

# Weighing an individual with an eating disorder

It is important to carefully consider why you are weighing an individual with an eating disorder and whether this has a useful purpose.

Being weighed is one of the most distressing and anxiety provoking events for a person with an eating disorder. Even if they appear to be happy to get on the scales, the impact of seeing their weight (as well as your reaction) will have lasting effects on their exercise patterns, food intake and mood.

Consider the impact that weighing an individual with an eating disorder may have on that person, whether it is in the best interest of the individual and is serving an important treatment goal, or whether this is for your own purposes.

For some individuals regular weighing is necessary, especially those who require medical monitoring, or whose treatment goals include weight gain, or where the treatment modality involves regular weighing for exposure therapy. For individuals with low weight, weight is one of the indicators of medical risk, so it will need to be monitored closely by at least one health professional in the team. This role can be collaboratively decided upon by the team members. Often it is the Dietitian or GP who will weigh the individual, monitor this aspect of risk and progress and communicate it with the team.

For other individuals, especially those whose weight does not pose imminent medical risk, or where focusing on weight is contraindicated in treatment (i.e. for individuals with binge eating disorder), focusing on weight and weighing them will have significant impacts on the individual. Weighing an individual in this circumstance may support the individual's belief that their weight is a problem which may exacerbate any eating disorder behaviours.

If you are weighing a client, it needs to be done with sensitivity and empathy. Ask the person if they want to know their weight, or if they don't want to know and would prefer to be 'blind' weighed (not seeing their weight result). Try to refrain from making any comments about the number on the scales and rather remain neutral.

This includes refraining from comments such as 'well done', 'nice job' or 'that's disappointing'. It is the individual's journey, and it is important to check in with how the individual feels about their weight result, rather than jumping in with our own reactions.

A current weight measurement should always be viewed in the context of the person's recent weight history. For example, even if a person's weight doesn't appear to be low, their health may still be compromised by the rapidity or method of recent weight loss.

At a minimum check:

- Current height and weight (and calculate BMI/BMI-for-age)
- Recent weight loss or gain and over what time frame
- Eating patterns and behaviours
- Exercise patterns
- Growth, for children and adolescents
- Usual weight range, highest weight (and height at the time) and lowest weight (check that this is not a pre-pubertal weight)

Keep in mind that bodies come in a range of shapes and sizes, and that it is important to not use standardised weight measurements (such as BMI) to set goal or target weights.