

**European Association for the Study of Obesity
CONSORTIUM BRIEFING NOTE**

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 in Research Projects?

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 consortium partners 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”.

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