

The *Revista del Hospital Italiano de Buenos Aires* editors seek to offer their readers a space for reflection on issues actively debated within the scientific community. To this end, we have invited two distinguished experts in the field of obesity, who hold opposing views, to present their positions based on a clinical scenario.

Below, we share the perspectives of attorney Lucía Portos and Dr. Cecilia Araujo, who will address the following hypothetical case:

*A family seeks medical consultation for their 14-year-old adolescent, who requires a health certificate to attend a camp.*

*After the interview and physical examination, the physician determines that the adolescent has not experienced significant health issues, follows a high-calorie diet, and has a body mass index (BMI) of 31. Both parents are obese, and the patient has attempted to lose weight on a few occasions in past years.*

*The physician suggests modifying eating habits and increasing physical activity. However, the adolescent and their parents react negatively, interpreting the recommendation as an intrusion into their life choices and the right to live according to their beliefs and physical characteristics.*

## Beyond Body Mass Index: Health or Illness Is Not About Weight

Lucía Portos 

Subsecretaria de Políticas de género y diversidad sexual, Ministerio de las Mujeres, políticas de género y diversidad sexual, Provincia de Buenos Aires. Abogada (Universidad de Buenos Aires). Diputada reelecta de la Provincia de Buenos Aires (2013-2019) y Consejera de la Magistratura. Argentina.

Las recomendaciones de salud que se hacen a las pe Health recommendations provided during a medical consultation must, first and foremost, consider the reason for the patient's visit. In this case, the adolescent requires a health certificate to attend a camp. This certificate is issued following a physical examination that confirms the applicant has no health issues preventing participation in the activity. It is inferred that this consultation is a one-time occurrence rather than part of an ongoing doctor-patient relationship that would allow for not only the establishment of trust but also a comprehensive and continuous assessment of the patient's health status.

It is essential to recognize that health is a multidimensional phenomenon—"somatic (biological), psychological, and also social"<sup>1</sup>—and that there is broad scientific consensus acknowledging Weight Stigma as a tendency to judge, stereotype, and mistreat individuals based on their weight, leading to bias in patient care. This results in a "weight-centric" medical approach that disregards a comprehensive health assessment and reinforces aesthetic body norms that can severely impact mental health, particularly in adolescents. Furthermore, evaluating health and providing medical advice based

solely on the numerical value of the Body Mass Index (BMI) is entirely inadequate and reinforces this weight-centric paradigm, as this tool does not take into account any other health assessment factors beyond a person's weight and height.

It is evident that, in this case, the patient and their family have repeatedly faced the frustrating experience of approaching the healthcare system just to be immediately judged based on their weight without considering other relevant factors in the assessment. That disregards the fact that "a recent WHO report provides data showing that 63% of school-aged children with obesity are more likely to be bullied, 54% of adults with obesity report experiencing stigma from their colleagues, and 69% of adults with obesity report stigma from healthcare professionals"<sup>2</sup>. The healthcare professional handling the consultation must adopt a respectful approach, ensuring that "fatphobic" bias does not disguise itself as well-intentioned advice that reinforces the guilt-inducing stereotypes so often imposed on fat individuals and, in this case, the adults responsible for their care.

There is extensive literature indicating that weight stigma derives from the erroneous assumption that body

---

Author for correspondence: [despachoportos@gmail.com](mailto:despachoportos@gmail.com), Portos L.

Received: 10/31/24 Accepted: 11/17/24 Online: 12/2/2024

DOI: <http://doi.org/10.51987/revhospitalbares.v44i4.325>

**How to cite:** Portos L. Más allá del Índice de Masa Corporal. La salud o la enfermedad no es el peso. *Rev. Hosp. Ital. B. Aires.* 2024;44(4): e0000432

<http://ojs.hospitalitaliano.org.ar/>

 BY-NC-SA 4.0

ISSN (online) 2314-3312

size is an individual choice linked almost exclusively to “bad” eating habits. Consequently, people are often told they only need to “make the decision” to change these habits to achieve a body that conforms to the thinness norm<sup>3</sup>. In fact, in this case, the patient reports having attempted to lose weight on several previous occasions, only to become frustrated by the process. That is because weight loss recommendations typically focus solely on restricting calorie intake –subjecting individuals to “going hungry”– and increasing physical activity without thinking of the consequences that restrictive diets have on their mental and physical health. Additionally, these same fatphobic biases often drive individuals away from sports, as larger bodies are frequently labeled as unsuitable for such activities. This dimension is particularly relevant in the case under study, as the patient is about to attend a school camp, where bodily appearance is prominently on display, making it especially prone to the reinforcement of these same stereotypes, which can lead to bullying dynamics.

Currently, the National Ministry of Health, through its Clinical Practice Guidelines for Addressing Overweight and Obesity, acknowledges that all these aspects must be taken into account during an evaluation: “This new conceptualization involves addressing obesity and overweight not only as a physiological characteristic but also regarding the impact of social and psychological factors on human existence. That is, this shift in approach acknowledges the effects of malnutrition, systemic violence, functional diversity, problematic substance use, and the various forms of precarious living conditions stemming from limited access to food, frustration, and dissatisfaction—all of which link to this comprehensive concept of health”<sup>4</sup>.

Ultimately, this case study makes evident what body diversity activism has been denouncing for decades: when a patient with a body larger than the average seeks medical care, all the biases ingrained in the dominant training of healthcare professionals come into play. These biases lead practitioners to believe that part of their duty is to tell patients how they should live their lives, thereby perpetuating violent practices that aim to normalize individuals by forcing them to fit into paradigms detached from reality. These approaches fail to consider the impact of such rhetoric on self-esteem –especially in adolescents– and on mental health. Healthcare professionals should also consider these factors to assess the impact of their words and prevent individuals from distancing themselves from the healthcare system simply because they cannot find responses that adequately address their needs and concerns.

## REFERENCES

1. Navarro V. Concepto actual de salud pública. En: Martínez Navarro F, ed. Salud pública. Madrid: McGraw Hill Interamericana; 1999 [citado 2024 oct 31]. p. 49-54. Disponible en: <https://ifdcsanluis-slu.infod.edu.ar/sitio/material-de-estudio-del-ano-2013/upload/navarro.pdf>.
2. Solmi F, Sharpe PhD H, Gage SH, et al. Changes in the prevalence and correlates of weight-control behaviors and weight perception in adolescents in the UK, 1986-2015. *JAMA Pediatr.* 2021;175(3):267-275. <https://doi.org/10.1001/jamapediatrics.2020.4746>.
3. Sánchez Carracedo D. El estigma de la obesidad y su impacto en la salud: una revisión narrativa. *Endocrinol Diabetes Nutr.* 2022;69(10):868-877. <https://doi.org/10.1016/j.endinu.2021.12.002>.
4. Contrera L, Moreno ML. Cuadernillo de sensibilización sobre temáticas de diversidad corporal gorda [Internet]. [La Plata]: Argentina. Gobierno de la Provincia de Buenos Aires. Ministerio de las Mujeres, Políticas de Género y Diversidad Sexual; 2022 [citado 2024 oct 31]. Disponible en: <https://ministeriodelasmujeres.gba.gob.ar/gestor/uploads/CUADERNILLO%20%2%B0%20p%C3%BAblico%20general.pdf>.

---

# Comprehensive Approach to Address Childhood and Adolescent Obesity: A Path to Family Quality of Life and Future Health Prevention

Cecilia Araujo

Médica de Planta, Sección de Nutrición y Diabetes, Hospital de Niños Ricardo Gutiérrez. Miembro del equipo de Terapias Cetogénicas, Hospital Alemán y CINNES. Miembro de PROFENI. Docente de la USAL. Argentina

Childhood and adolescent obesity is a growing public health concern worldwide. According to the World Health

Organization (WHO), the prevalence of obesity among children and adolescents has risen alarmingly in recent

---

Author for correspondence: [araujoce80@gmail.com](mailto:araujoce80@gmail.com), Araujo C.

Received: 10/22/24 Accepted: 11/17/24 Online: 12/2/2024

DOI: <http://doi.org/10.51987/revhospitalbaires.v44i4.433>

**How to cite:** Araujo C. Comprehensive Approach to Address Childhood and Adolescent Obesity: A Path to Family Quality of Life and Future Health Prevention.. *Rev. Hosp. Ital. B. Aires.* 2024;44(4): e0000433

decades. Obesity is not only linked to physical health issues but also impacts the psychological and social well-being of young people. In this context, nutritional management becomes a key tool for promoting healthy habits, preventing or treating associated complications, and improving the quality of life of adolescents and their families.

In the case presented, we have a 14-year-old adolescent with a body mass index (BMI) of 31, indicating obesity. Although the patient is not seeking medical attention for health problems, it is important to conduct a thorough medical history and request tests to screen for potential complications associated with obesity.

The history of unsuccessful weight loss attempts, along with the fact that both parents are also obese, suggests a family environment that may be perpetuating unhealthy habits. The healthcare professional's recommendation to modify eating habits and increase physical activity is not an intrusion but rather a call to awareness about the long-term importance of health.

Obesity is a complex condition resulting from an interaction of genetic, metabolic, behavioral, and environmental factors. From a nutritional perspective, dietary habits and physical activity levels must be considered fundamental factors. A multidisciplinary approach is crucial for managing adolescent obesity, considering nutrition and, at the same time, physical activity, mental well-being, and the social and family context.

Adolescence is a crucial stage for shaping habits that will persist into adulthood. Early intervention at this stage can prevent the onset of obesity-related diseases, such as type 2 diabetes, hypertension, and dyslipidemia, among others. Additionally, obesity is associated with mental health issues, such as anxiety and depression, highlighting the importance of an interdisciplinary approach that considers both physical and psychological well-being.

The rejection of the specialist's recommendation by both the parents and the adolescent could reflect a lack of understanding of the consequences of obesity and the need for a lifestyle change. It is essential to adopt an empathetic and educational approach and help the family understand that health is not limited to physical appearance.

A vital part of the intervention process is effective communication. Healthcare professionals must be able

to convey their message clearly and compassionately, avoiding judgment or criticism. Education on nutrition and the importance of a balanced diet are essential for empowering adolescents and their families to make informed decisions.

Additionally, it is important to provide continuous resources and support, such as family support groups or healthy cooking workshops, to foster a positive and motivating peer environment. Engaging the whole family in the process creates a space where everyone can learn and grow together, facilitating lasting changes in lifestyle habits.

## CONCLUSION

The approach to obesity of adolescents must be comprehensive, based on education, effective communication, and family support. The nutrition specialist's recommendations are not an intrusion but rather guidance toward a healthier lifestyle, free of complications in the medium and long term. Working with adolescents and their families is essential to empower them to make decisions about their health, encouraging changes that can improve their quality of life in the long run.

## BIBLIOGRAPHY

- Fiechtner L, Perkins M, Biggs V, et al. Comparative effectiveness of clinical and community-based approaches to healthy weight. *Pediatrics*. 2021;148(4):e2021050405. <https://doi.org/10.1542/peds.2021-050405>.
- Kanellopoulou A, Antonogeorgos G, Douros K, et al. The association between obesity and depression among children and the role of family: a systematic review. *Children (Basel)*. 2022;9(8):1244. <https://doi.org/10.3390/children9081244>.
- Marshall S, Taki S, Laird Y, et al. Cultural adaptations of obesity-related behavioral prevention interventions in early childhood: a systematic review. *Obes Rev*. 2022;23(4):e13402. <https://doi.org/10.1111/obr.13402>.
- NCD Risk Factor Collaboration (NCD-RisC). Worldwide trends in underweight and obesity from 1990 to 2022: a pooled analysis of 3663 population-representative studies with 222 million children, adolescents, and adults. *Lancet*. 2024;403(10431):1027-1050. [https://doi.org/10.1016/S0140-6736\(23\)02750-2](https://doi.org/10.1016/S0140-6736(23)02750-2).
- Okunogbe A, Nugent R, Spencer G, et al. Economic impacts of overweight and obesity 2nd edition with estimates for 161 countries [Internet]. London: World Obesity Federation; 2022 [citado 2024 oct 20]. Disponible en: <https://data.worldobesity.org/publications/WOF-Economic-Impacts-2-V2.pdf>.