Abstract Details

01.1 Dieting and Other Risky Behaviours Among Adolescent Girls: Implications for Obesity Prevention Initiatives
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Objective: A focus on obesity prevention has dominated public health interventions targeted to children and adolescents in recent years. Weight-focused interventions have the potential to elicit unanticipated consequences, such as dieting, which itself is associated with an array of deleterious behaviours that may contribute to poorer health overall. This study was conducted to examine whether dieting is associated with clusters of other risky behaviours two years later among Canadian adolescent girls.

Methods: We explored associations between dieting to lose weight and engagement in clusters of health-compromising behaviours at follow-up (2 years later) among Ontario girls (N=3,386; grades 9–10 at baseline). Multilevel logistic regression models were used to investigate the relationship between dieting and each of smoking, binge drinking, breakfast-skipping, and clusters of these behaviours.

Results: Over half of girls reported dieting (54%), as well as heights and weights corresponding with a healthy BMI (61%). Four in five girls dieting at baseline reported dieting 2 years later. Dieting at baseline was positively associated with each risky behaviour, as well as combinations of these behaviours at follow-up; the highest risk was observed for binge drinking/breakfast-skipping and smoking/binge drinking/breakfast-skipping (RR=1.6). Baseline dieters were more likely to engage in a greater number of risky behaviours than non-dieters, regardless of the actual behaviours.

Conclusions: Dieting is longitudinally associated with engagement in other risky behaviours among adolescent girls. Attention is needed to the potential for well-meaning obesity prevention initiatives to unintentionally compromise health through a focus on weight that may drive the uptake of dieting behaviours.

01.2 What’s in a Name? The Influence of Framing Obesity as a Disease on Weight Bias
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Background: The declaration of obesity as a chronic disease by the Canadian and American Medical Associations has been met with strong debate, including the potential impact of this declaration on weight bias.

Objective: The purpose of this research was to experimentally investigate the influence of framing obesity a disease on the attitudes of members of the general public.

Methods: Canadian and U.S. participants (N=309, 15-73) recruited through CrowdFlower were assigned to read one of three articles. Two articles presented accurate and identical information about the nature of obesity, with one article stating that obesity has been declared a disease and the other article stating that obesity has not been declared a disease. The third article was a control article unrelated to obesity. Participants completed a number of questionnaires, including weight bias relevant outcome measures.

Results: Regression analyses revealed that framing obesity as a disease (vs. control conditions) was associated with more positive affect towards individuals with obesity, indirectly leading to less negative attitudes toward individuals with obesity. Further, for certain individuals framing obesity as a disease (vs. controls) was associated with perceptions that obesity is less personally controllable or higher empathy toward people with obesity, both of which predicted less negative attitudes.

Conclusions: Our results suggest that the declaration of calling obesity a disease can positively influence attitudes towards people with obesity and can inform future weight bias reduction interventions.

01.3 Association Between Weight Discrimination and Program Adherence in a Clinical Weight Management Program
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Background: Weight discrimination is a common occurrence for those living with obesity. While the detrimental health effects are well known, it is unclear if a history of weight discrimination may also impact on adherence to follow-up within a medically supervised weight loss setting.

Method: Participants from the Wharton Medical Clinic (Hamilton and Burlington, ON) completed a battery of weight discrimination questions at their first site visit (n=120) and were tracked for program adherence. A series of general linear models were subsequently used to assess the relationship between a history of weight discrimination (yes/no) and program adherence (months and number of program visits). Adjustments were made for baseline body mass index, age, sex, and smoking status.

Results: A majority of the clinic sample (77.5%) reported a history of weight discrimination. Overall, no significant difference in treatment time was observed (no wgt dis: 4.3 months; wgt dis: 2.8 months, p=0.23); however, at the end of one month, significantly more patients with a history of weight discrimination remained in the program (no wgt dis: 22.2%; wgt dis: 46.2%), an effect that diminished with time. There were also no differences in the absolute amount of weight loss or the percentage of each group who achieved clinically meaningful weight loss (5% of baseline weight) within 3 months of follow-up.

Conclusion: In this sample, having a history of weight discrimination was not associated with differences in program adherence or weight loss outcomes. Further work is necessary to test the persistence of this finding across clinical settings.

01.4 Weight-related Attitudes in Children
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Weight-related attitudes (WA) refer to negative attitudes toward individuals because they are overweight or obese. These attitudes are widespread among children and adults, and have been proven to be recalcitrant to intervention. To develop more effective interventions it is necessary to understand the origin and development of explicit and implicit WA. Explicit WA tasks require individuals to make evaluations (e.g., self-report) about people who are overweight or obese, which can be influenced by social desirability. Implicit WA tasks reduce the role of social desirability, such as the Weight Implicit Association Test (IAT), which compares response speeds to fat and thin stimuli. Our goals for the study were to examine the association between two explicit measures of WA to determine if they are tapping into a similar underlying construct and examine age-related differences in explicit and implicit WA. We administered the Anti-fat Prejudice task, the Friendship Selection task, and a Weight IAT to eighty-four 4- to 7 year olds. Results showed that: 1) the two measures of explicit WA were associated, 2) children demonstrated both explicit and implicit WA, and 3) age accounted for 10.6% of the variance in explicit WA, and age accounted for 11.2% of the variance in the Weight IAT. The association between the two explicit tasks is a novel finding as all previous studies have not reported the relationship between measures of explicit WA. Taken together, these findings suggest the importance of early intervention to reduce WA and implications for the developmental origins of WA will be discussed.