European-International Congress on Obesity
Abstract Submission Briefing Note: Person First Language

Background
Obesity is a progressive, relapsing, chronic disease that affects a large portion of the population globally.[1] Obesity is a complex chronic disease caused by many factors such as genetics, physiological, psychosocial, and environmental factors.

Unfortunately, obesity is also a highly stigmatized disease.[2] The stigma associated with obesity is due, in part, to the over-simplification of the disease as an individual responsibility issue or a lifestyle choice. Obesity stigma is pervasive in our society and is demonstrated through social stereotypes about people with obesity such as: people with obesity are lazy, unmotivated, lacking will power, unsuccessful, ugly, and unintelligent). Obesity research, practice, and policy approaches that over-simplify obesity may lead to unintended consequences such as the perpetuation of obesity stigma.[3]

People living with the disease experience bias and stigma across their lifespans and across settings (home, schools, workplaces, media, public spaces, and healthcare).[4] Experiencing weight stigma has significant consequences for peoples' health and well-being. Studies show that weight stigma can increase morbidity and mortality. [5]

How do we avoid unintended consequences when submitting congress abstracts?
To avoid the perpetuation of weight stigma in research, health care practice and policy, the international obesity associations, including the European Association for the Study of Obesity, have adopted the use of **person-first-language** in all written and verbal communications. [6] Person-first-language is the standard for respectfully addressing people with chronic diseases, rather than labelling them by their illness.

The European Association for the Study of Obesity urges all abstract authors to use person-first-language when referring to chronic diseases such **as diabetes, obesity, cancer, or hypertension**.

How do you use person-first-language?
Whatever disease a person may have, it may not define them as persons or individuals. For example, having a chronic disease such as cancer does not make a person identify as a cancerous person. Therefore, we must avoid using the name of a chronic disease (e.g. obesity, cancer, hypertension, diabetes) as a noun. So rather than saying "obese people" or "diabetic person" or "hypertensive patient", we should rephrase these terms as "people with obesity" or "person with diabetes" or "patient living with hypertension".

What else can we do to avoid the perpetuation of obesity stigma?

- Research materials, abstracts and presentations should use the medical definition of obesity (rather than framing it as a risk factor) and avoid focusing solely on body weight goals.

  a. **Obesity is a complex chronic disease** characterized by abnormal or excessive body fat that impairs health and/or wellbeing. [8] In this context, "abnormal" body fat refers to the accumulation of excess fat in organs and tissues as well as changes in fat cell function which can have major repercussions in other organs.
  b. **Obesity is considered a chronic disease because your body tries to "defend" its fat stores to maintain your highest weight** (this is what researchers call "starvation response"). When a person goes on a calorie-restriction diet or begin exercising, weight loss becomes progressively more difficult. The weight will also come back as soon as the person stops the behaviour change program.
  c. **Obesity has numerous health impacts and can affect several organ systems.** Obesity can affect an individual's psychosocial well-being. In severe cases, excess accumulation of body fat may lead to functional limitations (e.g. reduced mobility).

d. **Obesity needs to be diagnosed by qualified health professionals using medical assessment tools that go beyond body weight and BMI.** Traditionally, body-mass index (BMI = weight [kg]/height^2 [m]) has been used as a surrogate measure of body fat, and thus an objective parameter to define obesity, both in epidemiological and clinical studies. The recommended BMI cut-offs should serve only as a simple screening measure, which, together with other clinical indicators, can help identify individuals who may benefit from weight-management interventions. In other words, PROTEIN should make it clear that obesity needs to be diagnosed by qualified health professionals using medical screening and assessment tools (i.e. beyond BMI).

Note: If you are worried about the impact of person first language on abstract word count, we recommend that you use PwO instead of 'people with Obesity or 'Obese Individuals/Subjects'. This will actually reduce your word count. When referring to lab experiments on rodents, this terminology does not apply.

We hope this brief can help with obesity related content in your research materials, abstracts and presentations. Please do not hesitate to contact us if you need clarification on any of these comments.

References
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