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SHOULD I DIET? WHAT SHOULD I EAT? DIFFERENT DECISION MAKING FACTORS PREDICT DIETING INTENTIONS VERSUS ACTUAL DIETARY BEHAVIOR

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NUTRITIONAL CONTENT OF TELEVISION ADVERTISEMENTS DIRECTED AT CANADIAN CHILDREN

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INTRODUCTION: Studies show that an alarming number of Canadian children are overweight. Television viewing may contribute to the problem by inundating children with advertisements for good tasting, energy-dense foods. Although studies have examined the content of TV commercials in other countries, this is the first in Canada since children’s cable has become widely available.

METHOD: We recorded 14 hours of children’s programming from 6 different channels on a single Saturday morning in February 2004. A content analysis was performed on the advertisements contained there to determine how many were food related, what the nutritional content was, and if additional inducements were used to motivate consumption of the product. RESULTS: There were an average of 14.93 food ads per hour, representing about 64% of all paid advertising. Using suggested serving sizes from product packages, a nutritional analysis showed that the average energy content of advertised foods was 180 calories. It also indicated that this “TV diet” was heavy in carbohydrates (more than 60% of calories coming from this source) and fat (28%). Almost half of the ads (47%) portrayed physical activity as being associated with consumption of the food. A small number of ads (22%) included messages that implied the advertised food was healthy or nutritious.

DISCUSSION: This content analysis showed that most ads directed at Canadian children are food related, tend to portray foods that should be chosen less often, and contain subtle promises of reward for consuming the foods. Although it is descriptive in nature, this study contributes to our understanding of the motivations for children’s eating habits.

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FAST-FOOD CONSUMPTION AND BREAKFAST SKIPPING: RISK FACTORS FOR WEIGHT GAIN FROM ADOLESCENCE TO ADULTHOOD

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The transition from adolescence to adulthood is a high-risk time for weight gain. In order to develop effective weight gain prevention programs, it is important to identify behaviors that put adolescents at risk for weight gain during this transition. Although previous research has suggested dietary factors that are associated with overweight in adolescents cross-sectionally, this is one of the first to prospectively examine the relationship between dietary behaviors during adolescence and relative weight status during young adulthood (i.e., six years later). The sample consisted of nationally representative data from waves II and III of the National Longitudinal Study of Adolescent Health (n=9878). The mean age was 15.9 years at baseline and 21.4 years at follow-up; 54% of the sample was female, 20% African American, 16% Hispanic, 7% Asian American, and 3% Other. Twelve percent of the sample exceeded the 95th percentile BMI at baseline, and 18% did so at follow-up. Fast-food consumption and breakfast skipping at baseline predicted greater relative BMI at follow-up. Adolescents who reported more frequent fast-food consumption at baseline had higher z-BMI scores at follow-up, controlling for baseline z-BMI and demographic variables (p<0.01). Conversely, more days of breakfast consumption per week at baseline predicted lower z-BMI at follow-up (p<0.01). Fruit, vegetable, low-fat dairy, and sweetened drink consumption at baseline did not predict adult relative BMI status. Fast-food consumption and breakfast skipping may represent appropriate targets for weight gain prevention programs in adolescents.

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Many individuals diet to lose weight. Most attempts are not successful—weight is either not lost or is quickly regained. We investigated decision making factors influencing dieting intentions versus those influencing actual behavior. Prior to eating in a university cafeteria, 65 participants reported their cost-benefit beliefs about low fat foods and fruits/vegetables, affective associations with both food categories, and whether they were currently dieting to lose weight. After the meal, participants reported what they ate. Using these reports and nutritional data from the college dining service, we computed the calories, total and saturated fat, sodium, and cholesterol consumed. Cost-benefit beliefs and affective associations were examined as predictors of both dieting intentions and actual dietary intake. For intentions to diet, cost-benefit beliefs about both types of food differentiated dieters and non-dieters, both Fs(1,69)>3.5, p<.05, whereas neither affective variable differed by intentions, both Fs<1, ns. By contrast, when predicting actual dietary intake, the two affective variables predicted all of nutritional content variables, both Fs(3,5)>3.5, p<.05, whereas neither cognitive variable predicted intake, both Fs<1, ns. These findings suggest that decisions to diet are influenced by different factors than are actual decisions about dietary behaviors. These differential decision influences may help to explain why attempts to diet are so frequently unsuccessful.

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EFFECTS OF MEAL SKIPPING ON BULIMIC SYMPTOMS AND WEIGHT CHANGE: A RANDOMIZED EXPERIMENT

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The dietary restraint model posits that cognitive control over eating, rather than physical satiety cues, increases vulnerability to uncontrolled eating (Polivy & Herman, 1985). Yet experimental studies indicate weight loss diets result in decreased bulimic symptoms (Presnell & Stice, 2004). There exist discordant results on whether skipping meals increases likelihood of overeating. We used a 3 (condition) X 2 (time) repeated measure ANOVA to test the impact of dieting and food distribution on weight loss, bulimic symptoms, and body satisfaction. The number of daily meals was manipulated in young women seeking weight loss (N = 142, mean BMI = 26.13), holding other dietary factors constant, to examine whether eating five smaller meals compared to fewer meals improved adherence to caloric restrictions and healthier dietary methods. There was significant change in BMI across conditions (F[2, 115] = 3.13, p = .05), with participants in the two dieting conditions losing more weight than participants in the no-dieting condition. The dieting conditions displayed significant reductions in bulimic symptoms over time. The dieting conditions displayed reductions in evaluative concerns compared to no-diet: F[2, 115] = 10.04, p < .01. The dieters also had significant decrease in urge to overeat and body dissatisfaction compared to controls. This study found that a low-calorie diet decreases likelihood of eating symptoms compared to a control condition. The findings contradict the dietary restraint model, implying effective dietary restriction can reduce bulimic symptoms and increase body satisfaction. The lack of change between the two dieting conditions indicates that meal skipping does not increase the likelihood of binge eating.

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