



Mindframe: Quick reference guide for communicating about medically assisted weight loss

This resource provides guidance for discussing medically assisted weight loss in ways that prioritise safety, rely on credible evidence, and reflect community insights. The aim is to reduce weight stigma, and the risks and harms associated with eating disorders.

The guide covers any public communication about weight reduction approaches that are prescribed by a qualified and accredited medical professional. These approaches may involve prescription medications, such as GLP-1 receptor agonists, or procedures such as bariatric-metabolic surgery.

Unsubstantiated, inaccurate and overly simplistic reporting or public discussions about medically assisted weight loss can lead to misinformation, increase weight stigma, promote harmful

stereotypes, and can increase disordered eating behaviour.

Such reporting may also fail to comply with the Therapeutic Goods Administration regulations and community standards on social media platforms.

Public communication that emphasises health rather than weight, and includes information from independent and credible sources, can support safe decision-making, reduce stigma and promote dignity. It can also encourage holistic help-seeking attitudes and behaviours.

For more detail and context, access the [*Mindframe Guidelines on reporting and portrayal of eating disorders*](#) and related [*Mindframe: Quick reference guide for reducing weight stigma*](#).



Key guidance for communicating about medically assisted weight loss

- Present benefits and risks using credible and independent sources. This might include peer-reviewed research, independent expert clinicians with no commercial bias, recognised health organisations such as [Butterfly Foundation](#) and the [National Eating Disorders Collaboration](#) (NEDC), advocacy organisations such as [Size Inclusive Health Australia](#), and people with lived experience.
- Reference the emerging nature of evidence in this area.
- Emphasise the seriousness of undertaking medically assisted weight loss, and the importance of carefully considering all credible information in order to make an informed decision.
- Position medication as one tool among many (integrated into broader health and wellbeing support) rather than a standalone solution.
- Avoid conflating health and wellbeing with appearance.
- Avoid exaggerated phrases like 'miracle drug' or 'drastic surgery' or 'obesity crisis' as well as hype or fear mongering by focusing on either benefits or risks.
- Prioritise diverse lived experiences to reflect people with a range of bodies, backgrounds, and perspectives.
- Do not present certain body sizes as problems that must be 'fixed' through medical intervention, as this frames weight and body size as medical issues. It is also stigmatising and oversimplifies these issues.
- If content or images relate to the use of GLP-1 receptor agonists, ensure compliance with the [Therapeutic Goods Administration regulations](#), noting that specific guidance for social media content and imagery has been released.



Avoid glamourisation, sensationalism and oversimplification

- Refrain from portraying medically assisted weight loss as a quick fix or lifestyle hack. Contextualise any assisted treatment as complex, requiring lifestyle support, and ongoing management across all aspects of wellbeing.
- Do not include details of 'before and after' or changing measurements (such as weight, BMI, clothes size) and timings of use.
- Include data on expected outcomes of ceasing medication and/or long-term use of weight loss medication.
- Avoid focusing on celebrity use, endorsement or weight changes that overlook the inclusion of important scientific, health and medical information. Such coverage can potentially create unrealistic expectations, fuel unhealthy comparisons, and downplay the risks, complexities, and medical guidance needed for safe, informed and personalised weight management. It can also ignore the financial implications or other barriers to access.



Reduce stigma

- If reporting on a person's experience, use their preferred terminology (such as person-first or identity-first) and portray them as a whole person (for example, referring to their profession, interests, social roles, identity/identities). Avoid defining them by their body size, shape, BMI, or weight, or equating these with their personal worth.
- Avoid framing medically assisted weight loss in value laden terms, such as equating accessing support with laziness, lack of willpower, or 'taking the easy way out'. Reporting should focus on the health-related purposes of weight loss.
- Refrain from placing people with larger bodies in a double-bind by criticising their size as well as their approach to managing their health and wellbeing.
- Do not imply that people in certain bodies are burdensome to the healthcare system in terms of cost, access to prescription medication or surgery waiting times. Instead, consider how the healthcare system could better support people of all body sizes to improve health outcomes.
- Avoid framing bodies and weight in simplistic 'good/bad' or 'normal/abnormal' terms; adopt a size inclusive approach that doesn't label bodies and instead respects diversity and individuality.
- Avoid portraying a person's weight as a matter of personal responsibility or as a moral issue that is open for scrutiny and critique; acknowledge medical, social, commercial and environmental determinants.
- If reporting on the social phenomenon of people seeking assistance with weight loss in the absence of medical need, this should include thorough discussion of weight stigma (including internalised weight stigma), diet culture and their associated harms.

Provide social context

- Provide coverage on the key social, commercial and environmental determinants that contribute to a person's experience of food, eating and their body.
- Convey messages about health, food, mind and body, in ways that are respectful of people's diverse experiences and backgrounds. Acknowledge the role that weight stigma might play in the choices that people make.
- Understand the psychosocial risks associated with discussing medically prescribed weight loss publicly. Prescribing medication for the sole purpose of weight reduction, and not treatment of a medical condition, reinforces weight stigma – that being a higher weight is a problem regardless of any health concerns. [Read more about weight stigma here.](#)
- Include discussion of potential cost and access barriers to medically assisted treatment. Avoid implying treatment is equally available or appropriate for everyone. Instead, consider discussing the impact of reduced financial or other access in terms of quality of care, adequacy of screening, preparation or follow-up support.
- Acknowledge traditional and social media influence in shaping public perception about body image and weight loss through coverage and content that reinforces diet culture.
- Help your audience understand how to carefully check and think critically about content, so they can spot misleading information and make informed decisions about what to trust and share.

Include diverse perspectives

- Feature people with lived experiences of different body sizes, backgrounds, cultures, abilities and experiences with medically assisted weight loss.
- Promote body diversity and unconditional respect, regardless of weight loss, gain, maintenance or method used. Practical ways that you can do this are included in the resource [*Mindframe: Quick reference guide for reducing weight stigma*](#).
- Avoid elevating one body type, weight loss assistance method or health outcome over others.
- If including people with lived experience of undertaking medically assisted weight loss, in the form of medication, do not include the specifics of brand, dosage or source, as this may encourage others to seek out support that may not best reflect their needs.
- Ensure appropriate preparation and follow-up support for any people whose stories you portray, particularly in light of the highly stigmatised nature of this topic. For more information on this see the [*Mindframe Guidelines on reporting and portrayal of eating disorders*](#), as this provides practical ways you can approach stories sensitively.
- When seeking diverse perspectives, work with relevant communities to ensure support can be provided in safe and relevant ways. This includes culture, background and lived experience.

Think about your audience

- Avoid content that may inadvertently target or shame certain groups, by promoting a particular body size or shape as the ideal.
- Be mindful that the impacts of weight stigma and discrimination are particularly damaging for people holding other marginalised identities, such as women, individuals experiencing socioeconomic vulnerabilities, under-represented racial/ethnic groups, and sexual and gender diverse people.
- Avoid over-reliance on statistics or measures which are based on data from Western males, either explicitly or implicitly, unless they are your sole audience. Constructs such as BMI were not developed with many marginalised groups in mind, and may not hold validity for those groups.



Address eating disorder risks

Messaging around medically assisted weight loss can influence disordered eating behaviours, especially in those experiencing or at risk of eating disorders. Some of this messaging treats medically assisted weight loss like a 'one-size-fits-all' solution while ignoring the potential risks and complexities involved.

Highlight what can occur before, during and after a person seeks assistance, and how this might relate to eating disorders. This includes:

- Encouraging awareness of the importance of screening and monitoring for eating disorders throughout the treatment process.
- Reinforcing that careful medical supervision is important. Some people with disordered eating may attempt to access and misuse weight loss medications, and/or other medications or devices to try to control their weight. As a result, some individuals may need to be monitored for unusually rapid or excessive weight loss, gain or fluctuations.

- Outlining the possible psychological impacts if weight loss expectations aren't met, or if weight is regained after treatment is completed. Remind audiences that evidence-based psychological therapies remain the most effective approach for treating eating disorders, disordered eating and body image distress, regardless of weight status.
- Highlighting that medically assisted weight loss is complex and often requires multidisciplinary input and collaborative care from medical practitioners, dietitians, and mental health professionals.

For further information access the NEDC resources [*Eating disorders and glucagon-like peptide-1 receptor agonists \(GLP-1 RAs\)*](#) (factsheet) and [*Management of eating disorders for people with higher weight: clinical practice guideline*](#) (search for the term "bariatric surgery").



Include help-seeking and where to go for further information

- Promote the importance of further discussions with a person's GP if people are considering medically assisted weight loss.
- Encourage people seeking medically assisted weight loss to let their doctor know if they are experiencing or have a history of body image concerns, disordered eating behaviours, or an eating disorder.
- Promote help-seeking information, by adding information about support services, including those specific to eating disorders or body image assistance (for example [Butterfly National Helpline](#)).

Guidance on using images when communicating about medically assisted weight loss

- Be mindful that social media content often emphasises visuals over text. Any communication should prioritise evidence-based information rather than focus only on appearance.
- Avoid visuals that reinforce dominant body norms, stereotypes, or present people in non-humanising or judgmental ways, such as cropping heads out of photographs or video footage. Instead, aim to include pictures that are neutral or solutions-focused (such as people of various body sizes doing everyday activities like walking a dog, playing sport, cooking together or attending a community event).
- Take care not to include measurements or other quantifiable details in images or image captions (e.g. weight, BMI, brand of medication used), as this could promote harmful comparison. Images of scales, tape measures and other measurement devices should also be avoided.
- If imagery is used to accompany content, be explicit if AI has been used in the process to alter the images used.
- If illustrating GLP-1 receptor agonists, ensure imagery is compliant with [Therapeutic Goods Administration regulations](#).



Glossary

- **Bariatric-metabolic surgery:** An operation on the gastrointestinal tract performed with the intent of inducing weight loss and improving metabolic health.
- **Body Mass Index (BMI):** A calculation often used as part of a medicalised model to measure and categorise someone's weight and presumed health status and risk. It is important to note that there are a number of limitations to BMI. See the resource [*Mindframe: Quick reference guide for reducing weight stigma*](#) for further details.
- **Diet culture:** Societal beliefs that overly value physical appearance, promoting thinness or muscularity as the ideal, and suggesting it is a personal failure not to meet these standards. Diet culture doesn't only promote those ideals, but actively encourages people to take steps, often drastic, to try to reach them.
- **Eating disorders:** Serious, complex and potentially life-threatening mental illnesses that impact upon a person's physical health, mental health, and overall wellbeing. See the [**NEDC**](#) for further information.
- **GLP1-receptor agonists (GLP1-RAs):** Regulated, prescription-only medicines in Australia. This includes semaglutides (under brand names Ozempic and Wegovy), tirzepatides (Mounjaro) and dulaglutides (Trulicity). Prescription medicines are higher risk medicines and should only be used in consultation with a professionally trained medical practitioner, rather than on the basis of consumer advertising. See [**Therapeutic Goods Administration regulations**](#) for further details
- **Medically assisted weight loss:** Weight loss focused interventions prescribed by a qualified and accredited healthcare professionals such as doctors, dietitians, psychologists, and exercise physiologists. They assess individual health needs and tailor assistance accordingly. These approaches may involve prescription medications, such as GLP-1 receptor agonists, or procedures such as bariatric-metabolic surgery.
- **Weight stigma:** Negative attitudes that lead to discrimination towards people based on their body weight and size.

This resource has been created with support and input from the National Eating Disorders Collaboration.



Mindframe support

For free advice, including real-time support when reporting on eating disorders, weight stigma and medically assisted weight loss, contact *Mindframe*:

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