

Letter to GP from healthcare professional

Dear Dr

Re NAME AND DETAILS

I am writing with regard to your patient, NAME. As you may know, NAME has struggled with body confidence for much of their adult life. This has had a detrimental impact on their eating and exercise behaviours and on their mental and physical health.

I am pleased to let you know that NAME has been attending a course called Well Now. The Well Now course supports change in eating and exercise habits by tackling body confidence and eating pathology as core issues. It also help people make sense of how social factors and trauma influence health.

The course is strongly supported by evidence and meets local and national guidelines requiring non-stigmatizing, trauma-informed care for all. It meets key outcome measures of dietary profile, physical activity, mental wellbeing and eating disorder symptomology. Weight change is regarded as incidental, and is not the focus. This makes Well Now suitable for people of all sizes so it also reaches thin people with poor diets, body shame, or eating issues.

What participants learn is that health gain can accrue even with minimal or no weight change. This insight helps people break the diet cycle enabling sustained change in self-care.

NAME would value your support as they adopt this new approach. In practice this involves focusing on overall health-gain as a goal instead of using weight loss as a goal and being specific about any lifestyle change recommendations. In case it's useful I attach sample statements that show what this looks like.

Letter to GP

Dear

We have often spoken about my weight and I have valued your encouragement when I have tried dieting. You might recall that despite some short term promising results, dieting has never worked long term. I've despaired at myself in the ongoing struggle to change my eating. Each new diet leaves me battling with low mood and self-esteem issues too. This has been frustrating for me and I imagine for you also.

A key sticking point is that I have been at a loss for anywhere to turn that wasn't dieting. I am writing because I finally found another approach that is helping. I wanted let you know as your encouragement and expertise has a strong influence on my attitudes and impacts my behaviours around how I take care of myself.

The approach I'm using is called Well Now. It's written by a dietitian and the simplest explanation for how it works is that it teaches people to value themselves. This ends the food and body battles we get into based on devaluing ourselves.

It's early days and I'm still getting the hang of things. Even so, I feel an enormous sense of relief to be doing something positive yet not dieting. Learning self-compassion has already improved things for me in terms of eating, activity, and mood.

I've also learnt more about how social factors and trauma impact us, which has helped me make more sense of my life and eating. The biggest ongoing challenge is learning to value myself in a world that tells us our worth is down to our looks or health status.

The Well Now dietitian, Lucy, is aware that 'not dieting' can set off alarm bells of concern for fat people's health, and also that clinicians are busy people. They have therefore prepared a summary Well Now rationale for clinicians. Lucy has also collated a list of statements that can be particularly effective in embedding new attitudes and behaviours when said by clinicians, and less helpful statements to avoid. I enclose both of these for your convenience and I appreciate your time and engagement.

Thank you for your ongoing support.

Kind regards,

GP Summary Rationale For Well Now

Lifestyle advice from a clinician can encourage people to re-evaluate their eating and make lasting change. This desired outcome is most likely in people who have uncomplicated attitudes to food and financial security. In chronic dieters and people with mental health problems or otherwise difficult lives, the standard approach to healthy lifestyle advice is counter-productive.

Well Now offers an alternative approach that is suitable for clinicians to use with all their patients. It works for people who need straightforward lifestyle advice and it helps break cycles of shame and 'emotional eating' in chronic dieters. It also considers how social and psychological factors impact health outcomes and behaviours. e.g. poverty, body shame, disability, trauma, fat stigma, domestic violence, ACES, mental health problems.

Well Now recognizes that some people will never be healthy whatever their lifestyle and so it encourages a shift to focus on 'living well'. This includes lifestyle but isn't limited to it.

It also takes into account the data that many people of high BMI are already eating well and are as active as they can be; and that people with eating issues can be any weight. Responding to this, in a marked break from the traditional approach, it replaces the imperative for thinness with a focus on body respect and living well for people of all weights. This is not because weight is irrelevant to health, but because the focus on weight control and dieting is counter-productive especially for chronic dieters. Promoting wellbeing and self-respect instead reduces body shame and fat stigma and supports beneficial change in eating, activity, attitudes, and mental health for everyone.

These statements are written to help you support your patient as they put this new approach to taking care of themselves into practice. You may be familiar with some of these ideas from trauma-informed care. The statements apply to adults of all weights except people in recovery from eating disorders for whom more nuance is often needed.

Beneficial Statements for Supporting Self-Care in Patients

Well Now recognizes the impact of poverty, trauma, ACES (Adverse Childhood Events), mental health problems, undiagnosed or sub-clinical eating disorders, disability, domestic violence, chronic pain, gut problems, long-term conditions, caring role, living with fat stigma, chronic stress, and other socioeconomic factors on self-care capacity.

High stress or distress is linked with comfort or 'coping' eating and a spiral of shame and low mood. These statements seek to interrupt this cycle by using acceptance and self-compassion to reduce shame and overwhelm. They encourage a focus on self-respect and small, manageable goals for living well.

Many people living with eating issues and chronic health problems have experienced trauma. As you may know, trauma can interrupt our ability to cognitively process transitions. It would therefore be helpful if you could acknowledge your intention to support them in trying this new approach. I provide a suggested statement below.

It is hard to over-emphasize the impact that your support as a clinician will make on your patient's attitudes and health behaviours.

Thank you for reading this.

Transition Statements

- I read the information you sent. It was certainly an interesting take on things. I think focusing on your behaviours instead of on your weight could make sense and am happy to support you in this.
- Thanks for your letter. It's not an approach I've come across before and I want to look into it more. Meanwhile, as it seems to be helping you I'm pleased to support you as you try it out.

Beneficial Statements

- Eating well has health benefits for people of every size.
- Being active supports health whether or not your weight changes as a result.
- The important thing is to look after yourself as best you can, not to try and reach a certain weight or follow a strict diet or fitness regime
- Food can help recovery and management in [diabetes/heart disease] but there's a lot more to getting ill than what we eat or don't eat.
- I can tell you have been trying really hard with this new way of thinking about eating. Remember, it's about you being able to take care of yourself in difficult circumstances, not about being perfect.
- We are all different sizes and health status and everyone deserves respect.

Offering Encouragement

- I'm interested to know about any changes to eating and exercise you manage to make – it's about looking after yourself, not weight. And despite what we get told, lifestyle and weight are not as strongly linked as diet programmes suggest because genetics and even early life events play a big part.
- Not everyone can be text-book healthy. I can see you have found ways to take care of yourself and live fully and that's great.
- Things sound really hard for you and you're doing your best. We can't expect any more than that. Keep trying to take care of yourself and let's hope it gets easier for you.
- People of all weights get diabetes [heart disease/hypertension etc]. Medication, eating well and being realistically active can help manage your condition. Your weight might change and it might not – I'm mentioning this now so you don't feel like you've failed if your weight stays the same.
- Your weight may or may not change, that's not the point. The point is you are eating well and being more active. You're also feeling much better in yourself, that's great. This is where the physical and mental benefits come in – regardless of whether you lose weight.
- Yes, there is a link between diabetes and weight. However, most people who try and lose weight actually gain weight and many dieters get a low mood which apart from anything else is bad for blood sugar control. You can improve blood sugar control through regular meals, medication and being active even if your weight stays the same. So the best thing to do is focus on lifestyle and medication, getting out and generally looking after yourself.

Statements to Avoid

It is easy for people to be triggered back into dieting.

- It's good you're choosing healthy food more often but don't have too much.
- Make sure you don't relax too much and start eating too many treats
- It's helpful to build self-confidence but you still need to lose weight.
- That's great you are exercising more, maybe you'll lose some weight now
- Now that your depression has lifted you could try a diet