



Contents lists available at ScienceDirect

Clinical Nutrition

journal homepage: <http://www.elsevier.com/locate/clnu>

Original article

A Health at Every Size intervention improves intuitive eating and diet quality in Canadian women

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ARTICLE INFO

Article history:

Received 30 September 2015

Accepted 11 June 2016

Keywords:

Health at Every Size[®]

Intuitive eating

Diet quality

Non-diet intervention

Women

SUMMARY

Background & aims: Health at Every Size[®] (HAES[®]) interventions focus on healthy lifestyle by promoting behavioral changes related to diet and physical activity while emphasizing self-acceptance and well-being through an empowerment and intuitive approach. The purpose of this study was to investigate the effects of a HAES[®] program on intuitive eating and diet quality in women.

Methods: The HAES[®] intervention, offered by professionals from Health and Social Services Centers in Quebec (Canada), was composed of thirteen 3-h weekly meetings and a 6-h intensive day. For this study, 216 women (1.9% normal-weight, 21.1% overweight, 77.0% obese) who took part to the HAES program were compared to 110 women (3.9% normal-weight, 23.3% overweight, 72.8% obese) from a control group (waiting list). Intuitive eating was assessed using the Intuitive Eating Scale and diet quality was evaluated through the calculation of the Healthy Eating Index (HEI) from a validated web-based self-administrated food frequency questionnaire. Measurements were performed at baseline, post-intervention, and at one-year follow-up.

Results: Women who participated in the HAES[®] program significantly increased their intuitive eating score compared to women in the control group at post-intervention and at follow-up (group by time interaction, $p = 0.0002$). A significant improvement in diet quality was also observed in the HAES[®] group in comparison with the control group at post-intervention (group by time interaction, $p = 0.0139$). The intuitive eating score and the HEI score were positively associated in the HAES[®] group at post-intervention ($r = 0.20$, $p = 0.0237$) and one-year follow-up ($r = 0.22$, $p = 0.0359$), but no such associations were noted in the control group (post-intervention, $r = 0.04$, $p = 0.70$; one-year follow-up, $r = -0.15$, $p = 0.30$).

Conclusions: The HAES[®] program seems effective in improving intuitive eating and also favours improvements in diet quality. However, the association between intuitive eating and diet quality remains unclear, being positive and significant only after the HAES[®] intervention.

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1. Introduction

Over the last decades, the rising rates of overweight and obesity have been contrasting with the high prevalence of dieting and eating disorders. In response to the poor success rate of restrictive diets for sustainable weight loss and health improvement [1,2], a new weight paradigm has emerged [3]. This paradigm centers on healthy eating and physical activity as promising chronic disease-

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prevention strategies, without focusing on weight loss [4]. One example is the Health at Every Size® (HAES®) approach, which advocates a holistic health-centered approach emphasizing self-acceptance and well-being, rather than weight loss [5] (Health at Every Size® and HAES® are registered trademarks of the Association for Size Diversity and Health). Such non-diet approaches have been found to improve eating behaviors, well-being, body image and psychological health [6].

With regards to the dietary and weight management components of HAES® interventions, they are based on intuitive eating principles [5]. Eating intuitively is eating in response to hunger and satiety cues and respecting physical body signals to determine when, what and how much to eat [7]. Intuitive eating principles aim at developing a healthy relationship between food, mind and body, and encourage the mindfulness of emotions and the pleasure derived from eating [7]. During HAES® programs, nutrition topics are addressed through discussions, experimentations, and reflections on food intakes and eating behaviors rather than through nutrition education and suggestions about healthier food choices. It can be questioned whether or not such non-diet interventions can increase the quality of food intake. Given that the HAES® philosophy encompasses intuitive eating principles, it can be expected that such programs positively influence diet quality since intuitive eaters are expected to naturally lean towards foods that support their health and body functioning [7]. As opposed to restrained eaters, who are likely to end up transgressing their own dieting rules [8], not having such rules among intuitive eaters may prevent them from food cravings. However, as raised by Smith and Hawks [9], one could wonder if intuitive eaters, who eat in accordance with personal desires [7], may end up with a lower diet quality. Limited research exists on the effects of non-diet programs on diet quality. Such interventions seem to have positive impacts on diet quality in some studies [10,11], whereas no association was observed in others [12,13]. These mixed results thus underline the need for further investigation.

The purpose of this study is to investigate the effects of a HAES® program on intuitive eating and diet quality in women. We hypothesized that the HAES® program increases intuitive eating and induces improvements in diet quality. We also hypothesized the presence of a positive association between intuitive eating and diet quality.

2. Material and methods

2.1. Overview

A HAES® program, named “*Choisir de maigrir?*” (“What about losing weight?”), was created in the 1990s as an alternative

approach for women struggling with weight-related problems. In 2006, the Quebec government launched an action plan to reduce the prevalence of obesity and of obesity-related health problems. This HAES® program was identified as one of the actions to put forward. The program has then been implemented in various Health and Social Services Centers (HSSC) of the province of Quebec (Canada) allowing the evaluation of its impacts in a community-based healthcare context. The present paper is part of a larger research project aiming at documenting the implementation process and at investigating the impacts of the HAES® program on women's health in a natural setting. Data were thus collected among 326 women who were interested in taking part in the HAES® program offered in local HSSC in the province of Quebec. Twenty-five HSSC, from different regions of the province (urban and rural areas), were involved in the study during the fall (2010 and 2011) and winter (2010) sessions of the program, and HSSC's health professionals were in charge of the recruitment and data collection among participants. The HAES® program is freely offered to women wishing to improve their relationship with their body and eating behavior.

The program focuses on healthy lifestyle by promoting overall benefits of behavioral change related to diet and physical activity, with an emphasis on body acceptance and intuitive eating. The interventions are conducted in small groups (10–15 participants per group), and are divided in thirteen 3-h weekly meetings and a 6-h intensive day. Different topics are discussed with participants during the sessions, such as enjoyment of physical activity and healthy nutrition, identification of realistic objectives about body weight management, recognition of internal cues of hunger and satiety, influence of emotion on eating behavior, and acceptance of one's own and other's body image (see Table 1). Sessions are moderated by HAES® trained health professionals (usually a registered dietitian and a clinical psychologist or a social worker).

2.2. Participants

Following a quasi-experimental design, women who took part to the program (HAES® group; n = 216) were compared to women who were on a waiting list for the program (control group; n = 110). Participants in the HAES® group were from 21 different HSSC (mean: 10.3 participants per center, range: 3–21; 14% from rural areas), and participants from the control group were from 17 HSSC (mean: 6.5 participants per center, range: 1–16; 8% from rural areas). The flowchart in Fig. 1 represents the number of participants who were excluded at different measurement times due to various reasons (i.e. pregnancy, missing data, unrealistic intakes), drop-out of the study, and drop-out of the intervention (attended to less than

Table 1
Summary of the activities/intervention at each week during the HAES® program.

Meeting theme	Examples of activities
1. Beginning my process	• Knowledge questionnaire (nutrition, obesity, weight loss)
2. Evaluating my food intake	• Food diary (with emotions, mood, hunger and satiety sensations)
3. Evaluating my eating habits	• Group discussion on previous experience pertaining to body weight and motivations to eat
4. Evaluating my energy needs	• Lectures on energy needs, energy balance and obesity
5. My body in motion	• Lecture on physical activity by a professional (kinesiologist, physiotherapist, or physical educator)
6. Listening to my body (intensive day)	• Exercises on hunger and satiety cues, and on external cues that makes one stop eating
	• Lecture and group discussion on the different dimensions of the act of eating
7. Realizing others' influence on me	• Exercise to identify supportive others and kill-joys
8. Exploring my body image	• Group exercise and discussion on body image and beauty standards around the world
9. Examining my motivation towards weight loss	• Lecture on physiological body resistance against weight loss
10. Choosing the direction of my approach	• Personal analysis of motivation towards weight loss
11. Feeding my body	• Lecture on the Canada's Food Guide
12. Being critical about diets	• Analysis and group discussion on weight loss products
13. Defining my action plan	• Presentation of the action plans of each participant
14. Evaluating my process	• Final group discussion on the program

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