

## Addressing weight stigma

2019 will be marked by a new *Lancet* initiative on nutrition. Nutrition is a vast subject that needs a multisectoral approach, hence throughout this year, it will be a special focus at *The Lancet* family of journals. It started with two excellent Commissions published in January—one on healthy diets and sustainable food systems and one on the global syndemic of obesity, which put obesity into a much wider context. An important aspect that has received very little attention is stigma. While obesity is now recognised as a worldwide public health issue, it can still too often be regarded by some as an individual responsibility resulting from poor choices and motivations. Weight stigma, also known as weight bias, is the discrimination, stereotyping, and social exclusion based on a person's weight. Although obesity has become, unfortunately, more common, discrimination has not subsided. Whereas we now understand that an obesogenic environment has a substantial role in the development of obesity, the stereotypical perception that people with overweight and obesity are somehow responsible for their weight remains pervasive.

Tomiyama and colleagues recently discussed how weight stigma can drive the obesogenic processes and harm health. A growing body of evidence shows the psychological, physiological, and social consequences of weight stigma. People who have obesity face inequity and prejudice in employment, education, and stigmatisation in interpersonal relationships and in the media. Adults who experience weight stigma have increased psychological stress, depression, and anxiety. Experiencing weight stigma increases physiological stress, as marked by elevated concentrations of cortisol, oxidative stress, and C-reactive protein. Weight stigma is also linked to increased calorie consumption, maladaptive eating behaviour, and binge eating, and preliminary evidence suggests weight stigma could be associated with poorer weight loss treatment outcomes.

Weight stigma is also often internalised—the person blames themselves for their perceived overweight. This can also have harmful consequences, as this has been associated with binge eating, reduced physical exercise, and social isolation. Interestingly, the perception of weight stigma is not limited to those with overweight and obesity. Sikorski and colleagues showed that

self-reported weight-based discrimination was as prevalent in those with underweight as it was in those with obesity class II.

Disappointingly, the health-care settings are not exempt of prejudice against people with overweight and obesity, with patients with obesity reporting receiving poorer care and having worse outcomes, and also medical students with obesity having internalised weight stigma.

Whereas most people will now concede that weight stigma is a reality, health-care professionals, public health experts, and policy makers need to take this issue much more seriously. It is not an unavoidable consequence of overweight and obesity or a deterrent for those heading in that direction. Weight stigma not only compounds the consequences of overweight and obesity, but also contributes to disordered eating and increased calorie consumption, suggest that addressing and mitigating discrimination could be an effective public health intervention to combat obesity. Policy makers should actively seek out the ways in which their policies could be stigmatising. Researchers could systematically search and account for the influence of weight stigma when studying overweight and obesity. More research on the consequences of weight stigma is also needed in lower income settings, as much of the existing body of literature is in high-income settings, in particular from the USA.

Weight stigma is a complex and multifaceted subject that requires multiple perspectives. As part of the 2019 *Lancet* initiative on nutrition and obesity, *The Lancet Public Health* is calling for papers that will contribute to the evidence base needed to lessen and ultimately eradicate weight stigma. Effective approaches to change behaviours and attitudes, including in the health-care settings, the role of the primary care level, and the need for medical training that addresses weight bias, are some of the most pressing issues. But more importantly, it is time for patients with obesity to be treated with the same consideration and compassion that is extended to other diseases. Like with any form of stigma, the path towards inclusion starts with widespread awareness.

### ■ *The Lancet Public Health*

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For more on *The Lancet initiative on Nutrition* see *Editorial Lancet* 2019; published online Jan 16. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30080-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30080-7/fulltext)

For Tomiyama and colleagues' article see [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6092785/pdf/12916\\_2018\\_Article\\_1116.pdf](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6092785/pdf/12916_2018_Article_1116.pdf)

For Sikorski and colleagues' article see <https://www.nature.com/articles/ijo2015165>