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Editorial

## Higher Weight Status and Restrictive Eating Disorders: An Overlooked Concern



The study by Lebow et al. [1], in this issue of the *Journal of Adolescent Health*, has important implications for the eating and weight-related health of young people. First of all, we learn that weight loss in adolescents with body mass index (BMI) values above the 85th percentile for age [2] may be a cause for concern. Second, we learn that adolescents with “normal” BMI values (i.e., values not typically viewed as underweight) may have serious restrictive eating disorders. Related to both these points, and of grave concern, is that young people who begin their journey to an eating disorder at BMI values that place them in the overweight or obese categories have a much longer duration from the beginning of eating disorder symptoms to the beginning of treatment compared with youth who begin from lower weights (19.9 months vs. 11.2 months), which may have a negative impact on treatment success. Findings from this study have important implications for health care professionals engaged in work aimed at the prevention and treatment of eating disorders, disordered eating behaviors, and obesity.

### The Importance of Looking Beyond Weight Loss, Even in Overweight Youth

First let us consider the implications of the finding by Lebow et al. that young people may begin their journey to a dangerous and restrictive eating disorder with BMI values above the 85th percentile for their age. Among the 179 adolescent patients who presented for eating disorders treatment, and met study inclusion criteria, one-third (36.7%) had a history of being at a weight that would categorize them as either overweight (17.7%) or obese (19.0%).

Although health care providers, educators, and parents are likely to be concerned about a “normal” weight or underweight adolescent who loses weight, overweight youth may be the recipients of much praise, given concerns about obesity and its health consequences for many individuals. It may very well be that weight loss, or weight maintenance accompanied by growth, is desirable for young people with high BMI values and particularly for those who have shown increases in weight-for-height over time. However, we need to remember that the values of the 85th and 95th percentiles, which are used to screen

individuals for overweight and obesity, respectively, are only meant to serve as population-based screening tools [2]. Thus, for some young people, a BMI that falls within these higher categories may be appropriate. These young people will need extra support from their health care providers in accepting a body weight that is higher than that typically viewed as both healthy and culturally desirable.

Findings from this study further remind us about the importance of using caution with regard to the types of messages that we give youth who have BMI values that place them into the overweight or obese categories and to carefully monitor these youth if there are plans for weight management. It is crucial to provide information on the dangers of dieting, work with adolescents to help them feel better about their bodies, and help families provide the proper type of support for these youth (e.g., family meals, avoidance of weight talk, and a place to talk about weight-related and other concerns) [3]. Regardless of weight status, healthy eating and physical activity patterns, which can be maintained over time with some flexibility, should be encouraged and supported, whereas “going on a diet” should be discouraged. Finally, when there is weight loss, the findings from the study by Lebow et al. point to a need for looking beyond the weight loss and assessing attitudes, behaviors, and physical symptoms that may suggest the presence of a clinical eating disorder. Although health care providers are likely to do this type of in-depth assessment in a nonoverweight adolescent who loses weight, findings from the study by Lebow et al. point to a need for such assessments in youth who begin their weight losses from higher BMI values.

### The Presence of Serious Restrictive Eating Disorders and Higher-Than-Expected Body Mass Index Values

Second, let us consider the implications of the finding by Lebow et al. that young people may have a restrictive eating disorder at higher-than-expected BMI values. Although the adolescents who began their journey toward a restrictive eating disorder at average weights presented for treatment with a mean BMI of 16.9, adolescents who began their journey at higher weights presented for treatment with a mean BMI of 20.0. In

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spite of these large differences in BMI values at presentation for treatment, in general, the groups did not differ with regard to eating disorder symptomatology.

In discussions about this article with various health care providers who have been treating eating disorders for many years, findings from this study were confirmed in their clinical experiences. These health care providers noted that individuals with a history of being overweight, who present for treatment at an average weight, are some of the most difficult cases to treat in that these patients have a strong fear of returning to their original weight and, as found by Lebow et al., often present with severe physical symptoms.

Individuals who live in larger bodies but have serious restrictive eating disorders may not be taken as seriously as needs to happen by family members and by the health care system, may face issues such as disbelief by others that they are “really consuming so few calories,” may not be adequately covered in terms of insurance for treatment, and may not be getting the treatment that they so desperately need. Findings from the article by Lebow et al. provide empirical data showing that these individuals need to be identified, taken seriously, and receive appropriate treatment. These findings may also have implications for the categorization of individuals into eating disorders diagnoses; clearly, we need to avoid being rigid on weight classifications in defining the presence of an eating disorder.

### Greater Links Between the Obesity and Eating Disorders Fields are Needed

This study adds to the growing body of scientific literature suggesting the importance of having greater links between the fields of eating disorders and obesity [4–6]. The article by Lebow et al. indicates how important it is for health care providers who are concerned about, and working with, overweight young people, to recognize their risk for disordered eating behaviors and eating disorders. Although the study design does not allow for a calculation of the number or percentage of overweight young people who lose weight who are at risk for eating disorders, the design does allow for a calculation of the percentage of those referred for eating disorders treatment who began their journey with BMI values above the 85th percentile. That said, the study did have some noteworthy limitations, such as the reliance on self-report, in some cases, for weight histories and physical symptoms. Furthermore, it was not always clear when self-reported data were being used. Hopefully, future work will build on this study to address study limitations and provide further evidence to guide efforts to prevent and treat eating and weight-related problems.

Of note, in our own research, we have found that there are shared risk factors for disordered eating behaviors and obesity that need to be addressed within interventions aimed at the prevention and treatment of these conditions [7,8]. For example, dieting and body dissatisfaction, which are key risk factors for disordered eating behaviors and eating disorders [9], have also been found to predict weight gain over time as adolescents

progress throughout the life course and enter young adulthood [10–14]. Research has also found that individuals often cross from one type of eating or weight-related problem to another; for example, Fairburn et al. found that individuals with bulimia nervosa were more likely to have been overweight as children than both general psychiatric and healthy control groups [15]. Findings such as these have led to the compilation of recommendations for health care providers working toward the prevention of a broad spectrum of eating and weight-related problems [3,16]. A greater linking of the fields of eating disorders and obesity, and knowledge about the issues that are of relevance to different types of eating and weight-related problems, is likely to lead to better health care for all young people.

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