

XXVIII IFSO World Congress

9-12 September 2025 | Santiago, Chile



IFSO 2025 Santiago

Combined Therapies, The Dawn of a New Era

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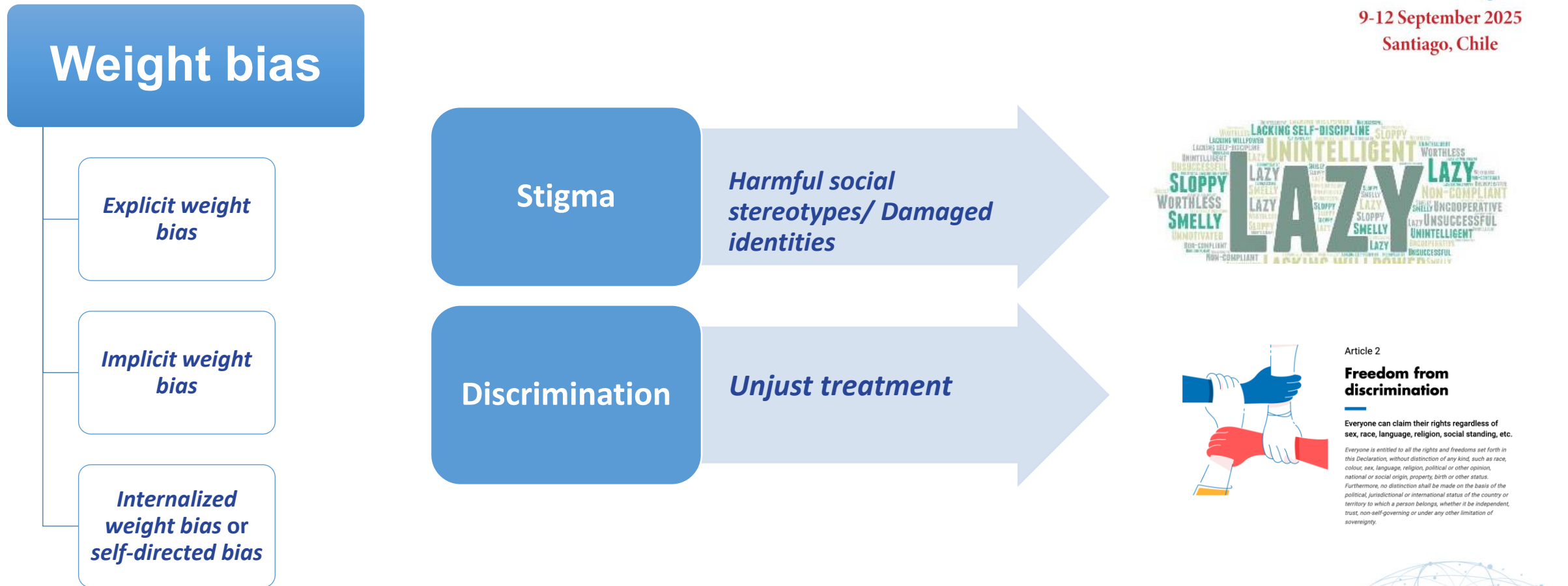
STIGMA AND BARRIERS TO ACCESS: WHAT CAN WE CHANGE?

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Replica Communications
Bias 180**



WEIGHT BIAS

Negative attitudes and beliefs about weight



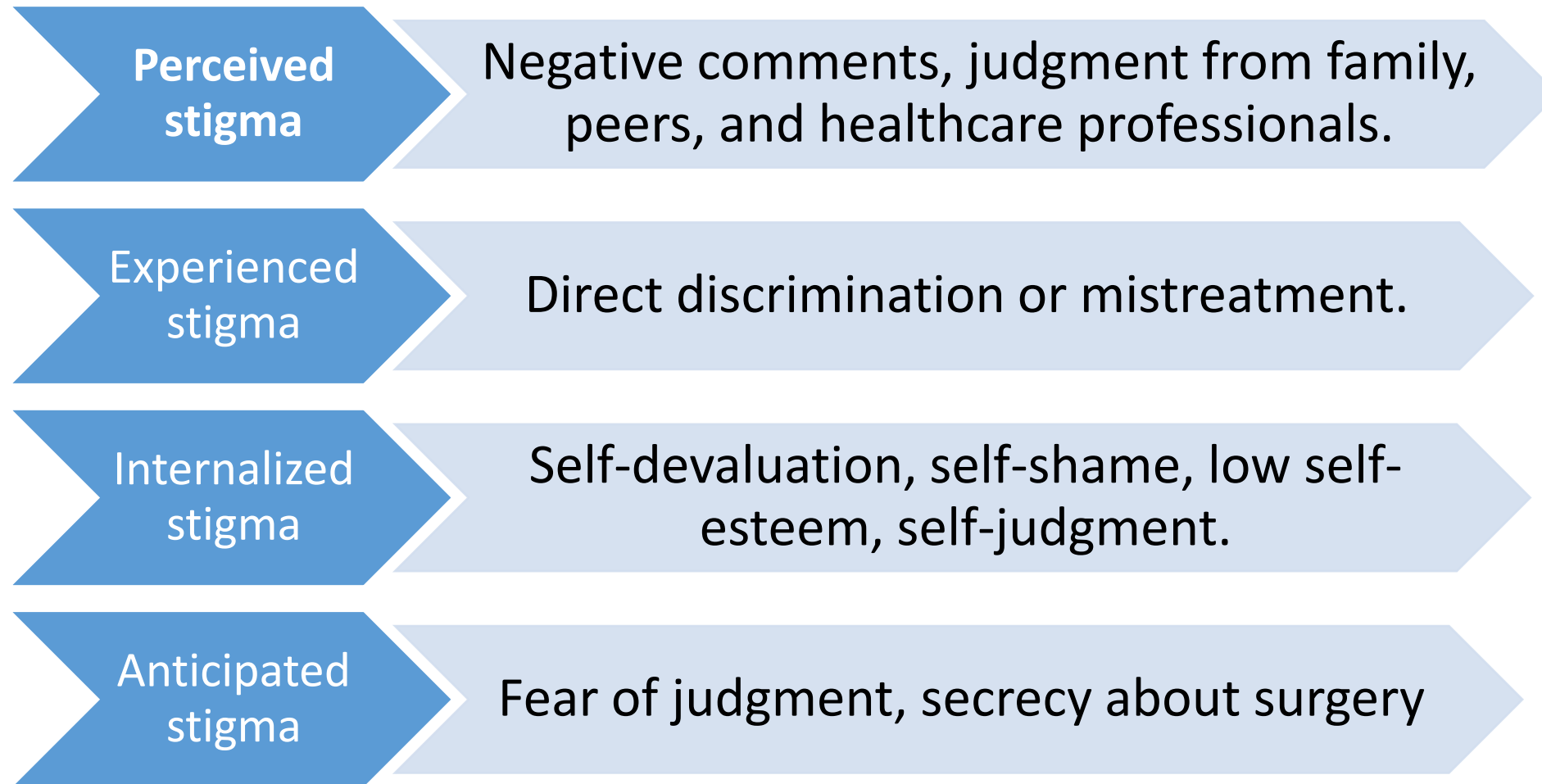
Kirk, SFL, Ramos Salas X, Alberga AS, Russell-Mayhew S. Canadian Adult Obesity Clinical Practice Guidelines: Reducing Weight Bias, Stigma and Discrimination in Obesity Management, Practice and Policy. Available from: <https://obesitycanada.ca/guidelines/weightbias>. Accessed Nov 15, 2020.



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Forms of Stigma in MBS Care





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- “People said surgery was the **‘easy way out’**.” (1)
- “Clinicians call it **non-compliance**; we feel **shamed**.” (1)
- You’re **damned if you do, damned if you don’t**.” (2)
- Participants reported being judged for choosing surgery rather than ‘hard work’ through diet/exercise. (1)
- Patient–provider disconnect in how stigma relates to adherence. (2)
- Stigma persists even after weight reduction; patients feel judged either way. (2)

1. Dimitrov Ulian M, Fernandez Unsain R, Rocha Franco R, Aurélio Santo M, Brewis A, Trainer S, SturtzSreetharan C, Wutich A, Gualano B, Baeza Scagliusi F. Weight stigma after bariatric surgery: A qualitative study with Brazilian women. PLoS One. 2023 Jul 27;18(7):e0287822.
2. Raves DM, Brewis A, Trainer S, Han SY, Wutich A. Bariatric Surgery Patients' Perceptions of Weight-Related Stigma in Healthcare Settings Impair Post-surgery Dietary Adherence. Front Psychol. 2016 Oct 10;7:1497.





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Impacts of Stigma in MBS Care

Perceived stigma

Negative comments and discrimination from family, peers, and healthcare providers

Linked to depression, anxiety, stress, and binge eating; Impaired dietary adherence and disordered eating patterns

Experienced stigma

Direct interpersonal attacks and environmental barriers

Undermines self-esteem and body image; concerns persist even post-surgery.

Internalized stigma

Shame, self-blame, and reduced self-esteem

Internalized stigma mediates the relationship between perceived stigma and poor mental health.

Anticipated stigma

Fear of judgment, secrecy, and selective disclosure of surgery plans

Delayed surgery, increased risk-taking; Disclosure avoidance

- Kirk, SFL, Ramos Salas X, Alberga AS, Russell-Mayhew S. Canadian Adult Obesity Clinical Practice Guidelines: Reducing Weight Bias, Stigma and Discrimination in Obesity Management, Practice and Policy. <https://obesitycanada.ca/guidelines/weightbias>.
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- Dimitrov Ulian M, Fernandez Unsain R, Rocha Franco R, Aurélio Santo M, Brewis A, Trainer S, SturtzSreetharan C, Wutich A, Gualano B, Baeza Scagliusi F. Weight stigma after bariatric surgery: A qualitative study with Brazilian women. *PLoS One*. 2023 Jul 27;18(7):e0287822.



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Consequences

- Stigma in MBS healthcare → reduced trust, impaired adherence, avoidance of help.
- Reinforces **health inequalities**.



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Key Takeaways

- Weight stigma is **pervasive** across the bariatric care journey.
- Impacts **mental health, decision-making, and adherence**.
- Addressing stigma in healthcare settings is **critical** to improve outcomes.
- Interventions needed: **provider training, patient support systems, cultural sensitivity**.



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How does stigma impact obesity care policies?

CREATING A VIBRANT AND SUSTAINABLE OBESITY CARE ECOSYSTEM



- Research
- Knowledge synthesis
- Consensus

- Community building
- HCP engagement
- Patient engagement
- Industry
- Policymakers

- CPG development
- Policy development
- Funding
- Evaluation and update plan
- Professional education

Standards of Care

Models of Care/
National Plans

Outcomes:

- Health systems
- Individual
- Population
- Measurement/refinement
- Feedback to update living guideline



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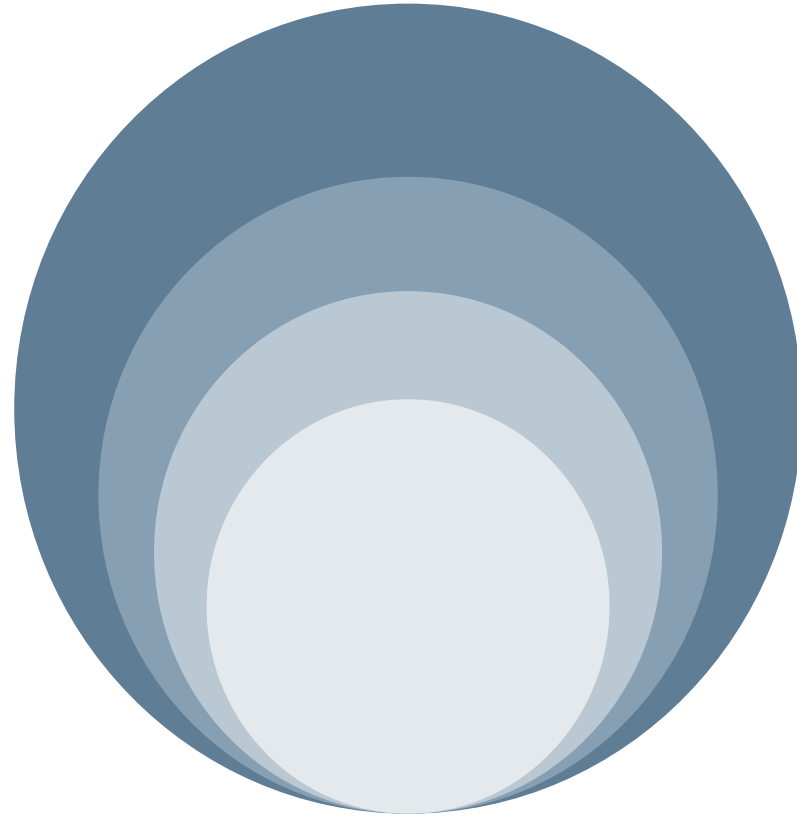
“The problem with obesity is that it’s everyone’s job and no one’s job, everyone’s business and no one’s business.”



WEIGHT BIAS, STIGMA & DISCRIMINATION INTERVENTIONS

Institutional: stigmatizing and discriminatory practices and policies in education and healthcare systems; media

Individual: Implicit, Explicit, Internalized bias



Population: stigmatizing and discriminatory social and health policies

Interpersonal: stigmatizing personal behaviours and professional practices



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Person-First Language / Reframing Obesity as a Chronic Disease

1. Obese patient → Patient living with obesity
2. Morbidly obese patient → patient with severe or complex obesity
3. Non-compliant patient → Treatment non-adherence
4. Is this patient appropriate for this intervention? → Is this treatment appropriate for this patient's obesity phenotype?
5. Patient failed to lose weight with the intervention → Treatment was not effective for this patient (obesity phenotype) – Patients do not fail treatments → treatments fail based on disease phenotype (sub-optimal treatment response)
6. Patient failed the treatment and regained weight → Obesity is a chronic and relapsing/recurrent disease → recurrent weight gain is not the patient's fault → treatments need to be adjusted based on disease trajectory

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PERSON FIRST LANGUAGE GUIDE: ADDRESSING WEIGHT BIAS



March 19, 2024
EASO Secretariat
Education | Resources

SHARE WITH YOUR NETWORK



EASO promotes person-first language and non-stigmatising images in all obesity-related written and verbal communications. EASO actively works to reduce weight bias and weight-based discrimination, urging researchers, healthcare professionals, policymakers, media professionals and others to use inclusive language, communications, and practices.

<https://easo.org/person-first-language-guide-addressing-weight-bias/>





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Calls to Action

Public and private insurers	Support evidence-based interventions and evaluate their impact on predetermined outcomes such as health and well-being, beyond BMI or weight loss. Outcomes or indicators may include the prevention of chronic diseases related to obesity, such as diabetes, heart disease, and cancer, as well as quality of life.
Policymakers	Treat obesity like any other chronic disease and integrate existing obesity care models, frameworks, and clinical practice guidelines into current chronic disease management services and infrastructures and primary care.
Healthcare professionals	Train health professionals in the science of obesity, apply clinical practice guidelines, and provide access to person-centred, unbiased, evidence-based treatments and support.
Patients	Empower patients and communities to learn about obesity and advocate for greater access to evidence-based obesity treatment and management.



In Summary

- Creating a vibrant and sustainable obesity care eco-system requires champions and leaders (and funding) > leverage partner organisations' assets
- Work for change where you are: small changes > systemic changes
 - Audit & assess current communications about obesity
 - Revise according to existing clinical practice guidelines/standards of care and adapt for unique needs
 - Engage persons living with obesity at every crossroads
- Foundational to all communications about obesity is the science of obesity and respect for people affected by it
- **In the end, it's all about equity**



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Let's play a game of _____





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THANK YOU