



D P C
SUMMIT

SIZING UP WEIGHT BIAS: An Introduction to Weight- Inclusive Care

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Learning Objectives

1. Identify common ways weight bias can manifest in clinical interactions, environments, and care processes.
2. Describe the psychosocial, behavioral, and physical health consequences of weight bias for patients.
3. Apply practical strategies to promote size-inclusive, respectful, and patient-centered care within one's clinical practice.



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Live Content Slide

When playing as a slideshow, this slide will display live content

Poll: What is Size-Inclusive Care?

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Definitions

Body Positivity: “Love your body.”

Fat Acceptance: “Bodies come in different shapes and sizes.”

Fat Liberation: “Systemic size-based bias and discrimination should be dismantled.”

Size Inclusive Care: Respectful, compassionate care that honors patient-led goals and understands how a patient’s size/weight **and the bias and discrimination they’ve experienced related to their size/weight** affects their day-to-day life and the care they receive.



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Live Content Slide

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Poll: When a new patient says “Doc, I wanna lose weight,” a size inclusive physician might respond...

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Case #1: 52 y/o cis man with bilateral knee osteoarthritis who presents requesting a weight loss medication.



(as played by Jorge Garcia)



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Case #1: 52 y/o cis man with bilateral knee osteoarthritis who presents requesting a weight loss medication.

What would you recommend?



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Case #1: 52 y/o cis man with bilateral knee osteoarthritis who presents requesting a weight loss medication.

A Weight-Centric Approach:

- Counsel on “calories in calories out”
- Recommend stricter kcal/macro goals
- Encourage trying pickleball
- Prescribe a GLP-1 agonist
- Refer to dietitian
- Refer to obesity medicine
- Refer to bariatric surgery



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Case #1: 52 y/o cis man with bilateral knee osteoarthritis who presents requesting a weight loss medication.

What are some limitations of the weight-centric approach?



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Case #1: 52 y/o cis man with bilateral knee osteoarthritis who presents requesting a weight loss medication.

What are some limitations of the weight-centric approach?

- BMI cut-offs are a permanent barrier to some
- Weight loss → weight cycling → increased risk of cardiometabolic disease
- Higher BMI may be higher risk, but no data to support that weight loss mitigates risk
- Unrealistic expectations around weight loss and pain management
- Inequity



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Case #1: 52 y/o cis man with bilateral knee osteoarthritis who presents requesting a weight loss medication.

What could you offer instead?



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Case #1: 52 y/o cis man with bilateral knee osteoarthritis who presents requesting a weight loss medication.

What could you offer instead?

- Thorough history
- Brainstorm low-impact activities
- Optimize pain management
- Validate the patient's experience
- Explore expectations around weight loss
- Advocate around surgical BMI cut-offs



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Case #2: 42 y/o cis woman presenting for yearly physical



(as played by Gabourey Sidibe)



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Live Content Slide

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Poll: Would you recommend weight loss for this patient?

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Case #2: 42 y/o cis woman presenting for yearly physical

If yes, how?

- More diet and exercise?
- Restart GLP-1 with aggressive anti-emetics and bowel regimen?
- Discontinue Abilify?
- Bariatric surgery?

Are these worth it?
Would these improve her
health?



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Case #2: 42 y/o cis woman presenting for yearly physical

As this patient's doctor, what could you do to give her the best chance at staying healthy *at this size*?



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Case #2: 42 y/o cis woman presenting for yearly physical

As this patient's doctor, what could you do to give her the best chance at staying healthy *at this size*?

- Screen for OSA
- Offer an IUD for endometrial protection
- Use appropriate size needle for vaccines
- Self-educate on size-related medication efficacy or dosing considerations
- Validate that her lifestyle is health-promoting regardless of its effects on weight (or lack thereof)



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Case #3: 48 y/o nonbinary AFAB with elevated BP



(as played by Ser Anzoategui)



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Live Content Slide

When playing as a slideshow, this slide will display live content

Poll: What would be a size-inclusive approach to routine patient weights?

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Case #3: 48 y/o nonbinary AFAB with elevated BP

How can the clinic environment affect patient care?



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Case #3: 48 y/o nonbinary AFAB with elevated BP

How can the clinic environment affect patient care?

- BP cuff size/shape
- Gown size
- Weight capacity of exam tables and scales
- Weight/size capacity of general seating
- Size representation in wall art, magazines, infographs



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Case #3: 48 y/o nonbinary AFAB with elevated BP

As this patient's new doctor, how could you ensure they have a better experience than they had with their previous PCP, while also prioritizing their health?



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Case #3: 48 y/o nonbinary AFAB with elevated BP

As this patient's new doctor, how could you ensure they have a better experience than they had with their previous PCP, while also prioritizing their health?

Respect patient-led goals

(even if weight loss is not one of them)

(even if they have metabolic disease)



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Case #3: 48 y/o nonbinary AFAB with elevated BP

Universal lifestyle counseling



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Case #3: 48 y/o nonbinary AFAB with elevated BP

Universal lifestyle counseling

- Gauge interest / ask permission
- Assess current lifestyle
- Make recommendations
- Emphasize health benefits independent of weight loss



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Case #4: 17 y/o cis boy requesting weight loss medication



(as played by Julian
Dennison)



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Live Content Slide

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Poll: Which of the following groups most need screening for disordered eating before being prescribed weight loss medication?

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Case #4: 17 y/o cis boy requesting weight loss medication

Screening Tools for Primary Care

SCOFF QUESTIONNAIRE^a

- Do you make yourself Sick because you feel uncomfortably full?
- Do you worry you have lost Control over how much you eat?
- Have you recently lost more than One stone (14 pounds) in a 3-month period?
- Do you believe yourself to be Fat when others say you are too thin?
- Would you say Food dominates your life?

EATING DISORDER SCREEN FOR PRIMARY CARE^b

- Are you satisfied with your eating patterns?
- Do you ever eat in secret?
- Does your weight affect the way you feel about yourself?
- Have any members of your family suffered with an eating disorder?
- Do you currently suffer with or have you ever suffered in the past with an eating disorder?

^a ≥2 abnormal responses are considered a positive screen

^b ≥3 abnormal responses are considered a positive screen

“Tell me about your relationship with food.”



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Case #4: 17 y/o cis boy requesting weight loss medication

Mixing GLP-1s and Eating Disorders



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Case #4: 17 y/o cis boy requesting weight loss medication

Mixing GLP-1s and Eating Disorders

- Eating disorders come in all shapes and sizes
- Eating disorder = psychiatric diagnosis, not metabolic diagnosis
- Potential for GLP-1 misuse
- GLP-1 interference with hunger/satiety cues
- High risk of binge eating upon discontinuation



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Case #5: 54 yo cis woman, deceased



Photo from Getty
Images/fStop



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Case #5: 54 yo cis woman, deceased

**It doesn't matter how smart a doctor you are
if the patient never comes to see you.**



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Conclusions

- Size-inclusive care is care that respects all body sizes and prioritizes patient-led goals
- A focus on weight may be helpful to some but harmful to others
- There are many ways to promote health that do not involve intentional weight loss
- Creating a welcoming environment that accommodates patients across the size spectrum is essential for equitable care
- EVERYONE should be screened for eating disorders prior to starting a GLP-1
- How patients feel in your office may determine whether or not they return for care

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Social Q&A for Sizing up Weight Bias: An Introduction to Weight-Inclusive Care

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QUESTIONS?

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