

POSITION STATEMENT

WEIGHT MANAGEMENT PRODUCTS

OVERVIEW

As the national charity for eating disorders and body image concerns, Butterfly does not endorse the personal use of weight management products without first consulting a health professional. Further, people with a history of disordered eating or eating disorders should not use these products.

Butterfly recognises, that for some people, it may be necessary for them to reduce their body weight, but it is critical this is done in a safe and appropriate manner, with proper guidance from healthcare professionals, such as a GP or dietitian.

RISK OF WEIGHT MANAGEMENT PRODUCTS

Weight management products such as shakes, soups, bars, supplements and other snacks that are designed to reduce caloric intake may lead to disordered eating practices, such as dieting. Dieting is also the number one modifiable risk factor towards the development of an eating disorder. While not every individual will use weight management products irresponsibly, there is the potential for these products to be misused, and this could have implications on both physical and mental health.

It is inadvisable to use weight management products without first consulting a health professional, because weight loss supplements and food restrictive diets do not consider individual requirements, and can result in hunger, low moods, low energy levels and poor mental and physical health.¹

Disordered Eating

Disordered eating is a disturbed and unhealthy eating pattern which can include restrictive dieting, compulsive eating or skipping meals. Disordered eating has the potential to destructively impact upon a person's life and has been linked to a reduced ability to cope with stressful situations. Additionally, there is increased incidence of suicidal thoughts and behaviours in adolescents with disordered eating.

Examples of disordered eating

- Fasting or chronic restrained eating
- Skipping meals
- Binge eating
- Self-induced vomiting
- Restrictive dieting
- Unbalanced eating (e.g. restricting a major food group such as 'fatty' foods or carbohydrates)
- Laxative, diuretic, enema misuse
- Steroid and creatine use – supplements designed to enhance athletic performance and alter physical appearance
- Using diet pills

Australian adolescents engaging in dieting are five times more likely to develop an eating disorder than those who do not diet.²

Eating Disorders

An eating disorder is a serious, potentially life-threatening illness that affects a person's psychological and physical health. These mental health conditions involve a combination of biological, psychological and sociocultural factors.

Eating disorders affect around 4 per cent of the Australian population – approximately one million people in any given year – and these mental health conditions do not discriminate based on gender, age, weight, race, or sexuality.

Types of eating disorders include: Anorexia Nervosa, Bulimia Nervosa, Binge Eating Disorder, Other Specified Feeding and Eating Disorders (OSFED), Avoidant/Restrictive Food Intake Disorder (ARFID), Unspecified Feeding or Eating Disorder (UFED), Rumination Disorder, and Pica.³

QUICK FACTS

- In Australia, the most common eating disorders are Binge Eating Disorder (47%), Other Feeding and Eating Disorders (OSFED) (38%), Bulimia Nervosa (12%), and Anorexia Nervosa (3%).
- Over a third of people (37%) with eating disorders are male
- Eating disorders can affect anyone, at any age, but they remain more prevalent among adolescents and young people, with the average onset for eating disorders between the ages of 12 and 25 years.

For more information about eating disorders, the warning signs, and how to get help, please visit the Butterfly website or call our National Helpline on 1800 33 4673, via webchat or email support@butterfly.org.au

Body Dysmorphic Disorder

Body Dysmorphic Disorder (BDD) is a body image disorder where a person may be extremely worried or preoccupied about a perceived flaw, or imperfection in their appearance. It may include one or more facial features or body parts, and it may appear minor, or not even seen by other people. Unlike an eating disorder, BDD does not have to do specifically with weight, shape or size, but can be any element of appearance. BDD can, however, share some features with eating disorders and also obsessive-compulsive-disorder.

Muscle Dysmorphic Disorder

Muscle Dysmorphic Disorder (MDD) is a type of Body Dysmorphic Disorder (BDD). It is sometimes referred to as "Reverse anorexia" or "Bigorexia", and usually affects men. Muscle Dysmorphia is where a person might be having a lot of thoughts about their muscles and not seeing themselves as muscular or lean enough. While not classified as an eating disorder, MDD does feature some of the same characteristics - those experiencing muscle dysmorphia engage in distorted eating behaviours and thoughts (rigid, black/white thinking, less social outings) similar to that of anorexia nervosa.

As a means of pursuing muscularity, individuals with muscle dysmorphia will often engage in meticulous dieting, excessive exercise (particularly excessive weight lifting) and in some cases substance use (such as anabolic-androgenic steroids). People who engage in body building are especially vulnerable, but while there is nothing wrong with body building, if it starts interfering with your life it can become a problem⁴.

Some other factors that place a person at greater risk may include:

- Low self-esteem
- A genetic pre-disposition or vulnerability to mental illness
- Existing mental health concerns
- Past bullying about weight and appearance, particularly in relation to muscularity

DIETS DON'T WORK

Contrary to popular belief, research conveys that at least one-third to two-thirds of people on diets regain more weight than they have lost within four or five years, and the true number may well be significantly higher. Weight loss and 'fad' diets do not take people's individual requirements into consideration and can result in a person feeling hungry, experiencing low moods, lacking in energy levels and developing poor health.⁵

These notions are substantiated by the fact that Australians will spend approximately \$310 million on weight loss and low-calorie food services and dietary supplements, on an annual basis. Yet simultaneously, both the rate of obesity and the number of people with an eating disorder are increasing in Australia.⁶

Unhealthy weight loss dieting is also associated with other health concerns including depression, anxiety, nutritional and metabolic problems, and, contrary to expectation, an increase in weight (Paxton, Wertheim, Pilawski, Durkin, & Holt, 2002).⁷

HEALTH NOT WEIGHT

Butterfly supports the notion that health should not be equated to weight, and it is not possible to understand the health status of an individual simply by looking at their appearance or body shape. Messaging around health and weight is especially narrow, often endorsing thin and muscular **body ideals that may or may not be realistic for your unique body.**

Diet culture doesn't allow for diversity in body size and incorrectly tells us that a higher body weight is a problem that needs to be fixed with restrictive and rigid diets and exercise regimes.

Health at Every Size (HAES)

Butterfly supports Health At Every Size (HAES); a weight-inclusive approach to health. HAES practitioners advocate that a focus on healthy behaviours, rather than a focus on reducing body size, is the most useful way to support people of all sizes to take care of their health.

While having a higher body weight may place a person at risk of experiencing a range of metabolic health problems, it's also important to note that **if a person is engaged in healthy and balanced behaviours, they can be healthy in a larger body.** Conversely, it should not be assumed that a person of a lower body weight is healthy. In fact, for someone with an eating disorder the very opposite may be true, and they can be at real risk of physical and mental health implications.

Get Support

If you are wanting to change your body through weight management products, Butterfly strongly urges you to first seek guidance from your health professional. There is more information about body image issues on our website.

If possible, find a practitioner that uses a Non-Diet approach to health and is aligned with HAES principles.

Further reading

NEDC: [Dieting, disordered eating and the 'diet cycle'](#)

Butterfly: [The reality of eating disorders in Australia](#)

Butterfly: [Eating disorders can affect anyone](#)

[Health at Every Size \(HAES\) Australia](#)

[Finding a HAES provider](#)

Contact

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¹ <https://nedc.com.au/eating-disorders/eating-disorders-explained/disordered-eating-and-dieting/>

² Patton GC, Selzer R, Coffey C, Carlin JB, Wolfe R. Onset of adolescent eating disorders: population based cohort study over 3 years. *BMJ*. 1999;318(7186):765.

³ <https://butterfly.org.au/wp-content/uploads/2020/12/The-reality-of-eating-disorders-in-Australia-2020.pdf>

⁴ <https://www.theguardian.com/lifeandstyle/2019/jul/17/gym-eat-repeat-the-shocking-rise-of-muscle-dysmorphia>

⁵ <https://butterfly.org.au/eating-disorders/eating-disorders-explained/>

⁶ <https://www.eatingdisorders.org.au/eating-disorders-a-z/disordered-eating-and-dieting/>

⁷ NEDC, 2019. Dieting and disordered eating, NEDC Bulletin, issue 38. Retrieved online: <https://nedc.com.au/research-and-resources/show/issue-38-dieting-and-disordered-eating>