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CURRENT MOOD AND FOOD CHOICES: THE RELATION BETWEEN POSITIVE AFFECT AND DIETARY BEHAVIOR

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THE RELATIONSHIPS AMONG RESPONSES TO HYPOTHETICAL HIGH RISK DIETARY EVENTS, ACTUAL DIETARY CRISES, AND TREATMENT OUTCOME IN A BEHAVIORAL WEIGHT LOSS PROGRAM

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The purpose of this study was determine whether the ability to generate coping responses on a hypothetical high risk task (HHRT) as well as the enactment of coping during actual dietary crises (using ecological momentary assessment) is associated with favorable weight loss treatment outcome. Participants were forty-four obese, sedentary adults in a behavioral weight loss program. Regression was used to examine whether pretreatment or posttreatment HHRT performance, or coping to actual dietary crises predicted weight loss by the end of treatment. Post-treatment HHRT coping responses were associated with percent body weight lost. Greater total coping $\beta = .48$, $t(35) = 2.36$, $p < .05$ and behavioral coping $\beta = .40$, $t(35) = 2.01$, $p < .05$ were associated with a higher percent body weight lost. Responses to actual dietary crises was also associated with percent weight loss at the end of treatment. GIn additionreater cognitive coping, $\beta = .41$, $t\ (32) = 2.43$, $p < .05$, and total coping, $\beta = .43$, $t\ (32) = 2.60$, $p < .05$, were significantly associated with a higher percentage of total body weight lost at the end of treatment. The ability to generate coping responses as well as the enactment of coping during actual dietary crises is associated with favorable weight loss treatment outcome.

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F-61 Citation Poster

EMOTIONS AND CANCER ONSET: RESULTS FROM A PROSPECTIVE STUDY

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Objectives: To examine the role of anger repression(AR) and positive (PA) and negative affect (NA) in cancer onset using data from a prospective study.

Study Sample: English-speaking participants (n=19730) aged between 40 and 60 with no history of cancer. 61% were female.

Dependent measures: 1945 incident cancer cases (352 breast, 318 prostate, 88 lung and 280 colorectal) identified from population-based cancer registry during a 12-year follow-up period.

Independent measures: Courtald Emotional Control Scale's AR scale and PA and NA, assessed via questionnaire. Lifestyle and biological risk factors for cancers were treated as covariates.

Analyses: ANOVAs compared means and Cox proportional hazards regression estimated relative risk (RR) of cancer controlling for risk factors.

Results: Breast cancer onset was not associated with any emotion scale. Prostate cancer was associated with AR at a bivariate and multivariate level. Higher AR scores were associated with greater risk of prostate cancer (RR=1.17; 95%CI:1.05-1.31). In bivariate analyses, lung cancer was associated with increased AR and NA, however only NA remained significant after adjusting for cigarette smoking (RR=1.27, 95%CI:1.04-1.54). Colorectal cancer was associated with increased AR and NA in bivariate analyses only. Developing any cancer was not associated with AR, NA or PA in multivariate analyses.

Conclusions: With the exception of prostate cancer, when other risk factors for cancer are controlled, there is little role for emotions in cancer onset. As much work in this area has focused on breast cancer, the results of this study suggest the association between AR and prostate cancer warrents further examination.

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CURRENT MOOD AND FOOD CHOICES: THE RELATION BETWEEN POSITIVE AFFECT AND DIETARY BEHAVIOR

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Colloquially, much is made of the relation between food and mood. For example, "comfort foods" are eaten in the service of affect regulation. Affect can influence behavioral choices in a number of ways. We investigated whether college students' mood when making dietary choices influenced the nutritional value of the foods chosen. Sixty-five participants completed a questionnaire immediately prior to eating a meal in a college dining hall. The questionnaire included a measure of current positive affect. Following the meal, participants reported what they ate for dinner. Using nutritional data from the college dining services, we used participants' self reported food intake to compute measures of caloric intake at the meal, total and saturated fat consumption, sodium consumption, and cholesterol consumption. To examine the relation between positive affect and food intake, we categorized participants as currently experiencing either high or low levels of positive affect based the self-report affect measure. Those experiencing higher levels of positive affect consumed significantly more calories and had higher sodium, cholesterol, and total fat intake than those with lower levels of positive affect; all Fs(1,63)>4.5, all ps<.05. The two groups did not significantly differ on saturated fat consumption, although the mean differences showed higher levels for those who were experiencing more positive affect. These findings demonstrate that current mood may have an influence on individuals' dietary behavioral choices and that higher levels of positive affect may lead to dietary choices associated with weight control issues. These findings have implications for both understanding the affect-behavior relation and for designing effective dietary interventions.

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THE RELATIONSHIP BETWEEN SELF-EFFICACY AND SELF-ESTEEM AND WEIGHT LOSS, DIET, AND EXERCISE

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The present study examined the relationship between several self-efficacy and self-esteem measure and weight loss, diet and exercise. The participants in this study were 37 obese, sedentary men and women who took part in a 20-session behavioral weight loss program based on the LEARN manual (Brownell, 2004). Self-efficacy and self-esteem were assessed using the following measures: Exercise Self-Efficacy Scale (Bandura, 1997), Eating Self-Efficacy Scale (Glynn & Ruderman, 1986), Self-Efficacy Scale (Sherer, 1982), and Rosenberg's Self-Esteem Scale (Rosenberg, 1965). Diet was assessed using a 4-day self-report food diary. Exercise was assessed using the Paffenbarger Physical Activity Questionnaire (Paffenbarger, Wing, & Hyde, 1978).

Results revealed that participants' levels of self-esteem and eating self-efficacy significantly improved from pre- to post-intervention ($p < .01$, $p < .01$, respectively). Eating self-efficacy at pre- and post-intervention was associated with percentage weight loss ($p < .01$, $p < .01$, respectively). Self-esteem and exercise self-efficacy at post-intervention was significantly associated with percentage weight loss at post-intervention ($p < .02$, $p < .01$, $p < .01$, respectively). Additionally, exercise self-efficacy scores at post-intervention were associated with scores on the Paffenbarger ($p < .01$). Finally, general self-efficacy at pre-intervention was associated with percentage weight loss at post-intervention ($p = .02$). The results suggest that the LEARN program is effective in improving self-esteem and diet related self-efficacy. Also, it appears that general self-efficacy, as well as diet and exercise related self-efficacy, is associated with weight loss.

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