

The limitations of BMI (Body Mass Index) and the “healthy weight” approach in the **prevention and treatment of eating disorders** (EDs).



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An invitation for health professionals to reflect

BMI and **body weight** are standardized metrics for health monitoring.

While the use of BMI is necessary in the diagnosis of some eating disorders, we believe that the excessive focus on BMI and weight as general health indicators often **encourages risky behaviors** (e.g., dieting) that can contribute to the development of eating disorders.



We invite you to reflect
on a growing body of evidence
that questions the use of
weight and BMI as primary
health indicators.

BMI is a practical metric, but it isn't reliable as a health indicator on its own.

1

BMI wasn't created to measure individual health.

BMI was created as a population-based tool (specifically for Caucasian Belgian men) and was not intended for health purposes or to assess the health of individuals. BMI does not consider genetics, bone density, muscle mass, or other metrics that could inform a patient's health.

([Pray, R. and Riskin, S., 2023](#)) ● [Click here to view the studies.](#)

2 BMI is a useful indicator, but it is not always a determinant of health.

While it's well established that "obesity" ($\text{BMI} > 30$) is associated with a high risk of many diseases, causality is less well-established. Epidemiological studies that support this association rarely consider athletic factors, nutritional intake, weight gain and loss, or socioeconomic status. However, all of these factors play a role in determining health.

([Campos et al., 2006](#)) ● [Click here to view the studies.](#)

BMI isn't a reliable metric to determine metabolic health.

3

BMI has been shown to be an inaccurate measure of metabolic health. In a study of 40,420 adults, 29% of those with a "normal" BMI were found to be metabolically unhealthy, while nearly half of those with a BMI in the "obese" range were metabolically healthy.

([Tomiyaama et al., 2016](#)) ● [Click here to view the studies.](#)

Focusing on BMI and weight control
can trigger risky behaviors or
ignore signs of an eating disorder.

1 The search for the “ideal weight” and disordered eating* remain closely linked.

A 10-year longitudinal study (1999–2010) found that young people (n = 2,287) who engaged in dieting or disordered eating behaviors during adolescence were at high risk of continuing these behaviors into adulthood. For example, the use of diet pills was observed to triple over the study period.

([Neumark-Sztainer et al., 2011](#)) ● [Click here to view the studies.](#)

Restrictive diets promote the development of eating disorders.

2

Dieters are more likely to develop eating disorders. In one cohort study, women who engaged in moderate dieting were five times more likely to develop an eating disorder, while those who practiced extreme restriction were 18 times more likely compared to non-dieters.

([NEDA, statistics](#)) ● [Click here to view the studies.](#)

**“Disordered eating” refers to eating and weight-control behaviors that resemble those of eating disorders (such as restriction, binge eating, purging, and compensatory behaviors), but occur with less frequency or intensity than required for a clinical diagnosis. Disordered eating is considered a risk factor for the development of eating disorders. (NEDA)*

3 BMI alone does not detect most cases of eating disorders.

Eating disorders are often associated with malnutrition, but this does not reflect the majority of patients. Fewer than 6% of individuals with eating disorders are underweight (NEDA, statistics). Many cases among people of average or higher weight go undetected in medical consultations, and some even receive weight-loss recommendations, which can reinforce the eating disorder.

● [Click here to view the studies.](#)



The message to 'control your weight for health reasons' is widely promoted, while cases of eating disorders continue to rise.

Disordered eating* is a global problem.

1

A systematic review and meta-analysis of 32 studies conducted across 16 countries (n = 63,181) concluded that 22% of children and adolescents exhibited disordered eating behaviors, as measured by the SCOFF test.

(López-Gil et al., 2023) [Click here to view the studies.](#)

2 Eating disorder prevalence has doubled.

A systematic review of 94 studies with validated eating disorder diagnoses found that the weighted average prevalence of eating disorders doubled, rising from 3.5% in 2000–2006 to 7.8% in 2013–2018.

(Galmiche et al., 2019) [Click here to view the studies.](#)

Consultations for ED cases have also increased significantly.

3

In the United States, medical visits for eating disorders doubled among individuals aged 0–17. Between 2018 and mid-2022, visits increased by 107.4%, encompassing all types of eating disorders.

S. Jain., Trends Shaping the health economy: Behavioral Health. Trilliant Health, 2023) [Click here to view the studies.](#)

This document does not argue that BMI and weight are irrelevant metrics. Rather, **it calls for an ethical reflection that acknowledges the population's vulnerability to developing eating disorders** when these measures are used to define or promote health in patients.

Many people will benefit from changing their eating and exercise habits, and their health may improve as a result of those changes, but these changes are not always reflected in their weight. However, when the focus is solely on weight, and not on habits, weight control methods such as restrictive diets and compensatory methods are normalized.

We invite all healthcare professionals to collaborate in creating spaces where health is not measured solely by the number on the scale, but is understood through multiple determinants, including individual behaviors (such as sleep habits and psychological well-being), socioeconomic background, genetics, access to healthcare, and environmental factors.

We're Lucía and Vale!

We support people with eating disorders in their full recovery.



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Contact us by email or Instagram if you would like to:

- Receive recommendations of research studies that promote a weight-inclusive approach to health.
- Receive information about our personalized support for people with eating disorders.
- Receive information about our support group for relatives of individuals with eating disorders.

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