Long-Term Weight Loss Maintenance in Obesity: Possible Insights from Anorexia Nervosa?
Summary by Alexis Conason, Psy.D.
Iaedpny Research Liason

The International Journal of Eating Disorders recently published a controversial opinion piece by a group of eating disorder researchers from Columbia University Medical Center here in New York City. While this article doesn’t present new research findings, it presents the opinions of a group of experienced eating disorder researchers and clinicians. The article has generated a lot of discussion in the eating disorder community and I hope that you will share your opinion on our Facebook page.

The article was controversial because it seemed to suggest that we should encourage behaviors prevalent in anorexia nervosa in people who meet BMI criteria for obesity to enable long-term weight loss maintenance. The authors endorse a weight-normative approach to health, opening with a statement about the critical importance of weight loss to reduce the morbidity and mortality associated with obesity. This stands in contrast to a Health At Every Size perspective (which I covered in the December 2016/January 2017 two-part Iaedpny research summary series) or weight-inclusive approach, which argues that health is not dependent on weight.

The authors discuss research from the National Weight Control Registry (NWCR), an online registry of people who have lost 30 lbs or more and maintained the weight loss for at least one year. They observed striking parallels between the behavioral patterns of successful weight loss maintainers from the NWCR and individuals with chronic anorexia nervosa (AN), including eating a diet low in fat and calories with restricted dietary variety. Over time, these behaviors become ingrained and automatic. Both groups have physiological similarities that promote weight regain (lower resting energy expenditure, lower levels of leptin and thyroid hormone, and higher levels of ghrelin when compared to non-weight reduced matched BMI controls) but they override these powerful biological drives to maintain a reduced weight. The authors postulate that these similarities may indicate shared mechanisms responsible for the similar eating behaviors.

The authors go on to describe a research paradigm they developed using a food choice task to better understand the mechanisms underlying food choice in individuals with AN. They suggest that future research should explore the neural mechanisms associated with food choice in weight loss maintainers, compare results on a food choice task for weight loss maintainers and individuals with AN, and investigate shared personality traits and other similarities between the two groups.

The authors of the opinion piece emphasize that they do not consider the sustained weight loss of individuals on the NWCR to be pathological. They speculate that
similar neural mechanisms may be used by both groups, but consider the behaviors to be adaptive in the individuals on the NWCR and maladaptive in individuals with AN. They hope that future research exploring these ideas may lead to interventions that could encourage the behaviors in people who meet BMI criteria for obesity and interrupt the behaviors in people with AN.

What do you think? Please share your thoughts on our Facebook page.