

THREE PARADIGMS OF SIZE AND SHAPE

ISSUE	CONVENTIONAL PARADIGM: CONTROL	SIZE ACCEPTANCE PARADIGM	TRUST ADAPTATION OF HEALTH AT EVERY SIZE PARADIGM
Body weight	Primarily optional	Primarily a genetic given	Primarily a genetic given
Assumption about fatness	BMI > 25 is seriously unhealthy and should be treated Everyone should have BMI < 25 or at least < 30	Fatness is a normal body type There are a range of normal sizes and shapes	Fatness is normal for some people Excessive fatness can result from environmental distortions
Definition of obesity	BMI above 30 for adults (BMI > 25 is “overweight”) Children: Above 95 th %tile BMI	Obesity an unacceptable term: It medicalizes a normal condition. All sizes & weights are normal	Fatness that is excessive <i>for the individual</i> <ul style="list-style-type: none"> • Adult - Unstable weight • Children - Weight acceleration above a previously established trajectory
Cause of obesity	Overeating and underexercise	Genetics. Metabolic abnormalities	Unknown. Likely genetic predisposition plus (multiple) environmental distortions
Intervention	Eat less, exercise more Lose weight It is better to lose and regain than not to lose at all	Size acceptance Optimize health at present weight Non-dieting	Establish competent eating/sustainable activity & accept weight that evolves Children: Optimize feeding from birth to support consistent growth at <i>any</i> level Treatment: Identify & resolve factors that disrupt consistent growth
Outcome	Lose 10% (or other %) of body weight or achieve a certain BMI Children: Keep their weight below 95 th or even 85 th percentile BMI	Non-dieting Physical self esteem Children: All growth patterns are normal	Competent eating, enjoyable activity, ↑ quality of life, stable weight Children grow at a consistent trajectory, don't make weight an issue
Recommendation in medical setting	Lose weight to improve medical condition Only weight loss will improve parameters: Blood chemistries, physiological indicators	Accept weight as a given Don't look too closely at parameters because it puts pressure on weight loss Attend to medical issues separately	Resolve factors destabilizing weight Expect improvement in health parameters secondary to outcome Attend to remaining medical issues separately