



ABSTRACTS

BEHAVIORAL HEALTH

The development and validation of the Addiction-like Eating Behaviour Scale.

Ruddock H, Christiansen P, Halford J, Hardman C. *Int J Obes.* 2017; <https://doi.org/10.1038/ijo.2017.158>.

The authors aim to validate the Addiction-like Eating Behaviour Scale (AEBS), a questionnaire that quantifies addiction-like eating behaviors. A cross-sectional study was designed to address this goal. A sample of 511 participants was established for the study. The sample was 83% female and was recruited via advertisements around the University of Liverpool, Liverpool, UK. Eligibility requirements included being over age 18 years and fluent in English. Individuals with a history of eating disorders were excluded from the study. Participants provided demographic information, height, and weight. The subjects were randomly assigned to three groups: Group 1 (n=307) was utilized for initial exploratory factor analysis and internal reliability analyses; Group 2 (n=204) was used to confirm factor structure; Group 3 (n=70) was used to assess the test-retest reliability of the AEBS. The mean age of the groups was 24.32 years, 24.03 years, and 36.63 years, respectively. Mean body mass index was 23.58, 23.24, and 25.81, respectively. The original pool of 62 items assessed for inclusion in the AEBS was derived from qualitative responses obtained from a prior study. Items referred to either of the following: tendency to eat for reward rather than physiological need; persistent food cravings; lack of control around food; preoccupation with food; increased weight; and problem controlling intake of foods high in fat, salt, and sugar. To assess convergent validity of the AEBS, the Yale Food Addiction Scale (YFAS), Binge Eating Scale (BES), Emotional Eating Scale, and Eating Troubles Module were used. To assess divergent validity, the Rutgers Alcohol Problem Index and the Behavioural Inhibition System/Behavioural Approach System Reactivity were used. Data were analyzed using SPSS Statistics version 22 (IBM Corp, 2013). The authors report that the AEBS scores correlated positively with body mass index ($P<0.001$) and predicted variance in body mass index above that accounted for in both the YFAS and BES ($P=0.027$).

BUSINESS & INDUSTRY

Pricing strategies to encourage availability, purchase, and consumption of healthy foods and beverages: A systematic review.

Gittelsohn J, Trude AC, Kim H. *Prev Chron Dis.* 2017; <https://doi.org/10.5888/pcd14.170213>. Researchers investigate how pricing strategies influence healthy food consumption. A systematic review of the literature was designed. The sample included 30 studies within 63 articles. The studies utilized included 24 with an experimental design, 3 with mixed methods, and 3 containing a natural experiment. The studies originated in nine countries: 17 in the United States; 2 each in Australia, New Zealand, France; and 1 each in Canada, the United Kingdom, South Africa, Denmark, Belgium, Peru, and Mexico. Inclusion criteria were: articles published in peer-reviewed journals between 2000 and 2016; experimental studies; population studies of people or stores in middle-income and high-income countries; studies of pricing intervention strategies; and outcomes studied at the retail level. Studies that assessed school programs were excluded. The search was conducted in MEDLINE, Embase, PsycINFO, Web of Science, ClinicalTrials.gov, and the Cochrane Library. Search terms were: *pricing strategies; incentive; reimbursement; commerce; disincentive; reward; taxes; monetary incentive; consumer behavior; marketing; cost savings; food purchasing; food supply; dietary intake; eating behavior; food intake; food and beverages; and snacks*. Researchers used descriptive criteria for each study: project name; target population; model or theory used; study goal; foods and beverages; retail venue; sample size; intervention strategies; study design; study duration; formative research; feasibility

assessment; process evaluation; impact measures and results; sustainability; quality of research; study limitations; and study recommendations. Data were organized by: description; intervention; pricing strategies; main results; and implications. Data were grouped by: financial discount on healthy foods and beverages; redeemable coupons or vouchers for healthy foods targeting participants in food assistance programs; redeemable coupons or vouchers for health foods targeting consumers not participating in food assistance programs; cash rebates; and disincentive strategies for unhealthy food and beverages. A narrative approach was used to analyze the data. Researchers report most of the studies assessed promotions of fruits and vegetables and that pricing interventions generally increased sales.

CLINICAL NUTRITION

Using judgement analysis to identify dietitians' referral prioritization for assessment in adult acute services.

Hickson M, Davies M, Gokalp H, Harries P. *Eur J Clin Nutr.* 2017; <https://doi.org/10.1038/ejcn.2017.123>.

The authors aim to capture expert knowledge on dietetic referral prioritization in the adult acute-care setting. Their goal is to develop an expert consensus judgement policy that can in turn be used to create an evidence-based dietetic referral training package. To do this, a factorial survey was used in conjunction with social judgement theory—a quantitative approach using statistical methods to describe the relationship between available information and an individual's judgement, captured and compared to decisions made by a group. A sample of 50 dietitians participated. Mean age of the

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sample was 32 years. The sample was 94% female and 90% had more than 2 years experience in adult acute-care settings; 58% were white and 92% lived in England. A survey was designed to test how many pieces of information—both cues and cue levels—are used to reach a judgement and the relevant importance of each factor. Sixty scenarios were established using hypothetical case scenarios with a subset of combined cues and cue levels. Statistical data were processed using SPSS Statistics version 16 (IBM Corp, 2007). Three approaches to regression analysis were used: full regression model, where all cues are included to identify the influence of cue level in predicting dependent variables; step-wise approach, where a cue is entered into the model at each step to establish order of importance for each cue in predicting expert consensus prioritization; and reduced models, which were obtained by omitting each cue in turn from the full model to establish whether this is a significant change in judgement as a result of the cue excluded. The authors report identifying six cues and 21 cue levels. In all, 95.7% of the variability in the experts' average judgement was predicted by the six cues.

CONSULTATION & PRIVATE PRACTICE

Evaluation of a dietary screener: The Mediterranean Eating Pattern for Americans tool.

Cerwinske L, Rasmussen H, Lipson S, Volgman A, Tangney C. *J Hum Nutr Diet*. 2017; <https://doi.org/10.1111/jhn.12451>.

Researchers assess a dietary screening tool in terms of inter-method reliability against a comprehensive food frequency questionnaire (FFQ) using the Mediterranean diet. A cross-sectional study was designed to address this, using a sample of 70 participants. The sample was 100% women; 27% were registered dietitians, median age was 58 years, and median body mass index was 25.7. Participants were recruited from the Rush Heart Center for Women at Rush University Medical Center. Inclusion criteria were: daily internet access; age over 18 years; and fluent in English. Patients were recruited between July 2014 and April 2015. Demographic information, height, weight and physical activity levels were gathered at baseline. Participants completed the 156-item VioScreen FFQ. Nutritional and food group analyses were based on the

Nutrition Data System for Research, version 44 (Nutrition Coordinating Center, University of Minnesota). These analyses also include calculation of total and component HEI-2010 (Healthy Eating Index) scores. One week later, participants were asked to complete the 16-item (Mediterranean Eating Pattern for Americans) MEPA screener tool, an Americanized tool to capture key elements of the Mediterranean diet. Scores were assigned to each item on the MEPA screener based on reported frequencies related to Mediterranean-like diet accordance, including: servings of olive oil, green leafy vegetables, fruit, red meat, sausage, fish, chicken, full-fat cheese, butter/cream, beans, whole grains, sweets, nuts, fast food, and alcohol. Comparable scores were taken based on the FFQ. Micro-nutrient consumption was also compared using both tools. All statistical analyses were performed using SPSS Statistics version 22 (IBM Corp, 2013). Normality was assessed for all variables by inspecting histograms and Shapiro-Wilk tests. The authors report the overall score from the MEPA screener correlated with corresponding MEPA FFQ score, and agreement between screener items and FFQ items was moderate-to-good for berries, nuts, fish, and alcohol.

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