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Obesity and Eating Disorders: Seeking Common Ground to Promote Health

*A national meeting of researchers,
practitioners, and policy makers*

**November, 2007
Calgary, Alberta, Canada**

Final Report

please see

www.obesityandeatingdisordersymposium.ca

for additional documents

"When minds meet, they don't just exchange facts: they transform them, reshape them, draw different implications from them, and engage in new trains of thought."

– Theodore Zeldin

CIHR Project Title: Eating Disorders, obesity, patients, and population: Promoting integration through a national meeting of researchers, practitioners, and policymakers in Canada.

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Main Messages

Policy

- ☞ Despite a lack of strong evidence supporting effective treatment or prevention strategies in the area of obesity, primary health care practitioners and stakeholders in government feel a pressing need to move towards finding a solution to the growing epidemic of obesity, in general, and childhood obesity in particular.
- ☞ Provincial and national guidelines are being rolled out, yet concerns prevail about the dearth of training offered to practitioners and educators to help them understand the complexities of weight issues and the potential for children and families to misinterpret individual and population-level health messages related to weight, food and body image.
- ☞ Tensions exist between the fields of eating disorders and obesity in terms of shared versus distinct etiology and appropriate strategies for treatment and prevention, resulting in conflicting messages being delivered to the public. Until now, there has been little communication between the two fields in either research or practice.

Research

- ☞ In terms of prevention, there is an urgent need to fill an important gap in the literature, namely, knowledge of the shared risk and protective factors for obesity and eating disorders. Research on risk and protective factors can help inform the development of age-appropriate prevention strategies that can simultaneously help reduce both overweight/obesity and disordered eating/eating disorders. At a minimum, outcome based studies in the area of obesity prevention should include in their battery of outcome measures various risk factor indices associated with eating disorders (body dissatisfaction, weight-based teasing, restrictive dieting), and vice versa, to track the occurrence of unintended yet harmful consequences brought on by these interventions.
- ☞ In terms of treatment, theoretically-driven research has shed light on ways to improve health outcomes and quality of life among those suffering from eating disorders and weight-related disorders. Some approaches e.g. motivational enhancement, readiness to change, family-based treatment have been found to be promising in the treatment of eating disorders and may have utility in overweight/obesity treatment.

Health Services

- ☞ A multi-disciplinary approach to prevention and treatment is warranted for both eating disorders and overweight/obesity. In comparison to eating disorders, there is a dearth of evidence based models of treatment in the area of obesity. Given the urgency to respond to this serious health issue, a “first do not harm” approach is recommended. Lessons learned from the treatment of eating disorders include a focus on motivation and readiness to change, attention to mental health as well as nutritional and medical rehabilitation, and an emphasis on family support and family involvement in treatment.

Health Outcomes

- ☞ Finding effective ways to prevent or treat overweight/obesity and eating disorders has the potential to improve the health and wellbeing of children, youth and their families. Failure to resolve the competing agendas that currently exist between these two fields will not only confuse the public but may exacerbate the problem facing each of these significant and life-threatening public health issues.

Executive Summary

Background

Both obesity and eating disorders (EDs) are serious public health issues in Canada and in other developed countries. There are common factors relevant to the study (and prevention) of overweight/obesity and EDs, yet little communication exists between the two fields. Moreover, prevention activities for overweight/obesity and for EDs sometimes have competing agendas. A two-day national symposium aimed at bridging silos among researchers, clinicians and policy makers from both fields was held in November, 2007 (funded by the Canadian Institutes of Health Research-Institutes of Nutrition, Metabolism and Diabetes, and Population and Public Health Sciences). Starting with a team of investigators from across Canada (Sick Kids, U of Calgary, U of Alberta and McGill University) together with internationally-known speakers from diverse professional backgrounds whose research and clinical work span the treatment and prevention of overweight/obesity and/or EDs (from both the individual and population based perspectives), discussions were held with 108 delegates who varied in expertise (researchers, clinicians, policy-makers), field of study, geographical location, years of practice (ranging from those new to the field through to those with over 25 years work-related experience), and professional background. A sub-group of Day 1 participants (N=43), pre-selected by the team of investigators, were invited to attend a second day of small group discussions following the full day of presentations. This was intended to provide opportunities for networking, provincial comparisons, knowledge exchange and linkages between stakeholders in research, practice and policy.

Strategic Planning

Extensive decision-making and brainstorming went into the planning of both the layout as well as the content of the 2-day symposium. Specific strategies were used to select the team of investigators, the planning committee members, the speakers, the topics, the delegates, the documents prepared in advance, and the opportunities for dialogue, exchange and networking for both Day 1 and Day 2 activities. These strategies were driven by a desire to foster a balanced approach to help stimulate frank discussions about the current tensions between the two fields and to establish a comfortable climate for the exchange of knowledge and ideas, even among stakeholders whose approaches/philosophies might align with those at the extreme ends of their fields.

Knowledge translation tools created in advance of the symposium included a Discussion Document outlining relevant literature in the areas of treatment and prevention for both obesity and EDs (and areas that required further debate), a website outlining key experts in the field, and a montage demonstrating the complexities of weight and the factors that influence it.

Themes discussed:

- ❖ Overall, the discussions permitted the delegates to learn, first hand, about each other's areas of expertise as well as differences in opinions about the etiology of obesity and ED and the various options for, and philosophies underlying, treatment and prevention. There was a sense that clinicians and researchers working in the area of EDs were more experienced than those working in obesity in the delivery of mental health interventions

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and that this expertise could be shared across the two fields. Experts in the area of obesity acknowledged that medical practitioners are not very skilled at treating obesity, particularly using methods that have been deemed helpful in the treatment of EDs, but that they feel a sense of urgency to attend to the obesity epidemic.

- ❖ Throughout the discussions, there was an exchange about lessons learned within the field of EDs. It was acknowledged that, historically, in the field of EDs there had been an over-emphasis placed on weight restoration in the absence of emotional/psychological or family support and that this had compromised the maintenance of any short term success. It was also acknowledged that experts within the field of EDs had differing opinions about etiological factors and did not agree as a whole on where to place emphasis in terms of prevention or treatment (medical models of care versus more sociocultural/feminist models, versus more ecological models of care). Having said that, there was consensus about the importance of attending to nutritional and medical rehabilitation (and weight restoration, if need be) among those whose health was compromised by their ED. There was also consensus about the importance of adopting a non-dieting approach to eating to achieve and maintain a healthy recovery.
- ❖ Concern was expressed by those who specialize in the prevention of EDs that unintended harmful consequences were occurring as a result of overweight/obesity prevention initiatives, particularly those delivered in schools (e.g., over-emphasis on weight or group weigh-ins which can trigger fat prejudice, weight-based teasing, or the ostracizing of larger children; children adopting the healthy eating messages in extreme ways and consequently losing weight beyond what is optimal for their growth or development).
- ❖ There was group consensus that the participants would benefit from learning more about each other's fields of research in particular the findings that support/underlie interventions already underway or guidelines that have already been developed and shared across Canada. A suggestion was made to host a conference where such research findings could be presented.
- ❖ There was consensus that the integration between obesity and EDs might be more possible at the prevention than at the treatment level (population level approaches). There was partial agreement that body dissatisfaction could be considered a common outcome variable for prevention initiatives in both fields.
- ❖ There was agreement about the existence of gaps in the research literature and the need to address these in a timely fashion e.g., shared risk factors for obesity and EDs, environmental approaches to prevention.

Additional issues raised during the Question and Answer Periods were:

- ❖ Why are the current/existing treatments for obesity not working? Do we need to think outside of a "one size fits all" model of care? Should we be collecting information at baseline of treatment to help determine predictors of drop out? Can obesity be interpreted as being on the same spectrum as EDs, and therefore, be treated in a similar fashion (e.g., consideration given to motivation and readiness for change models of assessment and care).
- ❖ There is a shortage of general practitioners overall – so if clients seeking treatment for obesity do not have access to a physician on the multi-disciplinary treatment team they might not get the medical care they need. It was also mentioned that physicians have a

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poor track record in partnering with other disciplines. This issue was faced in the 1980s in the field of brain injury.

- ❖ There seems to be weight bias among those working in the area of obesity – is this similar in the area of EDs? The importance and need for professional training for educators, clinicians and other front line workers to help raise awareness about weight bias and its influence on teaching/treatment practices was raised.
- ❖ There is a need to consider cultural values of food (symbolic value of food) in our treatment approaches.
- ❖ In the area of EDs, there have been discussions about the broader social context in which we live in and how this influences body image, and eating behaviour.
- ❖ There was consensus that BMI cut-offs were relevant for population-level analyses of obesity but not appropriate for individual analysis. The link between health and weight was questioned in terms of who is at risk.
- ❖ In terms of population level perspectives, a question was raised about where people fit in who have disabilities or mental illness? How are their needs met?
- ❖ There was concern expressed about the corporatizing of physical activity.

Evaluation

Overall, the symposium participants' satisfaction ratings were very high both in terms of the layout and the content of the event. A majority reported that they learned something new, that the content was appropriate for their level of knowledge, that they would apply what they learned at their job, and that the content was balanced in perspective. A majority also reported that the symposium served as a good networking opportunity and that it was worthwhile for them to attend.

Dissemination, knowledge translation and future networking

Documents were prepared by the team and disseminated to the symposium participants before, during, and following the symposium. These included a discussion document, proceedings of the two days, a montage, and the speakers' slides. Delegates expressed enthusiasm to share the symposium documents with colleagues from their respective organizations. Additional impact gained from the symposium was: (a) the initiation of a collaborative research endeavor between two participants of the symposium; one researcher from Canada (U of Alberta) who specializes in the prevention of childhood obesity and another researcher from the United States (Harvard School of Public Health) who specializes in the prevention of ED and obesity, (b) an article published in the January 2008 issue of the *Dietitians of Canada* written by one of the symposium participants on the topic of preventing obesity and disordered eating in youth: *Is an integrated approach needed?*, (c) the submission and acceptance of an abstract to present findings on the outcome of the symposium at the Canadian Health Services and Policy Research Annual Conference (May 27, 2008) involving investigators and a senior policy analyst as co-presenters, (d) an invitation to the Calgary symposium participants to continue the debate at an upcoming symposium on the prevention of disordered eating hosted by the Community Health Systems Resource Group at Sick Kids in Toronto on May 21, 2008, (e) a mentoring opportunity for graduate students (and candidates for graduate school) who attended the symposium in terms of liaising with experts in the field both within and outside of Canada and learning about gaps in the literature that require further study, and finally (f) media coverage of the event to the local and national public (Global TV and CBC Radio).