The distress of experiencing weight stigma can lead to maladaptive coping strategies and internalization of weight bias, both of which reinforce adverse health consequences and contribute to weight gain.

Weight stigma contributes to adverse health behaviors and outcomes. This includes psychological distress, unhealthy eating behaviors, reduced physical activity, increased physiological stress, metabolic risk factors, and weight gain.

**Being stigmatized or shamed about one's weight increases risk of:**

- **Psychological Distress**
  - Depression
  - Anxiety
  - Low self-esteem
  - Poor body image
  - Suicidality
  - Substance use

- **Unhealthy Eating and Physical Activity Patterns**
  - Binge eating
  - Emotional eating
  - Unhealthy weight control practices
  - Increased food consumption
  - Negative feelings about exercise
  - Reduced physical activity

- **Physiological Stress**
  - Elevated cortisol
  - Elevated C-reactive protein
  - Higher blood pressure
  - Higher HbA1c levels
  - Higher allostatic load
  - Metabolic risk factors

The distress of experiencing weight stigma can lead to maladaptive coping strategies and internalization of weight bias, both of which reinforce adverse health consequences and contribute to weight gain.
Implications of stigma for weight management

Weight stigma predicts weight gain over time; it is not an effective or appropriate motivator for weight loss. Longitudinal studies show that experiencing weight stigma predicts increases in BMI and waist circumference, independent of baseline weight status and sociodemographic characteristics.

Weight stigma interferes with weight management:
- Lower odds of achieving weight loss
- Higher odds of weight gain
- Impairs weight loss maintenance

Weight stigma creates barriers to weight loss:
- Lower eating self-efficacy
- Less self-monitoring of food intake
- Poorer weight management behaviors
- Using food as a coping strategy
- Disordered eating
- Reduced physical activity

Collectively, this evidence underscores that weight stigma is not only a psychosocial consequence of obesity, but also a psychosocial contributor to obesity.