Preventing the Broad Spectrum of Weight-Related Problems: Working with Parents to Help Teens Achieve a Healthy Weight *and* a Positive Body Image

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ABSTRACT

A spectrum of eating-, activity-, and weight-related concerns is presented that includes 5 dimensions (weight control practices, level of physical activity, body image, eating behaviors, and weight status) and different levels of severity within each of these dimensions. Multiple interacting factors contribute to the etiology of problems within each of these dimensions in adolescents at the individual, familial, peer, school, community, and societal levels. Families have an important role to play in reinforcing the positive influences at each of these levels and in filtering out the negative influences. Parents can help their children engage in more healthful eating and physical activity behavior and feel better about themselves through (1) role modeling healthful behaviors, (2) providing an environment that makes it easy for their children to make healthful choices, (3) focusing less on weight and more on behaviors and overall health, and (4) providing a supportive environment for their children to enhance communication. Families need to be proactive within our society, which works against the development of a healthy weight and a positive body image in children and adolescents. However, families cannot do it on their own and need support from the more distal environments within which they function.

KEY WORDS: healthy weight behaviors, weight-related problems, body image, adolescents, parents

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Many of the ideas presented in this article are drawn from the author's book, "*I'm, Like, SO Fat!" Helping Your Teen Make Healthy Choices about Eating and Exercise in a Weight-Obsessed World*, for which she receives royalties from the Guilford Press.

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OVERVIEW

Can we use the same approaches and interventions to prevent obesity and eating disorders among teens? The challenges presented by both of these serious health concerns are formidable, but they are surmountable. I would like to share some perspectives, including research findings and recommendations, that support a unified approach to helping young people successfully address what may seem like antithetical problems. I will be addressing 3 overarching questions:

1. What are we trying to prevent, and why consider a "spectrum" of problems?
2. What factors contribute to the etiology of weight-related problems, and what is the role of the family within this web of influences?
3. What can families do to help their teens have a healthy weight and a positive body image?

The basis for my perspective includes 4 main sources of data and information: epidemiological surveys, particularly Project EAT (Eating Among Teens); qualitative research, including focus groups and interviews with teens; intervention studies aimed at preventing risk factors for eating disorders and obesity; and interviews with professionals and parents.

WHAT ARE WE TRYING TO PREVENT?

Why Consider a Spectrum of Weight-Related Problems? Findings from Project EAT

My perspective is largely based on findings from Project EAT. Project EAT is a large epidemiological study that has sought to identify socioenvironmental, personal, and behavioral factors associated with eating behaviors and weight concerns among adolescents. Project EAT-I included collection of a wide range of data: focus groups with 144 adolescents, pilot-testing of a survey with 252 adolescents, surveys and anthropometric measurements of 4746 adolescents, and telephone

interviews with 902 parents of participating adolescents. Project EAT-II was implemented 5 years later. In Project EAT-II, we resurveyed 2516 adolescents and young adults from the original study population, thus allowing for an examination of 5-year longitudinal relationships between variables.

The 4746 adolescents who participated in the surveys and anthropometric measurements in Project EAT-I were from 31 public schools in the Minneapolis/St. Paul area of Minnesota. Data were collected in the 1998-1999 school year. Study subjects were evenly split between males and females (50% each), and more were in high school (66%) than in middle school (34%). Racially and ethnically, the sample was diverse, with 48% Caucasian, 19% African American, 19% Asian American, 6% Hispanic, 4% Native American, and 4% other/mixed.

A high percentage of adolescents were either overweight or at risk of overweight, with few differences between the girls and the boys. Among the girls, 4.6% were underweight, 62.8% were average weight, 20.0% were at risk of overweight, and 12.6% were overweight. Among adolescent boys, 5.7% were underweight, 63.1% were average weight, 14.6% were at risk of overweight, and 16.6% were overweight.[1] Sex- and age-specific cutoff points for weight status were based on reference data from the Centers for Disease Control and Prevention growth charts.[2,3]

In response to the question, "Have you done any of the following things in order to lose weight or keep from gaining weight during the past year?" subjects were able to select from up to 13 listed practices or behaviors. On the students' surveys, these practices and behaviors were not grouped in any way, but our research team categorized the behaviors into the 3 following groups: (1) moderate behaviors: exercised, ate more fruits and vegetables, ate less high-fat foods, and ate less sweets; (2) unhealthful behaviors: fasted, ate very little food, used food substitutes (powder/special drink), skipped meals, and smoked more cigarettes; (3) very unhealthful behaviors: took diet pills, used laxatives, used diuretics (water pills), and made myself vomit (throw up). The first group of behaviors includes those that we commonly recommend for healthy weight management, whereas behaviors in the second and third groups are not recommended. The third group of behaviors includes behaviors commonly viewed as "disordered eating behaviors" or "anorexic or bulimic behaviors." The use of weight control behaviors was prevalent in the adolescents.[1] Moderate weight control behaviors were reported by 85.4% of the girls and 69.9% of the boys. Unhealthful weight control behaviors were reported by 56.9% of the girls and 32.7% of the boys. Very unhealthful weight control behaviors were reported by 12.4% of the girls and 4.6% of the boys.

Of particular interest is how the use of these weight control behaviors differed across weight status. As shown in Table 1, weight control behaviors varied by weight status and gender. Prominent among the differences was the fact that among girls, the highest prevalence of weight control behaviors categorized as "very unhealthful" (18%) was among those who were most overweight. In contrast, among boys, the highest prevalences of very unhealthful weight control behaviors were among those who were most underweight (7%,) as well as those most overweight (6%). Not only were the most overweight youth at highest risk of unhealthful weight control behaviors, they were also at greatest risk of other disordered eating behaviors, such as binge eating. The high prevalence of unhealthful weight control behaviors and binge eating among the overweight youth alerted our research team that there was a pressing need to explore strategies for helping overweight youth with more healthful weight management.[1,4]

The high percentage of adolescents using unhealthful weight control behaviors is of concern in light of findings from Project EAT-II[5] and other studies,[6-9] which suggest that dieting and the use of unhealthful weight control behaviors are not effective in weight management. In fact, findings indicate that adolescents who report dieting and unhealthful weight control behaviors are at risk of weight gain over time, even after taking baseline weight status into account. For example, Stice and colleagues found that girls who dieted in 9th grade were more than 3 times as likely to be overweight in 12th grade compared with girls who did not diet in 9th grade.[7] Furthermore, findings suggest that the adolescents who engage in dieting and unhealthful weight control practices are at increased risk of the onset of more severe disor-

Table 1. Weight Control Behaviors and Binge Eating by Weight Status in Adolescent Girls and Boys: Findings from Project EAT

	Girls (%)					Boys (%)				
	Total	Underweight	Average Weight	At Risk of Overweight	Overweight	Total	Underweight	Average Weight	At Risk of Overweight	Overweight
Moderate WCB	85.4	48.4	83.1	94.0	95.4	69.9	49.6	62.2	83.2	92.6
Unhealthful WCB	56.9	18.8	50.5	68.5	76.0	32.7	21.5	23.7	42.7	55.4
Very unhealthful WCB	12.4	3.1	10.1	16.4	17.9	4.6	7.4	3.2	4.9	6.3
Binge eating	17.3	9.0	15.6	19.2	21.0	7.8	5.7	5.7	9.9	11.9

WCB indicates weight control behavior.

Source: Neumark-Sztainer D, Story M, Hannan PJ, Perry CL, Irving LM. Weight-related concerns and behaviors among overweight and non-overweight adolescents: implications for preventing weight-related disorders. *Archives of Pediatrics and Adolescent Medicine* 2002;156:171-178. Adapted with permission. American Medical Association 2002.