

## Integrated approach to the study of eating and weight-related problems: a paradigm shift

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### Abstract:

Eating and weight-related problems (EWRP) include eating disorders (ED), unhealthy weight-control behaviors (UWCB), body dissatisfaction, overweight and obesity. The development of integrated approaches for the prevention and intervention of EWRP requires a better understanding of their interrelationships and shared risk factors. However, the majority of the studies under this integrated approach have been conducted in North American populations. This fact limits the generalizability of their results to adolescents from other countries. This paper presents a brief review of main arguments that supports this integrated approach. Additionally, we present some of the main results obtained in a study conducted by our research group that examines and compares UWCB as a function of weight status in North-American and Spanish adolescent samples. This study highlights the necessity to promote an integrated approach to the study of EWRP, especially in the prevention field. Concurrently, differences and similarities between both samples indicate that integrated interventions with common and specific components for each country are needed.

**Key words:** obesity, disordered eating, prevention, adolescents, weight status

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### INTRODUCTION

Given the prevalence, serious complications, and resistance to treatment of obesity, eating disorders and disordered eating, prevention becomes a high priority (Gearhardt, 2012; Stice, Becker and Yokum, 2013).

Although to date research in the obesity and disordered eating fields has followed quite separate paths, increasingly researchers in both prevention areas are beginning to recognize the benefits of collaborative efforts aimed at the spectrum of eating and weight-related problems, which include anorexic and bulimic behaviors (such as fasting, vomiting and the use of laxatives, diet pills or diuretics), unhealthy dieting practices (as dieting, skipping meals, etc.), body dissatisfaction, binge-eating disorder, overweight and obesity (Neumark-Sztainer, 2003). Empirically supported reasons and practical considerations have been used for seeing the eating and weight-related problems as part of a continuum and for developing interventions aimed at preventing this broad spectrum of problems (Sánchez-Carracedo, Neumark-Sztainer & López-Guimerà, 2012).

Empirically supported reasons for this integrated approach to prevention include: (i) the co-occurrence of these problems and easy progress from one problem to another over time; and (ii) identification of shared risk factors. Practical considerations include: (i) a possible lack of coherence in the messages being transmitted in obesity and eating disorders prevention fields; and (ii) the efficiency of implementing programs aimed at preventing a broad spectrum of eating and weight-related problems than to implement separate programs. Special attention is being paid to shared risk factors of eating disorders and obesity (Haines & Neumark-Sztainer, 2006; Neumark-Sztainer, Wall, Haines et al., 2007; Hill, 2007; Sánchez-Carracedo et al., 2012). But the majority of the studies identifying these shared risk factors have been conducted in North American populations, aspect that limits the generalizability of their results to adolescents from other countries and therefore indicates the need for cross-cultural studies (López-Guimerà et al., 2013). Our research group had conducted a study that examines and compares unhealthy weight control behaviors as a function of weight status in population-based samples in two large urban areas, Barcelona (Spain) and Twin Cities (U.S.) (López-Guimerà et al., 2013). To the best of our knowledge, this is the first cross-cultural study between Spanish and North-American adolescent samples of these characteristics. Participants included in this study were 1501 adolescents from Barcelona (48% girls, 52% boys, mean age of 14.3 years, SD=1.2) and 2793 adolescents from Twin Cities (53% girls, 47% boys, mean age of 14.4 years, SD=2.0). The main results indicated that although significantly more girls within the U.S. report-

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ed dieting and the use of unhealthy weight control behaviors as compared to girls in Spain, the prevalence was high and of concern in both countries (e.g., 45.7% of girls from TC sample and 33.9% of girls in the BCN sample self-reported dieting). Among boys, these differences between samples were higher. In both samples, overweight and obese adolescents, girls and boys, were significantly more likely to report dieting and unhealthy weight control behaviors than non-overweight adolescents, although these behaviors were still prevalent among non-overweight girls. These findings provide initial support for the incorporation of messages aimed at preventing unhealthy weight control behaviors within obesity prevention interventions in Spain. Concurrently, differences and similarities between both samples indicate that integrated interventions with common and specific components for each country are needed.

There is a major concern about the possible harmful influences that effects of obesity prevention programs might have in variables such as body image, excessive weight concerns, weight-related teasing, or engage in unhealthy weight-control behaviors, cancelling out the efforts and achievements in the field of prevention of disordered eating and body dissatisfaction (O'Dea, 2005; Neumark-Sztainer, Levine et al., 2006; Striegel-Moore, 2001). This is a controversial issue (Carter and Bulik, 2008), but we have an indirect evidence of this possible harmful influence in the high frequency of engaging in unhealthy weight-control behaviors among overweight and obese adolescents, located between the 30 % and 70 %, depending on the sex and the type of population studied (López-Guimera et al., 2013; Neumark-Sztainer and Hannan 2000; Neumark-Sztainer, Story, Hannan, Perry, Irving, 2002).

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## DISCUSSION

Some recent obesity prevention programs have been concerned with evaluating their potential effects on disordered eating (Austin et al., 2007), some programs aimed at preventing shared risk factors of obesity and eating disorders have been developed (Neumark-Sztainer et al., 2010; Stice et al., 2008; Stock et al., 2007), and the voices calling for the development of an integrated approach to prevention of both fields are increasingly (APA Public Interest Government Relations Office, 2008; Neumark-Sztainer, 2009; Neumark-Sztainer, Levine et al., 2006; Sánchez-Carracedo et al., 2012; Stice, South and Shaw, 2012). But the developments in this field are still very scarce. It is time for a paradigm shift and to focus our efforts in a new integrated approach to prevention of this broad spectrum of problems. A complete analysis of barriers, developments and opportunities of this integrated approach has been developed elsewhere (Sánchez-Carracedo et al., 2012).

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## CONCLUSIONS

(1) Research has detected shared risk factors across the spectrum of eating and weight-related problems; (2) Some effective preventive programs have already been developed to cover this broad spectrum of problems. Interest in this integrated approach is growing. (3) It is the ideal moment for encouraging the responsible for community obesity prevention programs, which have substantial resources available and are already reaching out to broad sections of the population, to take account of the available information on the potential benefits of an integrated approach to prevention. They should take into consideration the possibility of modifying these strategies or incorporating additional components and measurements that contribute to promoting a healthy and positive body image, accepting the diversity of body sizes, reducing weight- and appearance- related teasing, removing the stigma associated with obesity, and eradicating unhealthy weight-control behaviors; (4) Cross-cultural differences and similarities indicate that integrated interventions with common and specific components for each country are needed.

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