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How old were you when you went on your first diet?



0-5 years old

(A)

6-11 years old

(B)

12-17 years old

(C)

18-25 years old

(D)

26-34 years old

(E)

35-44 years old

(F)

45-64 years old

(G)

65+ years old

(H)

Never been on a diet

(I)

Breaking Bread: Navigating the Complexities of Food Addiction and Diet Culture

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Slides, References, and Screening Tools



Bio



Jessica Wilson is a Licensed Alcohol and Drug Counselor/Mental Health (LADC/MH) in Oklahoma and has been in the behavioral health field for ten years. She is a Certified Intuitive Eating Counselor working to bridge eating disorder work and addiction while incorporating Health at Every Size® (HAES®) principles. She has worked at county agencies, community mental health centers, and contract agencies. Jessica has had experience with medicated assisted treatment programs, court mandated programs, and adolescent programs. She was an adjunct professor at the University of Central Oklahoma in the Sociology, Substance Abuse, and Gerontology department. Jessica is the owner and therapist at Believe Recovery Counseling. She is passionate about helping those struggling with self-esteem, disordered eating, and addictions. Jessica's primary interests included substance and behavioral addictions, eating disorders, and advocating for the addiction career field. She is a board approved supervisor who enjoys teaching new therapists and watching their clinical skills grow. Jessica is a member of ODAPCA, OCA, OEDA, ASDAH, and OKAAP. She serves as board President for OKAAP which is an affiliate of NAADAC in Oklahoma.

Disclaimer

- Complexity of this topic.
- Terms used

Disclaimer: This presentation contains discussions about disordered eating, food addiction, diet culture, and fatphobia, which may be triggering for some individuals. We acknowledge that these topics can evoke strong emotional responses and may bring up personal experiences. We encourage participants to engage with the material at their own pace and to prioritize self-care throughout the session. If you find yourself feeling distressed or overwhelmed, please feel free to step away or reach out for support. Additionally, we remind attendees that the information provided is for educational purposes only and is not a substitute for professional medical or psychological advice. Please consult with a qualified healthcare provider if you have specific concerns about your mental or physical health.

Training Objectives



1. Gain a better understanding of the differences between food addiction and disordered eating.
2. Learn about impacts of diet culture and fatphobia in treatment settings.
3. Explore treatment approaches for those struggling with disordered eating.

Understanding Food Addiction vs Disordered Eating



Food Addiction (FA)

- Process Addiction
- Behavioral
- Controversial
- Addiction Lens

Disordered Eating (DE)

- Umbrella Term
- Includes Eating Disorders
- Disordered Exercising
- Eating Disorder Lens

Disordered Eating

- Umbrella Term
 - DSM Eating Disorders
 - May not meet full criteria for a specific eating disorder.
 - Orthorexia
 - Disordered/Excessive Exercise
 - Wide range of irregular eating behaviors.
 - Full spectrum from mild to severe
- Often stems from preoccupation with food, body weight, or body shape/image.

Disordered Eating

- Psychological Underpinnings:
 - Control issues
 - Low self-worth/self-esteem
 - Body dissatisfaction
 - Perfectionism
 - Anxiety, Depression
 - Trauma
 - Societal pressures/diet culture

Disordered Eating

- Examples of Disordered Eating Behaviors:
 - **Restrictive eating:** Severe calorie/food group limitation without medical need.
 - **Binge eating:** Large food consumption with loss of control.
 - **Purging behaviors:** Vomiting, laxative misuse
 - **Yo-yo dieting:** Cyclical weight loss and gain.
 - **Emotional eating:** Eating due to emotions, not hunger.
 - **Excessive exercise:** Can be purging behavior or obsessive driven.
 - Obsessive calorie counting/food tracking.
 - Rigid food rules.

Disordered Eating

- When patterns are severe, persistent, causing distress/impairment:
 - **Anorexia Nervosa:** Intense fear of weight gain, severe restriction, low body weight.
 - **Bulimia Nervosa:** Recurrent binge eating + compensatory behaviors (purging).
 - **Binge Eating Disorder (BED):** Recurrent binge eating *without* regular compensatory behaviors; associated with guilt/shame.
 - **Avoidant/Restrictive Food Intake Disorder (ARFID):** Lack of interest in eating or foods, sensory avoidance, worry about aversion.
 - **Rumination Disorder:** Re-chewing, re-swallowing, or spitting out food; can be stress induced or gastrointestinal
 - **Pica:** Ingesting non-food substances.
 - **Otherwise Specified Feeding or Eating Disorder (OSFED):** Significant distress/impairment but doesn't meet full criteria for AN, BN, or BED (e.g., atypical anorexia, purging disorder).

Disordered Eating

- Screening Tools
 - Eating Disorder Examination – Questionnaire (EDE-Q)
 - Binge Eating Screening (BEDS)
 - Body Dysmorphic Disorder Questionnaire (BDDQ)
 - Body Shape Questionnaire (BSQ)
 - Eating Attitudes Test (EAT-40/26)
 - SCOFF
 - Intuitive Eating Scale *

Disordered Eating

SCOFF Questionnaire

1. Do you make yourself vomit (**Sick**) because you feel uncomfortably full?
2. Do you worry that you have lost **Control** over how much you eat?
3. Have you recently lost more than 14 pounds (**One stone**) in a 3-month period?
4. Do you believe you are **Fat** when others say you are too thin?
5. Would you say that **Food** dominates your life?

Give 1 point for every “yes.” Scoring 2 or higher indicates a likely case of anorexia nervosa or bulimia.

Disordered Eating

- Structured Interview Assessments
 - Eating Disorder Examination (EDE) (*online*)
 - The Eating Disorder Assessment for DSM-5 (EDA-5) (*fill out website*)
 - Structured Interview for Anorexic and Bulimic Syndromes (SIAB-EX) (*must request use from author*)
 - Eating Pathology Symptoms Inventory - Clinician Rated Version (EPSI-CRV)
 - Structured Clinical Interview for DSM-5 (SCID-5) (*pay wall*)

<https://pmc.ncbi.nlm.nih.gov/articles/PMC8645259/#R75>

Disordered Eating

1. How would you describe your relationship with food?
2. When did you first learn that your body was a “problem”?
3. If you were at the weight you think you should be, what would be different in your life?
4. How have you been impacted by weight stigma?
5. What behaviors are you concerned about when it comes to eating, exercise, and/or your body?
6. What body issues are you experiencing? (*i.e. issues with perceptions, body checking behaviors, negative body messages, etc.*)

Food Addiction

- Researched since 1956
- Not enough data or research to support or refute.
- Certain foods trigger neurochemical and behavioral changes like addictive drugs.
- More controversial concept.
- Not currently a distinct DSM-5 disorder.
- Describes compulsive eating of highly palatable foods (sugar, fat, salt).
- Resembles behaviors in substance use disorders.

Table 1 Items and scoring of the original and modified Yale Food Addiction Scale 2.0

Items	Response options								Symptom	Modified YFAS 2.0
	never	Less than monthly	Once a month	2–3 times a month	Once a week	2–3 times a week	4–6 times a week	Every day		
1. When I started to eat certain foods, I ate much more than planned.	0	1	2	3	4	5	6	7	Amount	
2. I continued to eat certain foods even though I was no longer hungry.	0	1	2	3	4	5	6	7	Amount	
3. I ate to the point where I felt physically ill.	0	1	2	3	4	5	6	7	Amount	X
4. I worried a lot about cutting down on certain types of food, but I ate them anyways.	0	1	2	3	4	5	6	7	Attempts	
5. I spent a lot of time feeling sluggish or tired from overeating.	0	1	2	3	4	5	6	7	Time	X
6. I spent a lot of time eating certain foods throughout the day.	0	1	2	3	4	5	6	7	Time	
7. When certain foods were not available, I went out of my way to get them. For example, I went to the store to get certain foods even though I had other things to eat at home.	0	1	2	3	4	5	6	7	Time	
8. I ate certain foods so often or in such large amounts that I stopped doing other important things. These things may have been working or spending time with family or friends.	0	1	2	3	4	5	6	7	Activities	
9. I had problems with my family or friends because of how much I overate.	0	1	2	3	4	5	6	7	Problems	
10. I avoided work, school or social activities because I was afraid I would overeat there.	0	1	2	3	4	5	6	7	Activities	X
11. When I cut down on or stopped eating certain foods, I felt irritable, nervous or sad.	0	1	2	3	4	5	6	7	Withdrawal	
12. If I had physical symptoms because I had not eaten certain foods, I would eat those foods to feel better.	0	1	2	3	4	5	6	7	Withdrawal	
13. If I had emotional problems because I had not eaten certain foods, I would eat those foods to feel better.	0	1	2	3	4	5	6	7	Withdrawal	X
14. When I cut down on or stopped eating certain foods, I had physical symptoms. For example, I had headaches or fatigue.	0	1	2	3	4	5	6	7	Withdrawal	
15. When I cut down or stopped eating certain foods, I had strong cravings for them.	0	1	2	3	4	5	6	7	Withdrawal	
16. My eating behavior caused me a lot of distress.	0	1	2	3	4	5	6	7	Impairment	X
17. I had significant problems in my life because of food and eating. These may have been problems with my daily routine, work, school, friends, family, or health.	0	1	2	3	4	5	6	7	Impairment	X
18. I felt so bad about overeating that I did not do other important things. These things may have been working or spending time with family or friends.	0	1	2	3	4	5	6	7	Activities	
19. My overeating got in the way of me taking care of my family or doing household chores.	0	1	2	3	4	5	6	7	Obligations	X
20. I avoided work, school or social functions because I could not eat certain foods there.	0	1	2	3	4	5	6	7	Activities	
21. I avoided social situations because people would not approve of how much I ate.	0	1	2	3	4	5	6	7	Problems	
22. I kept eating in the same way even though my eating caused emotional problems.	0	1	2	3	4	5	6	7	Consequences	X
23. I kept eating the same way even though my eating caused physical problems.	0	1	2	3	4	5	6	7	Consequences	
24. Eating the same amount of food did not give me as much enjoyment as it used to.	0	1	2	3	4	5	6	7	Tolerance	X
25. I really wanted to cut down on or stop eating certain kinds of foods, but I just could not.	0	1	2	3	4	5	6	7	Attempts	
26. I needed to eat more and more to get the feelings I wanted from eating. This included reducing negative emotions like sadness or increasing pleasure.	0	1	2	3	4	5	6	7	Tolerance	
27. I did not do well at work or school because I was eating too much.	0	1	2	3	4	5	6	7	Obligations	
28. I kept eating certain foods even though I knew it was physically dangerous. For example, I kept eating sweets even though I had diabetes or I kept eating fatty foods despite having heart disease.	0	1	2	3	4	5	6	7	Situations	
29. I had such strong urges to eat certain foods that I could not think of anything else.	0	1	2	3	4	5	6	7	Craving	X
30. I had such intense cravings for certain foods that I felt like I had to eat them right away.	0	1	2	3	4	5	6	7	Craving	
31. I tried to cut down on or not eat certain kinds of food, but I wasn't successful.	0	1	2	3	4	5	6	7	Attempts	



Understanding Food Addiction vs Disordered Eating

Food Addiction

- Criteria created based on SUDs criteria
 - Yale Food Addiction Scale (YFAS) 2.0
 - 8 point scale scoring 35 questions
 - Self or Clinician administered

Food Addiction

Table 1 (continued)

Items	Response options								Symptom	Modified YFAS 2.0
	never	Less than monthly	Once a month	2–3 times a month	Once a week	2–3 times a week	4–6 times a week	Every day		
32. I tried and failed to cut down on or stop eating certain foods.	0	1	2	3	4	5	6	7	Attempts	X
33. I was so distracted by eating that I could have been hurt (e.g., when driving a car, crossing the street, operating machinery).	0	1	2	3	4	5	6	7	Situations	X
34. I was so distracted by thinking about food that I could have been hurt (e.g., when driving a car, crossing the street, operating machinery).	0	1	2	3	4	5	6	7	Situations	
35. My friends or family were worried about how much I overate.	0	1	2	3	4	5	6	7	Problems	X

Notes. Item scores are recoded to 0 and 1 (numbers that are printed in bold in this table are scored with 1). If the recoded items have a score of at least 1 within each symptom, then this symptom is met. X marks items that are included in the modified Yale Food Addiction Scale 2.0. *Amount*, substance taken in larger amount and for longer period than intended; *Attempts*, persistent desire or repeated unsuccessful attempts to quit; *Time*, much time/activity to obtain, use, and recover; *Activities*, important social, occupational, or recreational activities given up or reduced; *Consequences*, use continues despite knowledge of adverse consequences; *Tolerance*, marked increase in amount/marked decrease in effect; *Withdrawal*, characteristic withdrawal symptoms/substance taken to relieve withdrawal; *Problems*, continued use despite social or interpersonal problems; *Obligations*, failure to fulfill major role obligations; *Situations*, use in physically hazardous situations; *Craving*, strong desire or urge to use; *Impairment*, use causes clinically significant impairment or distress

Food Addiction

- **Intense Cravings:** Overwhelming urge, even if not hungry.
- **Loss of Control:** Difficulty moderating consumption.
- **Withdrawal-like Symptoms:** Negative emotional/physical effects when food is restricted (e.g., irritability, headaches).
- **Tolerance:** Needing more food for the same effect.
- **Continued Use Despite Negative Consequences:** Persisting despite health, social, or psychological problems.
- **Preoccupation:** Significant time spent obtaining, consuming, or recovering from eating.

Food Addiction

- Substance-related vs behavioral-related
 - Substance-related
 - Sugar/Salt/Fat Studies
 - Rat Studies
 - Brain Reward System Imagining
 - Highly Palatable foods

Impact of Diet Culture and Fat Phobia



- Terms:
 - Weight Stigma
 - Mistreatment based on size
 - Healthism
 - Moralizing health
 - Fat Phobia
 - Fear or disgust fatness
 - Anti-fat bias
 - Negative beliefs about fat people

Impacts of Diet Culture and Fat Phobia



- Origins in beauty standards
 - Racism
 - Colonialism
 - Religion
 - Patriarchy
 - Capitalism
 - Diet: Estimated \$75-\$90 BILLION in the US
 - Beauty: Projected \$677 BILLION globally
 - Fitness: Estimated \$244 BILLION globally
 - Medications: Projected \$150 BILLION by 2030
- War on Fat
 - First diet book in 1558 written by Luigi Cornaro called “The Art of Living Long.”
 - AMA classified “obesity” as a disease despite evidence in 2013

Therapy/Treatment Setting

- Weight Stigma
 - Judgmental paperwork
 - Lack of accessible furniture
- Healthism
 - Wellness treatment plan goals
 - Healthy lifestyle changes universal solution
- Fat Phobia
 - Implicit or Explicit
 - Jokes or microaggressions or toxic positivity
- Anti-fat bias
 - Misdiagnosing Eating Disorders
 - Biased referrals
 - Assuming Disordered Eating is either under or overeating based on body size.

Diet Culture



Poll Results

Diet Culture

- Average age is 8-9 years old
- Creates guilt/shame/binge/restrict cycle
- Studies show that food restriction and dieting is not effective and predictors of weight gain.
- Weight cycling has dramatic impact on well-being.
 - Higher death rates related to heart disease
 - Lose more muscle than body fat
 - Gain more weight and increased binge eating
 - Increases risks of osteoporosis, gallstones, HBP, chronic inflammation, insulin resistance
- Weight is not a predictor of health.
 - 54 million classified “overweight” or “obese” yet have healthy data outcomes
 - No evidence that higher weight causes disease
 - Higher BMIs have lower mortality and morbidity than some individuals
 - Body size not solely based on lifestyle behaviors.
 - Health at Every Size® (HAES®)

Research Critiques and Future Considerations



Disordered Eating

- Misunderstanding or oversimplifying of addiction
- Invalidation of clients
- Denial of influence from food companies

- Not enough research
- Lack of collaboration/demonizing

Food Addiction

- Human Studies
- Influence of Diet Culture
- Only focused on overeating

- GLP-1
- Corporation/government interference

Substance Use and Food Addiction/Disordered Eating



- Statistics
 - Over half use substances
 - Co-occurring 35%
 - Alcohol and Nicotine
 - Other Stimulants (amphetamines, cocaine, prescription)
 - Opioids
 - Other substances (laxatives, emetic, diuretics, cough medicine)
 - Prescription med (Anxiety, ADHD, diabetes, thyroid, migraines, depression)
 - AFU at same time or before

SUDs and FA/DE

- Risk Factors
 - Genetics/Family History
 - Brain Chemistry
 - Trauma/ACE scores
 - Low self-worth/self-esteem
 - Other Co-occurring D/Os
 - Society/Social Media

SUDs and FA/DE

- Shared Characteristics
 - Compulsive/Repetitive Behaviors
 - Impulsivity
 - Locus of control and control cycle
 - Isolation/Loneliness
 - Intervention needed for recovery
 - Trauma
 - Co-occurring MH D/Os
 - High Suicide rates

SUDs and FA/DE

- Drunkorexia
 - Restriction to account for alcohol consumption
 - Increase effects of alcohol
 - Adolescent to College age
 - High risk of Sudden Death

Treatment Approaches

- Motivational Interviewing
- Harm Reduction
- CBT/MB-CBT/DBT
- Intuitive Eating/Mindful Eating
- Somatic/EMDR/IFS
- Family Therapy
- Collaborative Treatment Team



MI & Harm Reduction

- Use the language of the client
- Meet them where they are
- Psychoeducation

MI & Harm Reduction

- What is the best way to care for your body?
- What about your past/present eating works for you and your lifestyle?
- What's not currently working for you?
- What changes would you make and why?
- If it weren't about weight/food/body, what would your concern be about?
- How does this impact your health?
- What contributes to your meal/snack/movement choices?
- What obstacles do you have or do you anticipate?
- What small changes would be the most impactful?
- What are 3 things you need to be successful?
- What were meals like growing up?
- What did you observe from your parents in how they experienced food, eating, and movement?
- What options did you have for selecting your foods and the amounts you ate?
- Was food used as reward or punishment?
- Was food used to comfort you when you were sad?



Behavioral Therapies

- Values and Goals work
- Messages about Food/Body
- Emotion Regulation Work

Intuitive Eating/Mindful Eating

- 10 Principles of IE
 1. Reject Diet Culture
 2. Honor Your Hunger
 3. Make Peace with Food
 4. Discover the Satisfaction Factor
 5. Feel Your Fullness
 6. Challenge the Food Police
 7. Cope with Your Feelings with Kindness
 8. Respect Your Body
 9. Movement: Feel the Difference
 10. Honor Your Health with Gentle Nutrition

Body Image

- Psychoeducation
 - Body Acceptance/Neutrality/Respect/Positivity/Negativity
 - History of Body Image/Fashion/Diet Culture
- Letting go of fantasy
 - Getting rid of clothes
 - Cloth that fit current body
- Body Neutral Affirmations

Body Image

- I am more than just my appearance, weight, and shape.
- My worth doesn't depend on how I look or how much I weigh.
- I am inherently a worthy and lovable person.
- It's okay for my body image to change throughout my life.
- I don't need to feel attractive in my own skin all the time to enjoy my life and relationships.
- I will respect my body.
- I deserve to enjoy delicious food.
- I deserve to wear clothes I like.
- I am grateful to have a body.
- I accept my body exactly as it is right now.
- I appreciate my body and what it does for me.
- My body is the least interesting thing about me.
- My body works hard and deserves compassion.
- My body deserves to be taken care of.
- My values have nothing to do with my appearance or weight.
- I will allow myself to rest when my body needs it.
- Allowing myself to eat intuitively is an act of love.
- I am more concerned with progress over perfection.
- Bodies come in different shapes and sizes.
- I view my body without judgment.
- Accepting my body is a revolutionary act.
- My relationship with my body is no one's business but my own.

Conclusion

- Future Considerations
- Food addiction vs disordered eating
- Diet Culture, Fatphobia, HAES
- SUD impact on DE, visa versa
- Treatment Approaches

A close-up photograph of several bees on a golden honeycomb. The bees are in various positions, some facing the camera and others with their backs to it. The honeycomb cells are clearly visible, creating a textured, hexagonal pattern.

Questions?



Slides, References, and Screening Tools



Resources



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