being honest and "letting a provider know when they are feeling negative attitudes from the provider" can also be helpful.

For professionals, the researchers agreed just being aware of these biases is the most important step. Some suggested institutions could offer sensitivity or empathy training programs as continuing education for health professionals.

"Weight bias is a significant public health issue, and it impairs our ability to effectively prevent and treat obesity and eating disorders," Puhl said.

"In many health domains, weight bias just isn't on the radar. That needs to change."

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