

CONNECTION

EATING DISORDER RECOVERY HAPPENS THROUGH CONNECTION



ESPERANZA'S RESPONSE TO THE AMERICAN ACADEMY OF PEDIATRICS RECOMMENDATIONS FOR WEIGHT LOSS FOR CHILDREN

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For years eating disorder treatment professionals have witnessed the negative effects of healthcare providers informing their clients to lose weight. The negative effects can range from developing an eating disorder to avoidance of healthcare providers, lifelong dieting, and disordered eating.

The newly released guidelines for overweight children by the AAP can be detrimental, putting children at risk and on a dangerous trajectory toward developing eating disorders.

Noel Ales, DO
Esperanza Staff Physician



Pediatricians “prescribing” restrictive diet plans, weight loss medications and bariatric surgeries can be creating negative and unhealthy eating patterns as well as worsening of self-esteem and body image. Every person with an eating disorder has restrictive behaviors. Diets do not work. They don’t work for adults, and they don’t work for children. According to the study by Golden, N. H., Schneider, M., & Wood, C. (2016). *Preventing Obesity and Eating Disorders in Adolescents* Pediatrics, 138(3). doi:10.1542/peds.2016-1649, it was found that 14– and 15-year-olds dieting was the most important predictor of a developing eating disorder. Moderate dieters were 5x more likely to develop an eating disorder. Extreme restrictors were 18x more likely to develop an eating disorder.

There is a false premise that weight is the sole indicator for physical and mental health. There remain social, cultural, and generational stigmas associated with being overweight that persuade families into accepting a prescription of weight loss over the tempered and more thorough recommendations of treatment that includes a collaborative team of medical and mental health professionals.

Esperanza’s Staff Physician Noel Ales, DO explains from a medical professionals’ position that “these adolescents experience damaging influences through media, adults and peers resulting in depression, anxiety, and poor self-image. Weight stigma results in these patients being overlooked or triggered when health care providers stress weight loss. Initial attempts to lose weight may progress to severe dietary restriction, starvation, self-induced vomiting, diet pill and laxative abuse. To prevent a delay in diagnosis for these patients, clinicians should offer a sensitive approach that allots appropriate time to address the health concerns of obesity and eating disorders. Patients in larger bodies or with high BMIs should be referred to registered dietitians trained in eating disorders who know the science behind weight records, can recommend and monitor weight loss or gain. In combination with mental health therapy, family therapy, and medical management, these patients have improved outcomes.”

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