

# Module 2: Addressing Provider Concerns

## Q&A Reference Sheet

### Question

How do I NOT talk about weight/BMI?

### Answer

When working with pediatric patients, we recommend tracking weight and BMI privately. We understand that it may be helpful to understand a patient's weight trajectory in conjunction with other metrics. If you have a concern based on their weight trajectory, it is best to center the conversation around health and controllable health-promoting behaviors, rather than the patient's weight itself. Discussing your concern with regard to controllable behaviors, rather than the patient's body size, can help avoid contributing to weight stigma and "blame and shame."

### Question

If I have a weight-based concern, can/should I show the patient their growth chart?

### Answer

If the patient is a young child, we recommend not using weight or percentiles as communication tools at most visits. Tracking a child's growth can be useful toward understanding trends in their well-being, but it's important to be careful to ensure that these tools do not become a pathway through which you contribute to weight stigma. If you must discuss the child's growth curve to adequately address your concern, it is best to do so without the child present. It is also important to explain that you don't equate weight with health.

If the patient is an adolescent, we recommend against showing them their growth chart. A major developmental milestone in adolescence is comparing oneself with peers, and this focus can often lead to social comparison. This comparison, alongside bodily changes that come with puberty, can lend itself to body image concerns and give way to disordered eating. If the patient or their parent specifically asks to see their growth chart, we recommend doing so while also explaining that the growth chart alone does not directly indicate the patient's health.



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### Question

Is there specific language I should avoid when discussing weight-related topics or concerns?

### Answer

When working with patients of any age, but especially pediatric patients, it is important to try to avoid terms that may contribute to weight stigma. Terms like "obese" or "morbidly obese" contribute to weight stigma and can make patients (and/or their parents) feel embarrassed or shameful. Instead, terms like "higher weight" may be less stigmatizing. If you aren't sure, we recommend asking the patient if they have a preference or what terms they are comfortable with.

### Question

What are red flags for EDs that might show up in a school clinic setting?

### Answer

There are many "red flags" you may look for when it comes to eating disorder concerns. If patients express that they are cutting out major food groups, or restricting their food intake, this may be a cause for concern. Additionally, if patients report excessive exercising and/or a major drive to lose weight (no matter their weight status), this may also be a cause for concern.

### Question

How do I determine who to screen for eating disorders?

### Answer

We recommend screening all patients for an eating disorder. Because eating disorders can easily go undetected, especially if patients do not fit the stereotype associated with eating disorders (skinny, white, affluent girl), it is best to screen all patients.

