

## Mostly Evidence Based

# Being fat was never your fault

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**. teaching us about the weight struggle**



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# You let yourself go…

Being overweight has long been framed as a personal failing. If you're fat, it's your own fault. Try eating less. Put down the fork. Eat a salad. Get to the gym. Use some willpower.

The explosion in weight loss medications - and the fact that they've been so successful, has led to many experts reframing the way they think about obesity and weight loss. The drugs do so much more than melt off fat or suppress appetite. They:

- reduce food noise (see below)
- reduce food (and alcohol) cravings
- make people feel full sooner

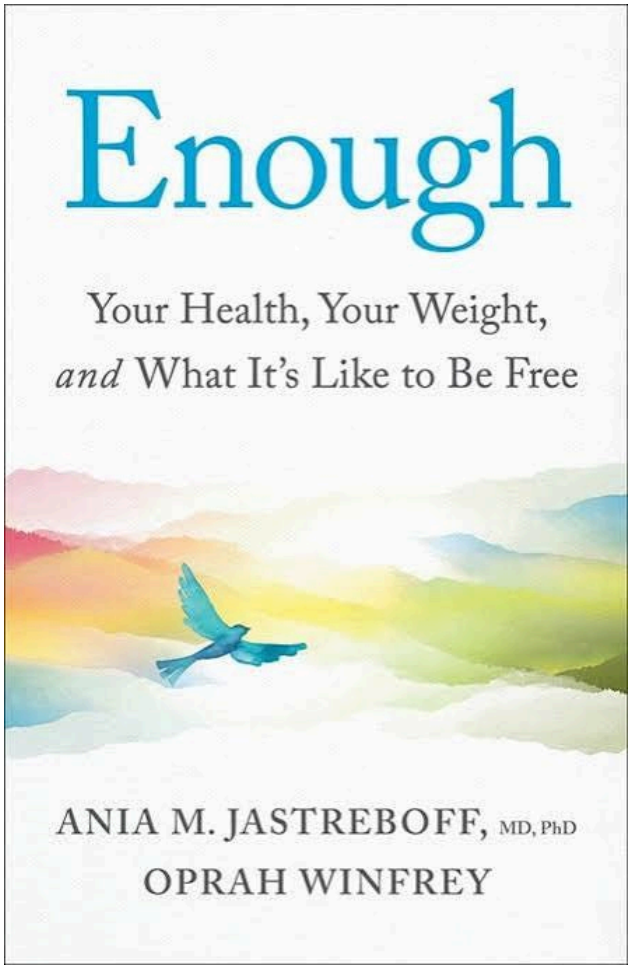
This makes it easier for people who want to lose weight to do just that. GLP1s give them a tool, the final piece of the 'eat less and move more' puzzle which has been missing until now. It's a revelation for a lot of people - because it's changing the narrative and making experts realise that weight may be far more biologically driven than we think. And willpower isn't the missing link after all.

As Ania Jastreboff says in her book, 'Enough' written with Oprah Winfrey:

" *It's not a matter of choice. It's not a matter of willpower. It's not a moral failing. It's a disease just like any other chronic disease. Just like diabetes. Just like heart disease. We should be treating obesity as we treat these other chronic diseases*."

Jastreboff, an endocrinologist, has been studying GLP1s for more than 15 years, and firmly believes that there's more to weight loss than good old-fashioned willpower - and that GLP1s are helping us to unravel the mysteries. She told Yale News that her patients started to report that the intrusive, disruptive and persistent thoughts about food disappeared when they started taking medication, and until then, they hadn't even realised that they were experiencing 'food noise'

*"The medicines taught us this. They taught us about food noise, a manifestation of our brain's biology. There are many other things the medications are teaching us and will continue to teach us about the biology of obesity."*




# Food noise enters the chat

Five years ago, most people had never heard of food noise, but now it's appearing in healthcare information, first person articles and all-over social media. People who believed that there was genuinely something wrong with them are realising that constant thoughts about food, eating and dieting are far more common than they thought. There's nothing wrong with them after all - and they aren't alone.

It's also allowed people who struggle with weight loss to understand why other people who suggest just eating less and moving more ("it's not rocket science") are so ignorant - because food noise doesn't affect everybody. If you've never had to fight with your own subconscious to stop yourself eating, even when you know logically that you aren't hungry, it must be difficult to empathise with a fat person who seems to be constantly overeating.

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# Willpower is so twentieth century



We've been lectured for decades, if not centuries, that being overweight is a willpower problem. It's a personality defect, a lack of backbone, even a sin if you're religious. Gluttony seems to have overtaken lust in the list of deadly sins we need to avoid.

Science is turning this outdated view on its head. Instead of finger wagging about greed, laziness or too many cakes, the world is finally realising that weight is a complicated issue that's impacted by a long list of factors - including genetics, hormonal balance, and environment, and that GLP1s are unlocking weight loss as an option for people with decades of unsuccessful attempts behind them.

GLP-1 drugs don't lose the weight for you - one popular misconception that leads to the tired accusation of "doing it the easy way". They change the biological pathways that regulate hunger and satiety. The rest, you have to do yourself.

## "Doing it the easy way"



It's easy to assume that now science is realising that excess weight isn't fat people's fault, the stigma around it would disappear. But that's not the case. Effective medications have just changed the narrative a bit.

Research is showing that there's now a stigma attached to using *medication* to lose weight. Users are often accused of lacking discipline and willpower, cheating, taking a shortcut, avoiding responsibility for their weight...the list goes on.

Opinions about using GLP1 medications seem to reflect wider cultural beliefs about the values of hard work, self-discipline and effort. Because of this, people who use medication to help them lose weight are accused of cheating and taking the easy way out, and people who don't do anything at all and stay fat are criticised for not having enough willpower or self-control to do anything about it at all.

Research shows that these attitudes can be harmful, and that weight stigma can be linked to depression, stress, unhealthy eating behaviours, and - ironically - a higher risk of obesity and type 2 diabetes.

Most of the people criticising GLP1 users for 'doing it the easy way' don't seem to understand how the medications work - and that to lose weight successfully on Mounjaro or Wegovy involves doing the exact same things that weight loss without them involves; eating better, eating less and exercising.



# Have we actually learned anything from GLP1 discussions?

GLP-1s are shining a light on the way that fat people are demonised by society, even when they are trying to lose weight. There's a lot of judgement around the 'right' type of weight loss.

Strangers are still way too invested in other people's weight loss, and it being a matter of willpower. Celebrities try to pretend that they've 'done it the hard way' - but why does it even matter? Perhaps if more well-known people admitted to getting medical weight loss help, it would be normalised. Nobody criticises A-listers for getting help from a personal trainer or a nutritionist - why does getting help from whoever fills their prescription need to be any different?

The old media obsessions about celebrity weight loss sold millions of magazines back in the 00s and kept the Daily Mail's 'sidebar of shame' in material for far longer than it should have.

# Is fat shaming just too lucrative to let go?

Medicine is learning that obesity is a chronic disease, and the discussions about GLP1s could open up the way for some of the difficult conversations we need to have. Science is learning that it's not our fault, but the media, celebrities and public opinion are still a way behind the game, which makes life harder for people who prefer to stay fat, or to lose weight with the help of medication. The media

doesn’t want to learn, it prefers to judge.

There’s also the next phase of stigma incoming:

*“why are you still fat - why don’t you get on a GLP1?”*

**Watch this space, I’ve seen it already.**

On the plus side, all the talk about food noise and GLP1s has made people curious, and fuelled discussions about weight and biology, weight stigma, and health that need to be debated.

Whether these drugs ultimately transform public health remains to be seen. But they might have already started to transform the conversation.

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