## Changes in eating behaviours following a familycentered lifestyle intervention aimed at children with obesity 9-12 y old: Results from a 1-year RCT

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## Learning Objectives

- Identify the different types of eating behaviours
- Describe the Children's Eating Behavior Questionnaire
- Understand the importance of including eating behaviour assessments during childhood obesity interventions

## CEBQ<sup>1</sup>

- 35 questions using a 5-point Likert scale
- Validated and associated with BMI <sup>1-6</sup>

### **Food Approach**

Food responsiveness (n=5)

Enjoyment of food (n=4)

Emotional over-eating (n= 4)

Desire to drink (n=3)

### **Food Avoidance**

Slowness in eating (n=4)

Satiety responsiveness (n=5)

Emotional under-eating (n=4)

Food fussiness (n=6)

#### Child Eating Behaviour Questionnaire (CEBQ)

Please read the following statements and tick the boxes most appropriate to your child's eating behaviour.

	Never	Rarely	Some- times	Often	Always
My child loves food					
My child eats more when worried					
My child has a big appetite					
My child finishes his/her meal quickly					
My child is interested in food					
My child is always asking for a drink					
My child refuses new foods at first					
My child eats slowly					
My child eats less when angry					
My child enjoys tasting new foods					
My child eats less when s/he is tired					
My child is always asking for food					
My child eats more when annoyed					
If allowed to, my child would eat too much					
My child eats more when anxious					
My child enjoys a wide variety of foods					

## **Objectives**

To assess changes in eating behaviours using the CEBQ in 9-12 y old children with obesity who participated in a 1-year family-centered lifestyle intervention.



McGill Youth Lifestyle Intervention with Food and Exercise Study: *The MY LIFE Study*<sup>7</sup>

Registered on Clinical Trial.gov (NCT01290016)

### **Inclusion Criteria**

Healthy 9-12 y old children classified with BMI > 85%tile for age (WHO guidelines for overweight/ obese)<sup>8</sup>

### Methods

Assessment	Details	Analyses				
Anthropometry						
Weight (kg)	Digital scale	Z-scores (WHO) 2007 reference data <sup>8</sup>				
Height (cm)	Portable stadiometer	data				
Eating Behavior						
Eating behavior	Caregiver reported; Bilingual CEBQ	Mean scores and changes over time (mixed models)				



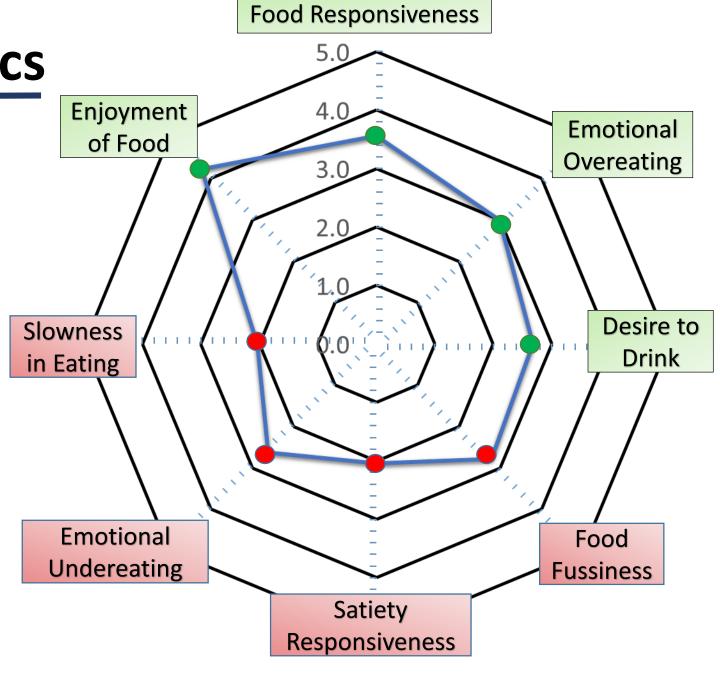


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- Children randomized to control or family-centered lifestyle intervention (FCLI) by sex and BMI
- All visits and measures: Mary Emily Clinical Nutrition Research Unit (Ste-Anne de Bellevue, QC)

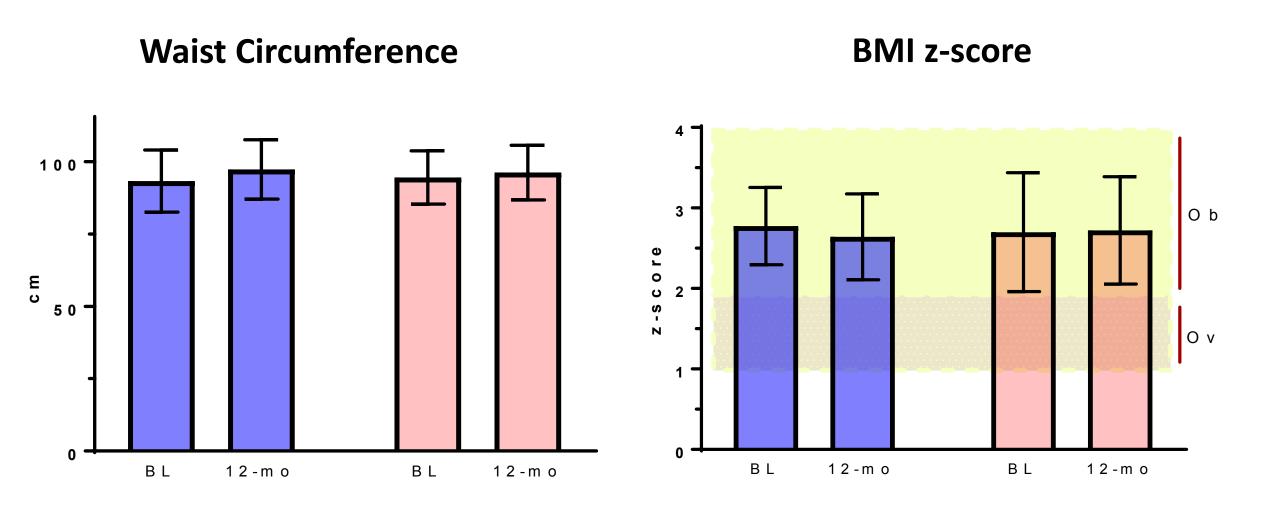
## **Baseline characteristics**

	Total (n=60)
Age (years)	11.1 ± 1.1
Ethnicity, White (%)	81%
Gender, Female (%)	<mark>53%</mark>
Family Income >\$75,000.00/y (%)	<mark>58%</mark>
BMI z-score (WHO)	2.8±0.6



# Changes in body composition



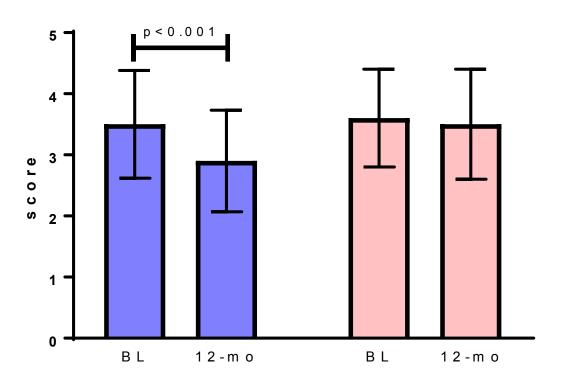


FCLI: Family-centered lifestyle intervention; Ob: Obese; Ov: Overweight

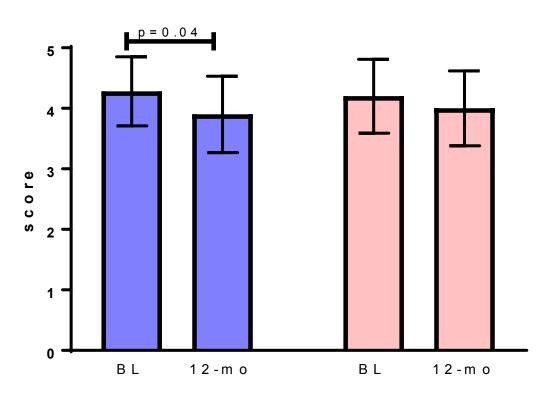
## FCLI decreased Food Approach scores



### **Food Responsiveness**



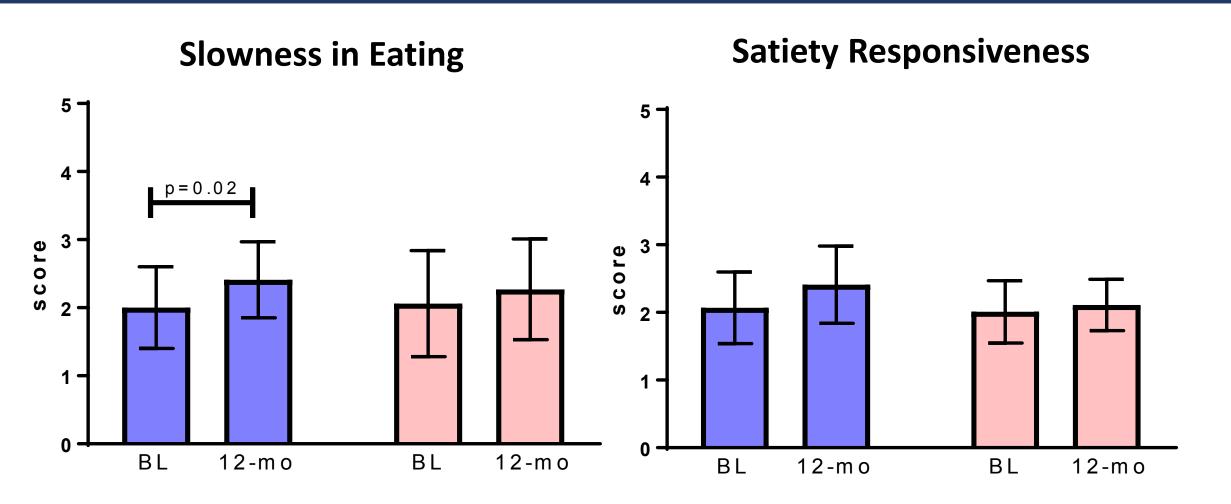
### **Enjoyment of Food**



FCLI: Family-centered lifestyle intervention

## **FCLI** increased **Food Avoidance** scores





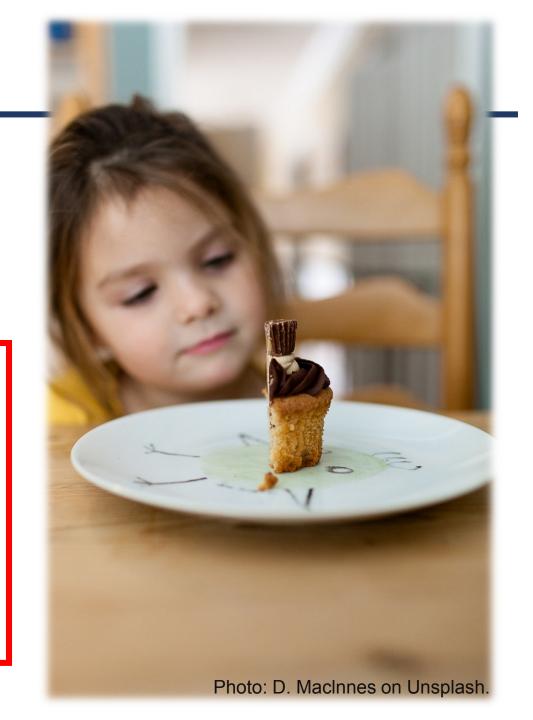
FCLI: Family-centered lifestyle intervention

## Take home message

- Children with obesity (9-12 y) display "food approach" eating behaviors
- Studies should consider eating behaviors in interventions

### How will this impact patients?

- CEBQ is a <u>user friendly tool</u> that parents can easily complete over the course of an intervention
- Help <u>guide discussions</u> during interventions



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### References

(as they appear in the presentation)

- <sup>1</sup> Wardle et al. *J Child Psychol Psychiatry* (2001)
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- <sup>7</sup> Cohen et al. *BMC Public Health* (2013) (STUDY PROTOCOL)
- <sup>8</sup> World Health Organization. Child Growth Standards: WHO Anthro (version 3.2.2, January 2011).