



Weight Inclusive Care for Chronic Pain

Chronic pain is caused by a combination of biological, psychological and social factors. Pain can be pathological, functional or psychosomatic in origin, and there is no evidence that weight loss improves long term health outcomes irrespective of the cause.

Whilst the prevalence of chronic pain is likely higher in people with larger bodies, there is no evidence that adipose tissue is the causes. Theories that implicate excess force on joints are also not supported by evidence. It is far more likely that weight stigma and weight-based oppression cause chronic stress and increases allostatic load, as well as playing an important role in psychosomatic pain.



A weight-centered approach to chronic pain is based on outdated beliefs that are not supported by good quality evidence. Management should focus on treating any underlying pathology in a fair unbiased way, and addressing underlying psychological and social factors. Patients should all be treated equally, irrespective of body size.

Weight stigma is the manifestation of weight bias through harmful social stereotypes that we associate with people with larger bodies. Most people with larger bodies living with chronic pain feel stigmatized by their health professionals and this is an independent risk factor for poor health outcomes. It may also explain low adherence, reluctance to engage with services and medical avoidance.



Weight management programs have little to no long term benefits since up to 95% of dieters regain the weight. Yet they are often offered as a treatment for chronic pain. They predispose people to eating disorders and long term weight cycling (which is another independent risk factor for poor health outcomes), and perpetuate weight stigma.



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