Combating Weight Bias

As eating disorders professionals know all too well, today’s society is immersed in diet culture and unrealistic body ideals. Given pervasive emphasis on body size, people in larger bodies often face weight bias – defined as negative social, cultural, and interpersonal beliefs about people based on the size of their bodies.

Internalized weight bias – combined with the macro- and microaggressions regularly faced by people in larger bodies – can contribute to the development of health conditions such as anxiety, depression, post-traumatic stress disorder (PTSD), and eating disorders.

“The daily stress of living in a body that doesn’t meet society’s biased standards can have wide-ranging effects,” says Rebecca Boswell, PhD, Supervising Psychologist at Penn Medicine Princeton Center for Eating Disorders. “It’s interesting that people praise others for physical changes that may be dangerous, such as significant weight loss. In trying to meet these ideals, many people in larger bodies – and bodies of all sizes – are malnourished due to dangerous dieting behaviors.”

Along these lines, a misconception exists that body size is controllable. Dr. Boswell points out that this misses the science of what influences body size, including the many genetic and biological processes that contribute to an individual’s natural weight, or set point, where the body is functioning exactly as it should. In fact, the body’s physiological adaptations to dieting may defy weight loss efforts in the long-term.

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An Emphasis on Behavior

Weight bias likely exists in the assessment and diagnostic process for eating disorders, according to Dr. Boswell. For example, she notes that placing an emphasis on body mass index (BMI) may obscure important health indicators such as heart function, muscle mass, lab work, medical history, and health behaviors.

As the field of eating disorders treatment evolves, Dr. Boswell recommends that providers focus more on behaviors such as restricting, binging, purging, and excessive exercise than on body size or weight.

“When someone loses a significant amount of weight quickly, treatment recommendations are to restore weight to the point where the body reaches an equilibrium and can function as it should,” explains Dr. Boswell. “Our ultimate goal is to reach that natural set point that’s best for each person rather than relying on arbitrary standards for populations, like BMI.”

To help combat weight bias, Princeton Center for Eating Disorders has resources like body image and advocacy groups that assist patients in embracing self-compassion and identifying effective strategies for discussing sociocultural factors that contribute to eating disorders.

Understanding Intersectionality

Historically, treatment hasn’t been culturally adapted to understand the intersection between race, gender, and body size — and research shows an additive effect of stress-related illness when people are faced with multiple bias stressors.

“For example, women of color in larger bodies are often targeted with more severe and frequent weight-based discrimination,” says Dr. Boswell. “We’re working to acknowledge this intersectionality, provide sociocultural context to treatment, and validate concerns to help people feel more empowered and understood.”

“Despite at-times overwhelming cultural forces, we’re working as eating disorders treatment providers to advocate for changing biased beliefs and policies,” she adds. “Little by little, we’re building a sense of advocacy for those facing bias in our clinics and communities.”

5 Tips for Combatting Weight Bias

For health care providers, one of the first steps to combating weight bias is to examine your own perceptions about body size to ensure the creation of a safe, inclusive space for the appropriate care of all patients. Dr. Boswell provides the following tips for embracing size inclusivity.

1. Explore the resources of the Association for Size Diversity and Health at asdah.org.

2. Read books about weight bias, such as “Fearing the Black Body: The Racial Origins of Fat Phobia” by Sabrina Strings, PhD, who keynoted the Academy for Eating Disorders’ International Conference on Eating Disorders in 2022.

3. Ensure that your office has comfortable furniture for patients of all sizes, medical equipment that fits all bodies, and artwork with inclusive images.

4. Consider weight as a vital sign that is only discussed in ways that are relevant to treatment.

5. Follow a patient’s lead in using non-stigmatizing language in any descriptive language about their bodies.
Exploring the Role of THIAMIN in Eating Disorders

In 2020, the American Society for Parenteral and Enteral Nutrition (ASPEN) updated its consensus recommendations for refeeding syndrome, a range of metabolic and electrolyte imbalances that can occur during the process of reintroducing food after malnourishment or starvation. These recommendations for addressing malnourishment include cautious initiation of calories and supplementation with thiamin. And while thiamin deficiency and supplementation are described in malnutrition, they are not formally addressed in protocols for patients with eating disorders.

It’s a concept that Clinical Dietitian Hannah Posluszny, MSPH, RDN has been actively exploring since recently joining the Princeton Center for Eating Disorders team.

Thiamin, or vitamin B1, has a vital role in the growth and function of cells. Needed daily, this nutrient is naturally found in whole grain products, meat, fish, beans, and certain vegetables. It’s also added to products like breads, cereals, and baby formulas.

A lack of thiamin can lead to a condition called Beriberi – which can also be a complication of refeeding syndrome. Beriberi has two types: wet Beriberi, affecting the cardiovascular system, and dry Beriberi, affecting the nervous system. Both can have serious complications. To complicate matters, blood testing for thiamin is not always accurate.

Reviewing the Research

With the help of Princeton University pre-med student Annie Robinson as part of the Princeton Center for Eating Disorders Clinical Research Program, Posluszny conducted a literature review that included case studies and retrospective chart reviews relating to thiamin and eating disorders. She is currently developing a review article to be submitted for publication as a summary of this research, which includes cases where patients took thiamin supplements to prevent refeeding syndrome or treat its early stages.

The larger question still looms: should thiamin supplementation be incorporated into certain eating disorder protocols in some way? And, based on accuracy challenges in testing for thiamin levels, should it be given proactively?

"Thiamin is relatively inexpensive and is water soluble, so it does not have the potential for harm," explains Posluszny, who earned her master’s degree at Johns Hopkins School of Public Health and her RDN at The Johns Hopkins Hospital, where providers were attentive to thiamin considerations for malnourished patients.

"If ASPEN has guidelines for thiamin use in patients who are malnourished, it seems that it could be a beneficial addition to the electrolyte mix to help prevent thiamin deficiency and refeeding syndrome complications in patients with eating disorders," she adds. "In the meantime, we’re digging deeper to determine if and how it might play a role in inpatient treatment."
Interested in arranging a presentation with one of our experts? Contact Cassie Carlino at 609.423.3171 or cassie.carlino@pennmedicine.upenn.edu.

Recent International Presentations

**Multidisciplinary Treatment for Severe and Enduring Anorexia Nervosa (SE-AN)**
Rebecca Boswell, PhD, Supervising Psychologist, Jenna Deinzer, RD, Lead Senior Nutrition Therapist, and Robbi Alexander, PhD, APN, PMHCNS-BC, Director
iaedp™ Symposium 2023
February 2023, Palm Desert, CA

**A Lesson in Cultural Humility: Examining Best Practices of Inclusive Care for Gender-Diverse Patients**
Corinne Timberman, RN, BSN, PMHRN-BC, Assistant Nurse Manager, and nurse Amber Molineaux, RN, BSN, PMHRN-BC
48th Annual Conference of the Transcultural Nursing Society
November 2022, Louisville, KY

Additional Recent Presentations

**Adolescents and Eating Disorders: Disentangling Fact from Fiction**
with Alison Locklear, LCSW, for the Ocean County Children’s Inter-Agency Coordinating Counsel Liaisons

**Eating Disorders, Health Disparities, and the LGBTQ Community** with Maggie Moran, MSW, LCSW, for the Tree of Addiction 9th Annual Alcohol, Tobacco, and Other Drug Conference

**Happy Mind, Healthy Body** with Michaela Kornberg, LCSW, LCADC, for the Princeton Health Wellness Conference

Dr. Boswell has also presented to clinical, leadership, student, and lay audiences on topics including *Introduction to Gender Expression and Identity, Weight Bias and Eating Disorders, Ordinary Magic: Fostering Resilience Through Trauma-Informed Care, and Trauma-Informed Care for the LGBTQIA+ Community.*
Celebrating a 45-Year Career

Princeton Center for Eating Disorders Unit Secretary Darlene Tucker retired recently after 45 years of service at what is now Penn Medicine Princeton Medical Center. She began her career as a nursing assistant in pediatrics before transferring to her role in the eating disorders unit.

“I love taking care of people, and the team here has been like family to me,” says Tucker, who looks forward to spending time with her first grandchild. “I’ve seen countless patients come in so sick and leave with a different attitude on life, and that’s given me so much joy.”

Dr. Boswell Receives YWCA Honor

Supervising Psychologist Rebecca Boswell, PhD was honored by YWCA Princeton with a 2023 Tribute to Women Award for her scholarship and advocacy for inclusive care. Established in 1984, these awards place emphasis on celebrating professionals, volunteers, and activists who demonstrate commitment to promoting equity and supporting underserved or marginalized communities. Their purpose is to highlight the impact and contributions of those advancing the YWCA mission of eliminating racism and empowering women, as well as the various ways the mission can be embodied. The Tribute to Women Awards were presented on March 31, 2023 at the Hyatt Regency Princeton.

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Eating Disorders Team Earns Cultural Humility Award

In 2022, the Penn Medicine Experience (PMX) team launched a Cultural Humility campaign to emphasize how approaching every interaction with an open mind and equal respect for different backgrounds and points of view positively contributes to patient outcomes and the work environment. During PMX Week last fall, Penn Medicine Princeton Health held an awards ceremony honoring those who exemplify this theme – including the Princeton Center for Eating Disorders team, who earned the Cultural Humility Team Award, and Supervising Psychologist Rebecca Boswell, PhD, who received the Cultural Humility Leadership Award.

The nomination for the team award described how this strong group of skilled professionals goes beyond exceptional day-to-day care to develop creative interventions. These efforts have included psychoeducation groups aimed at engendering hope, a three-part series on gender-affirming care, a research study on best practices in the treatment of severe and enduring anorexia nervosa, and a variety of presentations on topics that underscore cultural humility.
Support from the community has enabled patients at Princeton Center for Eating Disorders to engage in art therapy with fresh, new art supplies. This expressive form of psychotherapy provides the opportunity to practice mindfulness, access non-verbal areas of the brain, and challenge perfectionism. Art therapy is beneficial in helping people process trauma.

Firmenich Inc., headquartered near Penn Medicine Princeton Medical Center, has been a valuable partner over the years in providing support in areas of need. Recently, the company’s employees coordinated an art supply drive to benefit patients at Princeton Center for Eating Disorders, Princeton House Behavioral Health, and Princeton Medical Center’s pediatric unit. The Firmenich Foundation also provided a grant of $5,000 to use for additional art supplies across these areas.

An art supply drive for Princeton Center for Eating Disorders patients was also coordinated by students in the South Brunswick High School’s Help for Health group of the Viking Volunteers Club, which aims to have a meaningful impact on the community through outreach and volunteerism.

For both drives, Allied Clinical Therapist Shea Andrews, MS, LAC incorporated patient input in the development of the supply list. Donations have included materials ranging from markers and pencils to stamps and crafting items. They’ve been used for projects such as creating art from inspirational quotes, collages that explore identity, and pieces that relate to coping skills.

“The patients were grateful and excited to have new supplies,” says Andrews. “It’s great to have a wide range of materials that they can use to express themselves.”

“We’re so thankful to our surrounding community for their involvement in initiatives like these,” adds Brannan Berman, Associate Director of Development for Princeton Medical Center Foundation. “They’re helping to ensure that we have all the resources we need to provide holistic care for patients.”