

How to bridge the gap between DSM 5 eating disorders and the bariatric experience

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Tiaki - Whaiaro

# A coordinated approach to managing patients with eating disorders post MBS

I have no conflicts of interest to disclose



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## 17 year's worth of lightbulbs

- Obesity is **complex**
- Unprocessed shame has significant impact on today
- Yes, diagnosis is important. However, meeting who ever is in front of me where they are on their journey right now, more so
- I am still learning



**Examining the contribution of weight-bias internalization between weight suppression and disordered eating in 1**C. Blair Burnette<sup>a,\*,1</sup>, Suzanne E. Mazzeo<sup>b</sup><sup>a</sup> Department of Psychology, Virginia Commonwealth University, P.O. Box 842018, Richmond, VA 23284-2018, USA  
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## ARTICLE INFO

## ABSTRACT

**Keywords:**  
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Weight suppression (WS) is consistently, positively that contribute to these associations remain internalization as a potential contributor to the link between

## REGULAR ARTICLE

**Internalized Weight Bias in Obese Patients with Eating Disorder: Associations with Eating Disturbance and Psychological Functioning**Laura E. Durso, MA<sup>1</sup>  
Janet D. Latner, PhD<sup>1\*</sup>  
Marney A. White, PhD<sup>2</sup>  
Robin N. Masheb, PhD<sup>2</sup>  
Kerstin K. Blomquist, PhD<sup>2</sup>  
Peter T. Morgan, MD, PhD<sup>2</sup>  
Carlos M. Grilo, PhD<sup>3,4</sup>**ABSTRACT**  
**Objective:** Widespread bias against obese individuals may lead to the internalization of weight bias in obese persons. This study examined correlates of internalized weight bias (IWB) in obese patients with binge eating disorder (BED).**Method:** One hundred treatment-seeking obese patients with BED were administered with the eating disorders examination interview and questionnaires assessing IWB, fat phobia, depression, and self-esteem.**Results:** The mean IWB score in this group of patients with BED was significantly greater than the mean IWB score observed previously in a community sample of overweight adults. IWB was positively associated with eating disorder psychopathology, fat phobia, and depression.

(Int J Eat Dis)

**Introduction**Weight-based discrimination in the United States is pervasive<sup>1</sup> and its consequences for overweight and obese individuals are becoming increasingly clear. Obese persons who experience weight-based discrimination report a range of negative psychological and physiological outcomes, including increased depression, greater body image disturbance, decreased self-esteem,<sup>2–4</sup> and elevated ambulatory blood pressure.<sup>5</sup> Little is known about how weight-based discrimination relates to these negative outcomes, or whether specific groups of obese

persons are particularly vulnerable to effects of weight-based discrimination, with binge eating disorder (BED) individuals particularly susceptible to weight bias. Recent research has found that weight-based discrimination is associated with binge eating among obese treatment-seeking patients.

The internalization of weight bias (IWB) is the degree to which an obese person internalizes the negative stereotypes associated with the negative psychological outcomes of weight-based discrimination.<sup>6</sup> In a community sample of men and women, a high level of IWB was associated with increased internalized weight bias (IWB) concerns, drive for thinness, and decreased self-esteem.<sup>7</sup> These findings suggest that internalization of weight bias is associated with eating-related outcomes, but this requires confirmation in obese patients. The present study examined the relationship between internalized weight bias (IWB) psychopathology, and general psychological functioning in obese men and women seeking treatment for BED. We hypothesized that (1) greater internalized weight bias would be related to increased fat phobia, increased depression, andAccepted 16 February 2011  
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Surg Obes Relat Dis. 2019 April ; 15(4): 650–655. doi:10.1016/j.soard.2019.01.029.**Psychopathology, Disordered Eating, and Impulsivity as Predictors of Outcomes of Bariatric Surgery**David B. Sarwer<sup>1</sup>, Kelly C. Allison<sup>2</sup>, Thomas A. Wadden<sup>2</sup>, Rebecca Ashare<sup>3</sup>, Jacqueline C. Spitzer<sup>1</sup>, Courtney McCuen-Wurst<sup>2</sup>, Caitlin LaGrotte<sup>1</sup>, Noel N. Williams<sup>4</sup>, Michael Edwards<sup>5</sup>, Colleen Tewksbury<sup>4</sup>, and Jingwei Wu<sup>4,6</sup><sup>1</sup>Center for Obesity Research and Education, College of Public Health, Temple University<sup>2</sup>Center for Weight and Eating Disorders, Perelman School of Medicine, University of Pennsylvania<sup>3</sup>Department of Psychiatry, Perelman School of Medicine, University of Pennsylvania<sup>4</sup>Department of Surgery, Perelman School of Medicine, University of Pennsylvania**Author Manuscript**

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**Disordered eating following bariatric surgery: a review of measurement and conceptual considerations**Valentina Ivezaj, Ph.D.,<sup>a,1</sup> Meagan M. Carr, Ph.D.,<sup>a</sup> Cassie Brode, Ph.D.,<sup>b</sup> Michael Devlin, M.D.,<sup>c,d</sup> Leslie J. Heinberg, Ph.D.,<sup>e</sup> Melissa A. Kalarchian, Ph.D.,<sup>f</sup> Robyn Sysko, Ph.D.,<sup>g</sup> Gail Williams-Kerver, Ph.D.,<sup>h</sup> and James E. Mitchell, M.D.<sup>1</sup>**Abstract**

Eating disorders are associated with significant medical morbidity and mortality and serious psychological impairment. Individuals seeking bariatric surgery represent a high-risk group for evincing disordered eating and eating disorders, with some patients experiencing the persistence or onset of disordered eating postsurgery. This review synthesizes the available literature on problematic or disordered eating in the bariatric field, followed by a review of measurement and conceptual considerations related to the use of eating disorder assessment tools within the bariatric population.

**Keywords:** Measurement, Bariatric surgery, Eating disorders, Obesity, Assessment

Individuals seeking bariatric surgery may report engaging in certain types of disordered eating and meet eating disorder criteria. The current Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) [1] recognizes feeding disorders, including the eating disorder diagnoses of (1) anorexia nervosa (AN); (2) bulimia nervosa (BN); and (3) binge-eating disorder (BED), as well as 2 residual categories in which the full diagnostic criteria for AN, BN, or BED are not met: (4) other specified feeding or eating disorder (OSFED); and (5) unspecified feeding or eating disorders (USFED). Eating disorders are associated with significant medical morbidity and mortality [2] serious psychological impairment [3], including a 5-fold increased risk of suicide attempts [4]. According to the Longitudinal Assessment of Bariatric Surgery–3 (LABS-3) study, 6.1% of patients seeking bariatric surgery met DSM-IV diagnostic criteria for BED, while 1.2% met BN

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Check for updates

**Internalized weight bias and loss-of-control eating following bariatric surgery**Jessica L. Lawson<sup>a,b</sup>, Abigail LeCates<sup>c</sup>, Valentina Ivezaj<sup>a,b</sup>, Janet Lydecker<sup>a,b</sup>, and Carlos M. Grilo<sup>b,d</sup><sup>a</sup>Psychology Service, VA Connecticut Healthcare System, West Haven, Connecticut, USA; <sup>b</sup>Psychiatry Department, Yale School of Medicine, New Haven, Connecticut, USA; <sup>c</sup>Psychology Department, Amherst College, Amherst, Massachusetts, USA; <sup>d</sup>Psychiatry Department, Yale University, New Haven, Connecticut, USA**ABSTRACT****Objective:** Internalized weight bias (IWB), or negative weight related self-evaluation, is associated with eating-disorder psychopathology and common among patients seeking bariatric surgery, but little is known about the clinical presentation of IWB post-operatively. This study examined IWB and clinical correlates among adult patients with loss-of-control (LOC) eating post-sleeve gastrectomy surgery.**Methods:** Participants (N = 145) were sleeve gastrectomy patients seeking treatment for eating/weight concerns and completed regular LOC eating approximately 6 months fol-**Original Research Communications**

See corresponding editorial on page 907.

**Increases in odds for future onset of anorexia nervosa, and purging disorder, but not binge eating disorder following bariatric surgery**and Chris Desjardins<sup>3</sup><sup>1</sup>Stanford University, Stanford, CA, USA; <sup>2</sup>Oregon Research Institute, Eugene, OR, USA; and <sup>3</sup>Saint**Keywords:** risk factors, prospective, weight suppression, anorexia nervosa, bulimia nervosa, binge eating disorder, purging disorder, young women**Introduction**

Eating disorders affect 13% of females and are characterized by chronicity, distress, impairment, and mortality. It is critical to identify risk factors that predict future onset of each type of eating disorder, because this should advance etiologic knowledge, guide the development of effective prevention programs, and elucidate high-risk subgroups to target with selective prevention programs. One novel potential risk factor is weight suppression, which reflects the difference between highest past weight at adult



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# Take home messages from the current data

- Weight bias internalization is a contributing factor in weight suppression
- Weight suppression is consistently positively associated with future onset of disordered eating/eating disorders
- Our current eating disorder classification system and assessment are limited for pre and postoperative bariatric surgical populations
- The relationship between pre-operative psychosocial status and postoperative outcomes is one of the most researched but least understood issues in the area of MBS

In my experience



- To opening up the space to figure out what is really going on vs what they think is occurring
- Because often the ability to acknowledge/manage the underlying psychopathology is obscured by the important human requirement to belong



Which is why



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# A coordinated approach within the New Zealand context

Te Whare Tapa Whā was developed by leading Māori health advocate and psychiatrist Tā Mason Durie in 1984

The model describes health and wellbeing as a wharenuī/meeting house with four walls

When all these things are in balance, we thrive. When one or more of these is out of balance our wellbeing is impacted

It creates space and awareness around the function of default behaviours



- Allowing room for self compassion and acceptance
- With a shift toward self-care vs self-harm



Thank you