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## Dear X,

I am writing in regards to XXXXX related to her pursuit of fertility treatment.

I have been providing therapy to XXXXX biweekly for the past 2 years related to her Anxiety, PCOS, and history of disordered eating. XXXXX has done great work in processing past trauma antecedents of her anxiety, developing more coping strategies for her anxiety, and healing her relationship to body and food. An important component of this work has been moving away from weight-focused approaches and instead embracing a Health at Every Size/Intuitive Eating (both evidence-based models; 1, 2, 3, 8) approach. In case you are not familiar with these health approaches, I am including some articles and resources that may be helpful at the bottom of this letter.

As you may know, individuals with PCOS are at a greater risk of developing eating disorders (6), which are life-threatening and health-hindering conditions. One factor that strengthens the likelihood of eating disorders is the presence of low self-esteem and psychological distress, both of which are correlated with having experienced weight stigma (5, 7). In fact, individuals who have experienced weight stigma (particularly in healthcare settings) are at greater risk for depression, body dissatisfaction, low self-esteem, and engage in more frequent binge eating (5,7) and less exercise. Weight stigma triggers obesogenic processes; essentially, pushing weight loss tends to lead to weight gain and poor health outcomes in the vast majority of cases.

It is my belief that it would be harmful to XXXXX's physical, mental, and reproductive health to pursue intentional weight loss. Please note my inclusion of the word "intentional." Though intentional weight loss is never a treatment goal for my patients, some of them do, in fact, lose weight as a byproduct of healing their relationship to food and body. However, others sometimes gain weight and some remain in the same weight

range, while improving other health indicators and overall wellbeing. This approach is in line with increasing research support for weight-inclusive approaches to health care (2,4,9).

Over the past year, I have observed XXXXX's increasing preoccupation and shame related to pressure she has felt to lose weight in order to access fertility treatment. This preoccupation and shame has made it more difficult for her to engage in health-promoting behaviors, which is in line with research showing how weight stigma reduces motivation, comfort, and pursuit of health-promoting activities.

At the same time, I have also observed XXXXX to be quite grounded in her pursuit of overwell wellness activities that would not lead to negative consequences for her mental and physical health, including regular meetings with me, participation in Nicola Salmon's Fat & Fertile, group, reading up on weight-inclusive healthcare, and pursuing occupational changes that have reduced her overall stress level. She has also pursued gentle nutrition (one of the principles of Intuitive Eating) changes recommended for individuals with PCOS, as well as more sustainable movement.

In addition to eating disorders, PCOS, and trauma, one of the specialities of my practice is supporting individuals experiencing infertility, which has meant us working very closely with local and national fertility clinics. This has included working with many individuals of higher weight who have *not* been prescribed intentional weight loss, who *have* been prescribed ovulation induction medicine, like Clomid, Femara, etc., who have received IVF, and who have gone on to have healthy and successful pregnancies and childbirth.

There is no research to date that shows that intentional weight loss (i.e., via diets or lifestyle changes) is sustainable beyond very short periods of time and inevitably lead to weight gain and weight cycling, which have been shown to be more harmful for one's physical and mental health than being higher weight, in of itself. Bodies react to restriction by making physiological changes such as lowering metabolism, suppressing leptin levels, hyper-fixating on highly palatable foods, and more. Weight cycling leads to diabetes, cancer, and heart disease. The research shows that engaging in health enhancing behaviors (excluding dieting/restriction and intentional weight loss) can lead to improved health outcomes no matter a person's weight or weight change.

At XX years of age, I am aware that XXXXX is eager to begin pursuing childbirth in the near future and that, because of her anovulation common with PCOS, her body will likely need help from an ovulation induction medicine. I hope as you continue forward with her fertility care, that you will consider how vital a weight-inclusive approach will be to supporting her overall physical and mental health, as well as that of her future babies. If it would be helpful, I would be happy to schedule a phone consult to discuss more and included my contact information above for scheduling.

With respect and care,

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