

RE: TREATING PATIENTS OF SIZE

To my treatment team,

In the field of ED treatment, our knowledge around supporting patients of size only continues to grow. As a patient in a larger body, I feel it's important that we are on the same page regarding my treatment, so that I am able to recover in a sustainable and healthy way.

Clinical research has shown that efforts to suppress or lose weight, particularly in conjunction with ED treatment, has a detrimental impact on patients of size. Since dieting and restriction are associated with the onset and maintenance of eating disorders,* it is critical that my treatment does not reinforce a fear of food and weight gain.

To succeed in treatment, the following will be important moving forward:

- **NON-RESTRICTIVE MEAL PLAN.** Restrictive recommendations such as eating "60% of a sandwich" are inappropriate and often traumatic, as many patients of size have been told their bodies were wrong and thus they cannot "eat like other people." This reinforces a disordered mindset by suggesting patients in larger bodies should be restricting, maintaining their eating disorder rather than treating it.
- **WEIGHT-NEUTRAL CARE.** If it's not a recommendation you would give to a thin patient, it should not be given to a patient of size. The same triggers that harm thin patients will harm patients of size just the same.
- **CORRECT DIAGNOSES.** Patients of size are frequently misdiagnosed as having a binge eating disorder, despite no evidence of binging. If only restriction is present, treat me as you would a patient with a restrictive ED. If BED is the correct diagnosis, please ensure the restriction piece of my disorder is still being treated, as restriction is ultimately the trigger that fuels binging.
- **HAES-INFORMED APPROACH.** Many patients in recovery see success with a Health at Every Size approach to care. My hope is that my care team will be familiar with the overarching principles of HAES.
- **ED TREATMENT.** Patients of size do not enter eating disorder treatment to lose weight or maintain their disordered weight. They enter treatment to medically stabilize and heal their relationship with food. As such, being mindful of this is vital to my wellbeing.

I appreciate your support in my journey. Having had previous treatment experiences that were detrimental to my recovery, I'm advocating for myself to ensure my success. Thanks for understanding.

**Tylka, Tracy L et al. "The weight-inclusive versus weight-normative approach to health: evaluating the evidence for prioritizing well-being over weight loss." Journal of obesity vol. 2014 (2014)*