



NATIONAL

**EATING DISORDERS
AND OBESITY**

Conference

**2017
ABSTRACTS
PHYSICAL HEALTH AND
MENTAL WELL BEING**

**7 - 8 AUGUST 2017
MANTRA ON VIEW, GOLD COAST**

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30 Minute Presentations

Dr Vanessa Alford

Physiotherapist/ previous Elite Runner Symmetry

Exercise Addiction and Calorie Restriction - My Personal Story

Aim: To share my personal story about the devastating impact of exercise addiction and calorie restriction on health.

Content: I spent so long torturing my body with intense exercise and calorie restriction, so controlled and unable to escape from my addiction and an inner voice that dictated every part of my life. I knew what I was doing was not healthy but I was so caught up in it all that I failed to see how detrimental it was to my health. And I certainly didn't expect to pay such a price. I ignored early warning signs and chose to ignore health care professionals and family members who pleaded with me to look after myself. Instead I listened to an internal voice in my head that inflicted immense guilt on me if I missed a day of exercise and forced me to count every calorie that went into my mouth until one day it told me enough was enough, inflicting on me a never-ending list of disturbing, silent symptoms. The following four years were distressing and devastating, begging others to unravel the cause of my symptoms. But if only I could have seen then what is so clear to me now, I would not have spent thousands of dollars trying to get to the bottom of my illness. But I was blinded by an obsession, controlled by a voice in my head and in denial that by continuing to deprive my body of energy, I was not giving it the best chance to heal. So I continued to search far and wide for an answer to my symptoms. An answer that would point the finger elsewhere; never at me.

Conclusion: to share how I was able to turn my life around and regain my health and to reiterate that our health is much more important than how we look.



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Ms Megan Alsford

Wellness Program Manager Sigma Pharmaceuticals

Co-authors:

Ms Catherine Hiley, *Health Advisor, nib Health Insurance*

Can in Pharmacy Support Provide Health Outcomes for Patients Following a Reduced Energy Weight Management Program

Excess weight and its association with health conditions is causing a significant impact on the health budget, estimated at \$3.8 billion a year. Reductions in weight of $\geq 5\%$ can translate into clinically significant improvements in health, making weight management an important public health measure in high risk populations. Adults who are actively losing weight should have, at least fortnightly consultations with their healthcare professional for the first three months. Given that Australians currently visit community pharmacies 14 times each year, the pharmacy could provide a cost-effective and accessible avenue for weight management program delivery. This pilot study aimed to measure the health impact of the Be Good To Yourself weight management program using a reduced energy diet (2000 - 4000 kilojoule deficit), meal supplements, gentle exercise and in pharmacy support over 12 weeks. Pharmacists and Pharmacy Assistants were trained via an online program prior to the pilot. nib health fund members with a BMI $\geq 28\text{kg/m}^2$ and one or more of the following; high risk of type 2 diabetes, high blood pressure or cholesterol, severe joint pain as measured by the Oxford joint pain score or taking ≥ 4 medications for chronic conditions were recruited onto the program. Weekly support was provided by Pharmacy Assistants with additional support from a Pharmacist, telephone access to an APD and one Exercise Physiologist consultation. Mean weight loss of $5.6 \pm 3.8\text{kg}$ and $6.92 \pm 4.5\text{cm}$ reduction in waist circumference was achieved amongst participants. Mean SBP reduced by $8 \pm 15\text{mmHg}$ and DBP $5 \pm 10\text{mmHg}$, and 94% (n=145) participants had improved Oxford pain scores. Several limitations were acknowledged including that the data is not clinical trial data, blinded and no control was utilised. As such, no confounding data was adjusted for, nor could comparisons be made between those on the pilot and those following the program without support.



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Ms Renata Anderson

Policy and Health Promotion Officer, Women's Health Victoria

Women, Food and Effective Health Promotion

Gender is a key determinant of women's health. It impacts how women feel about their bodies, their access to money, as well as the time and skills expected to buy and prepare food for themselves and their families.

Many health promotion interventions miss the mark, or even do harm because they do not take a gender sensitive approach. When seeking to influence women's behaviours and attitudes relating to food, health and nutrition, we need to consider the risks of contributing to negative self-perception and increasing social stigma around body size, as these factors may contribute to disordered eating.

Key ideas explored:

- The influence of gendered norms and structures on women's health behaviours,
- How socially constructed idealised body image and normalisation of dieting and other weight control behaviours have influenced many young women to adopt an unhealthy relationship with food,
- The impact of advertising from health, fitness and food industries,
- How the stigmatisation of women who are overweight and obese intensifies feelings of anxiety and depression and increases disordered eating,
- How food related roles and social expectations contribute to and reinforce gender inequality.

This presentation will identify common pitfalls of health promotion campaigns as well as highlight promising practice, using national and international examples.



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Ms Sara Bartlett

Program Coordinator Hunter Institute of Mental Health

Co-authors:

Ms Danielle Maloney, *Statewide Eating Disorders Coordinator, NSW Health*

Ms Jennifer Howard, *Project coordinator (and Dietitian), Hunter Institute of Mental Health*

Navigating Your Way to Health/Navigating Their Way to Health - The E-Resource Development in Supporting People with Eating Disorders and Their Carers, in the Hunter New England Local Health District

Around 4% of the population is affected by an eating disorder at any time that's almost 300,000 people in NSW alone. The care and support of family and friends during an individual's recovery from an eating disorder is critical. People who have recovered from an eating disorder have spoken about how much stronger their relationships with family and friends are after working through treatment together. However, caring for someone with a mental illness such as an eating disorder can come at a cost to carer wellbeing.

Navigating Your Way to Health* and Navigating Their Way to Health* are practical resources developed to support individuals living with an eating disorder and their families, friends and carers who are supporting them. The resources complement the NSW Service Plan for People with Eating Disorders 2013-2018 and will be disseminated throughout health services in the Hunter region, NSW.

Funded by the NSW Ministry of Health, under the auspices of the Centre for Eating and Dieting Disorders at the Boden Institute (the University of Sydney), the resources were developed by the Hunter Institute of Mental Health in collaboration with the Butterfly Foundation and key NSW stakeholders. They incorporate the views of people with lived experience of eating disorders, family, friends, and service providers. The nib foundation, through their Community Grants Program, is funding the distribution of educational promotional materials to increase awareness of the resources.

The evidence informed resources provide an important starting point for working through questions that can arise when a person is experiencing an eating disorder, and are tailored for both the individual themselves and their carers, offering helpful information and ideas to support those with lived experience and make their journey a little easier.

*Resources are due to be launched on 8 May 2017 and are confidential until this time.



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Prof Selena Bartlett

Group Leader, Queensland University of Technology

Co-authors:

Dr Arnauld Belmer, *Postdoctoral scientist, Queensland University of Technology*

Tackling Obesity by Reducing Sugar Consumption

The overconsumption of high-sugar/high-fat contributes to the development of the current obesity epidemic, however, the mechanisms involved are less well understood. By elucidating the molecular mechanisms and brain circuitry altered as a consequence of long-term sugar exposure will enable us to demonstrate the pathophysiological consequences and, at the same time, develop improved pharmacotherapeutic strategies to reduce the impact of further weight gain. It is well known that people with reduced impulse control have greater difficulties resisting the intake of high fat/high sugar foods. We discovered that varenicline an inhibitor of neuronal nicotinic receptors (nAChRs), an FDA-approved treatment for smoking cessation, reduced sugar intake only following long-term consumption. Furthermore, we showed that long-term but not short-term exposure to sugar alters neuronal morphology and/or nicotinic receptor expression in the reward and reinforcement circuitry in the brain in the nucleus accumbens (NAC) and the amygdala (Amg). The lack of understanding of the neuroscience that underlies the overconsumption of sugar and highly palatable food in the development of obesity is one of the reasons preventing the development of effective strategies for its prevention and treatment. The nicotinic receptors are ideal therapeutic targets that have FDA-approved medications available for testing in small scale clinical trials.



Miss Bianca Bullivant

Research Assistant, Macquarie University

Elucidating Obesity and Eating Disorders Health Literacy among Key Stakeholders: A Focus Groups Study

At the 2016 National Eating Disorders and Obesity Conference, our team reported on our plans to conduct research elucidating key aspects of health literacy relating to obesity and eating-disordered behaviour among key stakeholders. In addition, we reported preliminary findings from this research involving focus groups conducted with various health professionals who attended the 2016 meeting. The goal of the current study was to update this research by presenting findings from eight inter- and intra-disciplinary focus groups conducted with a total of 55 participants including mental health professionals, dieticians, personal trainers, teachers and consumer group representatives. Themes that emerged from this new research included: awareness and understanding of eating disorders/behaviours and obesity; beliefs about the links between eating disorders and obesity related behaviours and experience; support for government and industry involvement and regulation; attitudes towards integrated obesity and eating disorder behaviour health promotion; and views about appropriate target groups for prevention health promotion campaigns. The implications of these findings for public health prevention strategies will be discussed, along with plans for the next, quantitative phase of the research.



Miss Wai-Kwan Chislett

PhD Candidate, Victoria University - College of Health and Biomedicine

Perceptions of Health Professionals and Parents from the Childhood Obesity Management Setting: Prevention, Intervention and Policy Implications

Childhood obesity is a major health concern in Australia; efforts to address childhood obesity through public health initiatives have had little success in reducing prevalence and returning children to a normal weight trajectory once diagnosed. Childhood obesity management is an area that receives inadequate attention in Australia. However, it is necessary to discuss how best to manage this patient cohort to try to prevent or minimise the long-term effects of living with obesity. Little is known about the current landscape of childhood obesity management; who is involved; what approaches are used or what are the main enablers or barriers to effective management. This project asked the question "What barriers are inhibiting the successful prevention and management of childhood obesity in Australia, and how can they be improved?"

This project was a qualitative enquiry grounded in the lived experiences of health professionals (n=32) and parents (n=10) from the childhood obesity management setting. Health professionals were sourced from private practice, weight-management clinics, hospital and community services and varied in disciplines (dietetics, paediatrics, psychology, physiotherapy and endocrinology) across the states of VIC, NSW, QLD. Semi-structured interviews (45min-2.5 hours) were used to explore participant perceptions of child health with a particular emphasis on overweight (obesity) and challenges in its management. Interviews were transcribed verbatim and thematically analysed in Nvivo. Results revealed stigma, lack of empowerment, lack of appropriate resources and difficulty navigating health through modern lifestyle and environment as the main barriers to effective childhood obesity management between health professionals and parents. Future health initiatives should strive to address these barriers to facilitate optimal management that is both family-based and supportive of health professionals.



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Miss Alexandra Davidson

Dietitian, Bond University

Doctors' Perceptions of Communication when Treating Patients with Eating Disorders in the Acute Setting

The treatment of patients with eating disorders has been acknowledged as complex and challenging for doctors and other health professionals. Across inpatient and outpatient settings, doctor-patient communication has been extensively explored. Communication between the treating doctor, family, carers and other health professionals is less evident in the literature. This study aimed to explore doctors' perceptions and concerns about communication when treating patients with eating disorders in the acute setting. Semi structured interviews were conducted with ten doctors with experience in the treatment of patients with eating disorders in general medical wards across two tertiary hospitals in the same city. Interviews were audio recorded, transcribed verbatim and analysed using directed content analysis. Data was categorised deductively using a framework for teaching communication to healthcare students, across five pre-determined domains. One additional domain was inductively developed for data interpreted to be related to communication but did not fit with the pre-existing framework. Doctors described the challenges and the importance of communication across six categories including communication with people, (1) experiencing strong emotions (incorporating both patients and families); (2) in different stages of life (incorporating child, adolescent and adult patients); (3) fulfilling particular life roles (incorporating colleagues and families); (4) experiencing long-term conditions (incorporating patients); (5) in particular contexts (incorporating language barriers); and (6) to foster an authentic therapeutic relationship (the inductively developed domain - incorporating building and maintaining relationships with patients, families and colleagues). The findings suggest that further training and education is needed to better prepare doctors and other health professionals to confidently communicate with key players in the treatment of eating disorders within the acute setting.



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Dr Anthony Djurkov

Psychiatrist Te Rawhiti CMHC, Counties Manukau Health

Does Metabolic Monitoring Bring Changes in Our Prescribing Practice?

Metabolic side effects of psychotropic medication are well known and Metabolic Monitoring is mandatory requirement in most of the Mental Health Services in New Zealand and Australia. It is not yet established if metabolic monitoring achieves its goal ,namely quick and effective interventions, like change of prescribing that will reverse the negative effects of the prescribed psychotropic medication. Evidence from overseas indicates that metabolic changes are not an effective motivator for a change of prescribed medication citing numbers like only 3% change of prescribed medication.

The goal of this presentation is to share findings from an audit on prescribing in the context of an established metabolic change (5% increase in weight) found by mandatory metabolic monitoring of patients under the care of a CMHC in Auckland, New Zealand. Implications and suggestions for a change of the current monitoring practice will be also presented.



Dr Janelle Gifford

Senior Lecturer, University of Sydney

Review of Short-Form Measures to Assess Children's Diet, Physical Activity, and Sedentary Behaviour for a Community Obesity Treatment Program for Socially Disadvantaged Groups

More than one quarter of Australian primary school-age children are overweight or obese. Aboriginal and Torres-Strait Islander children and those in socially disadvantaged groups are over-represented in these statistics. There are few tertiary child obesity clinics, hence community child obesity treatment programs have become an important avenue for delivering cost-effective interventions that are more accessible. Evaluating these programs with low-cost, time-efficient measures that are valid and reliable is essential to inform policy and on-going best practice. The assessment of diet, physical activity and sedentary behaviours is challenging, especially among socially and culturally disadvantaged groups with poor literacy. Measures that are low burden are also warranted. Go4Fun is a community obesity treatment program for children age 7-13 years that has reach into socially and culturally disadvantaged communities across NSW. The purpose of this research was to identify valid and reliable short-form instruments for Go4Fun which assess change in children's (including Aboriginal and Torres Strait Islander children) diet, physical activity, and sedentary behaviour. A literature search was conducted of relevant electronic databases. Additional reference was made to international literature as recommended by the review team. Seven questions on diet, one question on physical activity, and no question on sedentary behaviour were recommended from the literature.

Effective intervention is required to reduce the current and future burden of child and adolescent obesity in vulnerable Australian groups. This research provides suggestions on measures to assess the effectiveness of diet and physical activity intervention within community programs for these groups, however there is a need for valid and reliable short-form measures of sedentary behaviour to be developed for this population. Presentation of this work will highlight the impetus and background for this project, the review process and results, and relevant recommendations for program evaluation resulting from the review.



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Dr Joanne Griggs

Post Doctoral Fellow, Centre for Chronic Disease Prevention and Management,
College of Health and Biomedicine, Victoria University

The Effect of Caralluma Fimbriata on the Appetite Behaviour of Children and Adolescents with Prader-Willi Syndrome

Background: Prader-Willi syndrome (PWS) is a genetic disorder which establishes hyperphagia over timed phases. To date there is inadequate pharmacological treatment or supplementation for modification of the phase two unremitting hunger which is established at a mean age of eight years. Best practice against hyperphagic behaviours is familial supervision of diet and restriction of environment i.e. food-seeking and excessive ingestion of food.

Methods: We conducted a 10-week placebo-controlled, double blind, randomized crossover trial, to investigate hunger control through the ingestion of a natural supplement Caralluma fimbriata extract (CFE) (dose 250mg/10kg up to 1000mg) against a placebo of maltodextrin/cabbage leaf (Griggs et al. 2015). Our cohort were children and adolescents from Australian and New Zealand with confirmed PWS (n=15, mean age 9.27yrs ± 3.16, body weight 43.98kg ± 23.99). Measurements were weekly comparisons in appetite behavior, severity and drive recorded by parents as scaled time-point measures on hyperphagia questionnaires validated for PWS (Dykens 2007).

Results: CFE administration was found to induce a significant accumulative easing of hyperphagia ($p = 0.05$) with decreases, due to CFE recorded in the category of behavior ($p = <0.05$) and gender (Females = 6), ($p = 0.05$). Hyperphagia was most strongly decreased at our highest dose 1000mg/d (recommended adult dose) (n=8, $p = 0.009$). Importantly there were no adverse effects at any dose.

Discussion and conclusion: Non-intrusive methods were utilized due to the age and vulnerability of our cohort. However, it is important to recognize that the participants had well documented chronic behaviours which had not been modified by any previous processes. Concluding, management of appetite in PWS by CFE supplementation, is worth further consideration.

Further study: One year along, as a mother of a child with PWS, I know of 26 families utilizing CFE as a successful daily PWS treatment to enhance satiety.



Dr Martin Johnson

Senior Lecturer, in Health Psychology, University of Newcastle

Psychosocial Predictors of Obesity in Patients Seeking Bariatric Surgery Identifying Moderating Factors of Postoperative Outcomes: A Pilot Study

The current research examines the effect of psychosocial factors and motivations of patients seeking bariatric surgery on pre-operative weight and post-operative outcomes. A sample of 141 clinically obese individuals (108 women and 33 men) seeking bariatric surgery were recruited into the study. Participants were sourced from bariatric support groups and were given a battery of psychological measures six months prior to surgery and then followed up six months post-surgery. Hierarchical regression identified psychosocial and motivational variables which predicted pre-surgery weight and weight loss following bariatric surgery. In terms of pre-surgery weight, a history of trauma, particularly sexual trauma, accounted for the greatest amount of the variance. While levels of depression and anxiety initially predicted weight, they did not independently contribute to the final model. In addition, external motivations for weight loss also positively predicted pre-operative weight. At six months post-surgery, trauma and depression negatively predicted weight loss; while internal motivations for surgery predicted more weight loss and external motivation predicted less successful outcomes post-surgery. We found that within this obese sample there was a significantly higher rate of trauma than what would be expected in the general population. Our findings suggest that a history of trauma is a significant risk factor in obesity. Bariatric patients with a history of trauma and unresolved depression have poorer post-operative outcomes. Individuals who choose to have bariatric surgery for internal motivational reasons have more positive post-operative outcomes. These findings should only be taken as indicative, due to the sample size, a larger scale study is needed. However, the findings point to the need to screen bariatric patients for a history of trauma and consequential depression prior to surgery. Further research is needed to assess whether there is utility in providing preoperative psychological intervention for obese patients with a trauma history.



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Ms Jessica Kerin

Psychologist, Griffith University

Resisting the Temptation of Food: Overeating Regulation and Associations with Emotion Regulation and Mindfulness

Objective: The ability to regulate overeating has been recognised as integral to healthy weight management and an alternative approach to dieting in addressing excess weight, yet it has received limited examination. Accordingly, our aim was to identify demographic and psychological correlates of overeating regulation in a community sample of adults to facilitate greater understanding of this self-regulatory capacity. In addition to age, gender, and eating pathology, self-regulatory capacities outside of the eating domain were examined in relation to overeating regulation, such as emotion regulation and mindfulness.

Method: Self-report measures were completed by 312 Australian university students (68% female; Mage = 22 years).

Results: Exploratory factor analyses indicated three overeating regulation subscales: (1) general overeating regulation (general ability to resist overeating); (2) discomfort overeating dysregulation (inability to resist overeating when experiencing physical pain or negative emotions); and (3) leisure overeating dysregulation (inability to resist overeating in leisure contexts and/or in the presence of high calorie foods). Overeating regulation was not associated with age; though young men reported better general overeating regulation capacity than young women. Individuals reporting greater ability to regulate overeating (across all three subscales) reported better emotion regulation and mindfulness, and less eating disorder symptomology. Multiple regression analyses showed that particular emotion regulation and mindfulness capacities emerged as unique predictors of overeating regulation.

Conclusions: This study offers greater understanding about the different facets of overeating regulation, and highlights the relevance of emotion regulation and mindfulness in this adaptive eating practise.



Dr Kimberley Mallan

Lecturer Australian, Catholic University

Food Approach' and 'Food Avoidance' Eating Behaviours in Adults: Measurement and Associations with BMI

The aims of this study were to evaluate the factor structure of the newly developed Adult Eating Behaviour Questionnaire in an Australian sample, and examine associations between the four food approach and four food avoidance appetitive traits with body mass index (BMI). Participants (N=998) recruited via a university research participation scheme and online social network sites completed an online version of the AEBQ and self-reported demographic and anthropometric data. Of the sample, 84.8% were females and the overall mean age was 24.32 years (SD=8.32). Confirmatory factor analysis (CFA) was used to test three alternative factor structures (derived from issues raised in the original development study): the original 8 factor model, a 7 factor model with Food Responsiveness and Hunger scales combined, and a 7 factor model with the Hunger scale removed. The CFA revealed that the original 8 factor model was a better fit to the data than the 7 factor model in which Food Responsiveness and Hunger scales were combined. However, while reliability estimates for 7 of the 8 scales were good (Cronbach's α between 0.70-0.86), the reliability of the Hunger scale was modest (0.67) and dropping this factor resulted in a good fitting model. All food avoidance scales (except Food Fussiness) were negatively associated with BMI whereas Emotional Overeating was the only food approach scale positively associated with BMI. The study supports the use of the AEBQ as a reliable and valid measure of food approach and avoidance appetitive traits in adults but suggests that the Hunger scale may be problematic. Longitudinal studies that examine continuity and stability of appetitive traits across the lifespan will be facilitated by the addition of this measurement tool to the literature.



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Miss Carmen Papaluca

PhD Candidate, University of Notre Dame, Fremantle

Instafake: A focus Group Study of Female Emerging Adults and Their Experiences with Instagram

Evidence is currently limited surrounding Instagram use; however preliminary studies have suggested it may be contributing to lower levels of wellbeing due to its sole focus on images. To date, no published research of Instagram alone has used qualitative methodology. The current study aimed to assess the impact of Instagram on the attitudes, motivations and behaviours in female emerging adults between the ages of 18 and 25. Focus group methodology was employed in order to assess participants' experiences with Instagram through lived experience. Fifty-one females took part in seven groups. Audiotaped and transcribed discussions were systematically coded for themes. Instagram was reported to exert significant pressure surrounding body shape, diet, exercise, fashion, style and general appearance. Feelings were particularly negative of body-related imagery, with many participants regularly experiencing insecurity, body dissatisfaction and social pressure. Participants reported more criticism of their peers as opposed to celebrities, who were either idolised or seen as irrelevant comparison targets. Participants were extremely media literate and displayed a sophisticated level of understanding of photo editing, although this appeared irrelevant when discussing how these images make them feel. It was commonly reported that Instagram creates unrealistic pressure about how life should look; yet participants still felt the need to conform to having an Instagram account and emphasising their own highlights. These findings suggest that young females are aware of the potential fakery of Instagram, however they are still internalising its content and desiring to look and live differently regardless. The current study has uncovered important information surrounding the omnipotence of the Instagram world, the pressure it exerts on young females and what their motivations are for continuing to use it. This information may be useful for educators and policy makers when discussing healthy Instagram use, as well as creating interventions surrounding its potentially harmful effects.



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Dr Helena Popovic

Medical Doctor, Educator, Speaker, Author Dr Helena Popovic

Food Choices are about Values not Virtues

The language people use around food often carries a moralistic tone. Patients frequently tell me: 'I've been good all month because I've been going to the gym.' Or 'I was bad last week because I ate a lot of junk.' They are shocked when I tell them that people who exercise on a regular basis are no more virtuous or self-disciplined than people who don't exercise. People who exercise simply put exercise higher up on their list of priorities than people who don't exercise. We always make time for things that are most important to us.

Negative self-judgement leads to poor self-image and a greater likelihood of self-soothing with food. The result is a self-perpetuating negative spiral. When people recognise that food choices - in fact every decision they make - are a reflection of their values, rather than their virtues, it relieves much of the guilt and stress around eating and enables them to start the journey to self-compassion.

Most people in the Western world are living back to front: trying to fit healthy choices into a busy schedule rather than fitting busy schedules around healthy choices. How can we bring about a shift in perspective that assists people in giving greater priority to their health? Not just through lip service but through the way they live their lives?

When a person lives in alignment with their values, it feeds them physically, mentally, emotionally and spiritually. The more their work aligns with their values, the less stressed they feel and the more energy they have. Conversely, when someone's life is not congruent with their values, they unconsciously look for ways to compensate for their lack of fulfilment, often with excess food or alcohol.

This presentation examines how teaching people to live in alignment with their deepest values can have a profoundly positive impact on their health and lifestyle choices.



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Dr Helena Popovic

Medical Doctor, Educator, Speaker, Author, Dr Helena Popovic

There's Nothing Left to Eat!

The title of this abstract comes from my patients who lament that every food on the planet has been demonised. Meat gives you cancer, fish are full of metals, grains inflame your brain, dairy causes arthritis, carbs elevate insulin, sugar is sweet poison, fat clogs your arteries, legumes are 'anti-nutrients' (contain lectins) and vegetables are poisoned with pesticides. There are more different food pyramids than there are Egyptian pyramids and Humpty Dumpty is still sitting on the fence. Add that to the role of stress, socioeconomic factors and cultural beliefs in determining food choices, and you have a recipe for mass public confusion. It also doesn't help that every blogger and celebrity is a nutritional expert, and personal stories with a sample size of one carry more clout than scientific data. So where does this leave us?

Perhaps much of what people are eating doesn't actually qualify as 'food', and many of the ways people are consuming it, doesn't actually qualify as 'eating'.

This presentation distils the essence of healthy eating based on the latest nutritional research and examines seven core messages for health professionals to deliver to clients to enable them to sustainably manage their body weight.

Issues that will be covered include: Can we agree on a uniform goal? Should we be focusing on improving fitness rather than reducing fatness? Do we need to remind people that happy meals are not real meals? Do we need to actually define food? Does intuitive eating deliver measurable results? Is there a simple system that can guide people to make healthy food choices?

We need to think outside the plate and rebrand good health as a way of life not a fad diet or annual detox. When health is reframed as a daily decision not a distant destination, it empowers people to make positive changes for life.



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Dr Jayanthi Raman

Research Fellow, University of Technology Sydney

Co-authors:

Dr Evelyn Smith, *Senior Lecturer, Western Sydney University*

Prof Phillipa Hay, *Foundation Chair Mental Health, School of Medicine, Western Sydney University*

Dr Kate Tchanturia, *Reader of Psychology, Institute of Psychiatry, Kings College, London*

Dr Sarah Glastras, *Department of Diabetes, Endocrinology & Metabolism, Royal North Shore Hospital*

Temptation, Habit, Weight Loss and Cardio-Metabolic Health in Obesity: A Pilot Trial-CR-CBT (Cognitive Remediation Enabled Cognitive Behavioural Therapy)

Obesity, a significant risk factor for cardio-metabolic diseases, develops when an individual's energy intake exceeds energy expenditure over a period of time. Increased exposure to cues of highly palatable food in our current obesogenic environment contributes to dietary lapses through unhelpful habits or yielding to temptation. Recent evidence has shown an association between obesity and neurocognitive deficits. Although many habit and temptation-resistance/ prevention strategies heavily rely on neurocognitive processes, available treatments assume that our thinking skills that allow us to process information (i.e., attend to details, plan, organize, make decisions and act appropriately upon information) are available as ready resources during and after treatment. A recent RCT led by the author on the cognitive remediation in individuals with obesity (CRT-O) showed 68% of those in the CRT-O group achieved a weight loss of 5% or more compared to only 15% of the controls (Cohen's $d = 1.2$) at the 3 month follow-up. Binge eating also reduced in the CRT-O group (Cohen's $d = 0.83$). Given the results of our previous trial, we have designed a 3 arm randomized controlled trial ($n=140$), that pioneers a CRT enabled cognitive behavioural therapy (CR-CBT) to address the two hallmark features of obesity: habit and temptation. Preliminary results from our current CR-CBT case series (Primary outcomes: weight loss 5% and weight loss maintenance; Secondary outcomes: key features associated with cardio-metabolic diseases, i.e., blood pressure, blood cholesterol, BNP biomarkers and insulin resistance + Other secondary outcomes: neuro-cognitive function, habit and temptation self-report, health related quality of life, mood and stress) at the 3 month follow-up will be presented. The success of this project could bring significant health benefits to individuals with obesity and ultimately facilitate community-wide cheap, convenient and scalable treatment options.



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Ms Amy Redman

Psychologist, Kaye Frankcom and Associates

Co-authors:

Dr Nicole Redlich, *Lecturer in Psychology, Swinburne University*

Group Therapeutic Factors Present in Group Therapy for Binge Eating Disorder

Group therapy is a common treatment method utilized for binge eating behaviours. Much research on psychological treatment for binge eating behaviours have focused on the theoretical orientation applied (for example DBT, CBT and Mindfulness) rather than the therapeutic benefits of the group format. There is limited research on the specific elements of group therapy that are helpful for this client group.

The aim of the study was to explore group therapeutic factors present in a mindfulness based therapy group, and the processes that support these factors. The study also aimed to explore the aspects of the group that participants found unhelpful. The study was qualitative and included both group members and group facilitators. Using semi-structured interviews and the Most Important Events questionnaire, the therapeutic factors found in the MMEG program included Self-Understanding, Instillation of Hope, Acceptance, Guidance and Universality. Processes attributed to supporting group factors were found to be elements of the assessment process, participants pre-treatment experiences and expectations, and practical aspects of the group (mindfulness and psycho-education). Aspects of the group that were found to be unhelpful were when participants identified themselves as different to the others in the group. The findings of the current study have implications for the delivery of group therapy interventions for binge eating behaviours, and future research evaluating group therapy.



Dr Haley Webb

Research Fellow / Psychologist, Griffith University

"Pretty Pressure" from Peers, Parents, and the Media: A Longitudinal Study of Appearance-based Rejection Sensitivity

Drawing from the tripartite sociocultural model of body image, we examined whether appearance-related messages and modeling from peers, parents, and media (i.e., "pretty pressure") were concurrently and prospectively associated with young adolescents' (Mage = 12.0 years) concerns about being accepted or rejected by their peers due to physical appearance (referred to as "appearance-based rejection sensitivity" or "appearance-RS"). Results showed that appearance-RS was higher among adolescents who concurrently reported more appearance-related teasing and pressure by peers, more parent teasing, and greater acceptance of appearance ideals portrayed in the media. In prospective analyses, greater increases in appearance-RS over one year were found for adolescents who perceived higher levels of parental appearance-related teasing and negative attitudes about their own appearance. Moderation analyses indicated the positive prospective association between parental negative appearance attitudes and appearance-RS was found in younger but not older participants, while gender did not moderate associations. Overall, these findings emphasize the significance of "pretty pressure" experienced within peer, family and media contexts, and highlight the role of the family environment in particular (especially among younger adolescents) in shaping appearance concerns over time. The family may represent an important social context in which adverse and salient sociocultural messages about physical attractiveness to which adolescents are exposed on a daily basis can be minimized, through parental facilitation of adaptive eating behaviors and parental modelling of positive appearance-focused attitudes and inter-family interactions.



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Dr Haley Webb

Research Fellow / Psychologist, Griffith University

Poorer Dietary Quality among Children from Stressed Families: Examining the Intervening Role of the Parent-Child Relationship

Poor child diet quality remains a key concern within the present climate of widespread overweight and obesity. Children from families experiencing elevated stress appear to be at heightened risk for poor dietary quality; however, research in this area is predominantly cross sectional and may be overlooking the full complexity of the family context. The present prospective study investigated a comprehensive model of family stress to explain changes in young children's diet quality from age three to five years. The direct associations of family stress with child diet quality were examined, as well as the indirect associations via features of the parent-child relationship, including inconsistent parenting practices, negative parent-child interactions and poor emotional bond. Using an Australian sample of 579 mother-child dyads (child Mage = 3.05 years; 45% boys), higher levels of family stress were predictive of less adequate child dietary quality (i.e., lower fruit and vegetable intake) over time with the effect on fruit intake occurring indirectly via impaired parent-child relationship quality. Notably, it was the relatively less well studied indicators of family stress (maternal physical and psychological health difficulties) that were consistently associated concurrently and prospectively with poorer child diet quality. These results provide support for an ongoing broader focus on the family context in which children and parents are embedded, including their exposure to stress, as well as the continued focus on parent-child relationship factors, such as inconsistent parenting practices and negative parent-child interactions, as specific and modifiable predictors of children's diet quality over time.



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Ms Natalie Wild

Counsellor, Redefine Life Counselling and Support Services

Integrating Professionals for Optimal Treatment of Eating Disorders

Evidence based practice is a vital component of Eating Disorder treatment and recovery, but is the strong emphasis on research reducing our ability to recognise the practical areas that are harder to measure empirically? How important is the consideration of practice based evidence to an effective client outcome? As professionals, how informed are we on the facts about, and potential resources available in practice based treatments of Eating Disorders?

This presentation combines over 10 years of practical experience working face to face with clients, a history of Counselling, Psychology and Sociology, and ongoing integration with a variety of professional disciplines. The presentation will consider the areas of treatment that prove challenging to measure empirically, increase knowledge on these implications, and encourage professionals to consider recovery based on the clients individual needs rather than specific qualifications of the professional.

This presentation aims to increase the knowledge of practice based treatments and encourage a holistic approach that includes a broader variety of treatments when working with Eating Disorders.



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Prof Melanie Zimmer-Gembeck

Professor, Griffith University

Girls' and Boys' Trajectories of Appearance Anxiety from Age 10 to 15 Years are Associated with Earlier Maturation and Appearance-Related Teasing

Adolescents' appearance-related concerns can provoke increasing emotional, social, and eating-related problems in later life. The aims of this 5-wave (2.5-year), multi-informant longitudinal study were to examine growth trajectories of appearance anxiety symptom and appearance-esteem, identify whether trajectories differed by gender, and examine several launching factors including parent-reported physical maturation, peer-rated physical appearance, body mass index, and appearance teasing by parents and peers.

Participants were 387 adolescents (44% boys) aged 10 to 13 years at the first assessment. Steep growth in appearance anxiety symptoms was found for both girls and boys, but there was no average change in appearance-esteem. Girls had more elevated appearance anxiety symptoms and lower appearance-esteem than boys, girls' BMI was associated with symptoms, and physical maturation and teasing about appearance, alone and in combination, were associated with growth in appearance anxiety symptoms for girls and boys. Early maturing boys who were highly teased by parents, but even more so when teased by peers, were at utmost risk for elevated appearance anxiety symptoms and increasing symptoms over time. In contrast, all girls exhibited elevated or increasing appearance anxiety symptoms across time, with the exception of girls who matured latest and also reported little teasing about their appearance.



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Ms Lucinda Kershaw

Body Image Program Manager, Mental Illness Education ACT

Sharing Stories to Shift Body Image Attitudes

Storytelling has become a common tool in health promotion. But is all storytelling effective? What makes a good story? How do you craft stories that fit your needs? Explore how personal storytelling has been used to shift body image attitudes in young people. Learn core principles of effective, safe and authentic storytelling and consider the benefits of storytelling in your own work.

If you're designing or delivering programs across the Promotion, Prevention and Early Intervention spectrum this session will get you thinking about how to utilise the lived experience to make an impact on participants and storytellers alike.

MIEACT's Any Body's Cool is a positive body image program that uses digital storytelling to educate, increase awareness and influence attitudes among young people and teachers. Any Body's Cool seeks to promote positive body image and diversity, develop critical thinking skills and encourage early help seeking in young people; while supporting schools and teachers to be body image friendly.

Using stories from the Any Body's Cool program we will explore the core principles of creating effective and authentic stories, how to recruit and support your storytellers and the benefits of storytelling on participants and storytellers. Gain insights from an award winning mental health promotion organisation with over 20 years of experience harnessing the power of personal stories.



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Ms Ruth J Lonie

MClinPsych Student, RMIT University

Co-authors:

Dr Trish Melzer, *Clinical Psychologist, RMIT University*

Mindfulness-Based Eating Awareness Training (MB-EAT) for Young Adult Women: A Mixed-Methods Pilot Study

Although binge eating is of particularly high prevalence amongst young women, little research has specifically evaluated mindfulness-based interventions amongst this population in Australia. Past published research studies have found medium-large to large effects of mindfulness-based approaches on reducing binge eating in adult populations, in addition to a range of other binge-eating related behaviours (Godfrey, Gallo, & Afari, 2015; Katterman, Kleinman, Hood, Nackers, & Corsica, 2014). The present study utilised mixed-methods to explore a small group of young women's experience of participating in Mindfulness-Based Eating Awareness Training (MB-EAT; Kristeller & Wolever, 2011) programme, a 10-session mindful-eating group. This MB-EAT programme has been shown to be beneficial in the US in reducing binge eating in overweight or obese adults (Kristeller, Wolever, & Sheets, 2014). In this study, five young women were recruited (M age = 24.40, SD = 3.13), with data collected at baseline, post-intervention and a two-month follow-up. Quantitative findings indicated that some reduction in binge eating and improvement in problematic eating-behaviours overall occurred, but there was little change in weight. Qualitative findings supported the benefit and acceptability of the intervention to the participants, and extended understanding about the effects of the intervention.



Ms Amy Wyborn

Master of Counselling Student, The University of Notre Dame

Online Pro-ana Communities

It has recently been acknowledged in the literature that online pro-anorexia (pro-ana) communities are a growing and evolving phenomenon. The research suggests that online pro-ana involvement assists in forming an identity and the sense of personal agency in the individual member. However, it has been suggested that interaction with pro-ana content has the potential to be harmful to adolescents' mental and physical health. Research in this area is limited in regards to the individual's experience of pro-ana communities and how this influences their identity online and offline. This study explores individual's experience of pro-ana communities from a narrative perspective. The study examines the stories of individuals using pro-ana social networking sites and blogs using thematic narrative analysis. The emerging themes throughout the individual stories are discussed in reference to the existing literature. It is anticipated that the findings of the study will inform a better understanding of how online pro-ana communities impact the members of such communities.



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Mr Donni Johnston

Senior Community Nutritionist, Metro South Addiction and Mental Health Services

Co-authors:

Ms Simone Johnston, *Senior Community Nutritionist, Access and Capacity-building Team, Metro South Health*

Factors Affecting Healthy Eating in Supported Accommodation

Supported accommodation residential services (also known as boarding houses, small group homes or hostels) house the most vulnerable people in our community; predominantly people with intellectual disabilities, acquired brain injuries and severe mental illness.

Due to this factor, their residents are at a greater risk of experiencing obesity, hypertension and hyperlipidaemia. For those with a severe mental illness, life expectancy can be reduced by up to 25 years compared to the life expectancy of other Australians, due to high rates of chronic co-morbid physical conditions.

Housing up to 130 residents at some sites, residential accommodation facilities provide shelter, food and care to people living with complex health and mental health concerns. All meals are provided on site and menu-planning is largely influenced by budget, food availability and special dietary needs (primarily diabetes, chewing and swallowing difficulties). No government funding is provided and as privately owned sites they're ineligible for community grants.

The Healthy eating in supported accommodation project launched in early 2016 with the aim of ensuring supported accommodation provide a setting that is conducive to healthy eating. This will be achieved through the development of resources created by and for supported accommodation providers, nutrition workshops for supported accommodation providers and addressing the broader factors that influence this setting e.g. accreditation standards.

In-person interviews and site visits during the needs assessment phase of this project unveiled a complex series of factors that influenced healthy eating. The authors will present a summary of these findings under the themes of resident health issues, common eating behaviours, barriers to implementing a project in this setting and the broader processes, organisations and environment that can either support or impede health promoting efforts.

With 7,563 people across Queensland sleeping in either supported accommodation or boarding houses on the night of the 2011 Census, it is highly likely that as a health professionals you have or will in the future provide care to a resident of supported accommodation.



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Mrs Helen Clifford

Snr Health Promotion Officer, Gold Coast Health and Hospital Health Service

Gold Coast Health and Wellbeing Strategy

As a lead in prevention, Gold Coast Health brought together a wide variety of key stakeholders and community members for an Obesity Summit in 2016. It was clear from this summit that local coordinated, collective action was required to address obesity.

Using the NICE guidelines for obesity a working group comprising members from Health and non-health sectors, government and non-government organisations, academia and tertiary education providers, private industry, and most importantly, community was established to: Drive local, coordinated and collective action to address rising obesity in the Gold Coast; Advise on the directions needed for local obesity prevention and treatment, and advocate for their translation into policy, research and practice; Create and maintain effective knowledge exchange systems between individuals and organisations contributing to obesity prevention and treatment; Undertake research, training and other projects to enhance obesity prevention and treatment.

The Gold Coast Community Health and Wellbeing Strategy, has been developed as a shared plan to tackle obesity related issues and guide collaborative reform and sustain health improvement locally in order to stem the increasing burden of disease.

At the core of this strategy is a commitment to using available resources to enhance existing community health and wellbeing programs and infrastructure, and to identify innovative strategies where evidence is required to build our collective capacity for health and wellbeing action into the future.



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Mr Marc Roetteler

Exercise Physiologist, First Step Rehabilitation

Co-authors:

Ms Harmonee Dove, *Exercise Physiologist, General Wellness Centre*

The Role of Exercise Physiology in Supporting Individuals with a Lived Experience of Mental Illness to Engage in Physical Activity for Health Benefit and Social Connection

Exercise can have a positive and important role in improving mental wellbeing. Apart from the obvious physical health benefits, exercise can assist in alleviating low self-esteem and social withdrawal. There is evidence emerging that exercise is effective as a treatment for clinical depression and anxiety.

Individuals who experience severe and persistent mental illness carry a high risk of developing obesity and cardiovascular disease; the impact of antipsychotic medication, social and economic marginalization implicates opportunities to participate in preventive health activities.

The Active and Healthy Recovery program commenced in October 2015. The 15-month pilot program demonstrated the important role of Accredited Exercise Physiologists (AEP) in supporting community-based recovery for health benefit and social connection.

The role of AEPs in linking general practice, mental health and private community-based physical activity sector to deliver safe, effective and sustainable physical activity engagement opportunities to individuals with a lived experience of mental illness will be discussed.



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Ms Deena Seesaengnom

Senior Epidemiologist, (Research & Evaluation) Gold Coast Public Health Unit,
Gold Coast Hospital and Health Service

A Gold Coast Community Jury Weighs in on Obesity

Obesity is a wicked problem; addressing it requires complex solutions and community engagement. However, meaningful and substantive community engagement is difficult to achieve in the public health planning and service delivery environment.

Community or Citizen's Juries (CJs) are a deliberative democratic process employed to illicit informed community perspectives on sensitive and divisive topics, where the values and preferences of community members are mixed or unknown.

In May 2017, a two-day CJ will take place, including provision of expert information, Q&A sessions, reflection and deliberation. The jury will be asked to deliberate and make recommendations to address the question, "In the current Gold Coast Environment, what proportion of individual and population-based approaches to preventing and treating obesity does the jury consider acceptable?"

Jury recommendations regarding individual and population approaches to obesity prevention and treatment will be presented to the stakeholder group comprised of key local organisations. The stakeholder group will respond to each recommendation regarding their organisation's capacity to implement the recommendations. We will highlight key learnings in the process of engagement among jurors and stakeholders in local government, general practice and the hospital and health service environment.

Community juries are a potentially valuable method to aid public health decision making. We expect this project to demonstrate how CJs can be employed to inform approaches to obesity prevention and treatment in public health services.



Workshops

Ms Eleni Psillakis

Educator, BrazenGrowth

Defining Health: Identifying and Managing Eating Disorders in the Fitness Industry

Defining Health: Identifying and Managing Eating Disorders in the Fitness Industry

Presenter: Eleni Psillakis: Filex 2016 Inspiration Award Winner, Filex 2017 Workshop Presenter (Identifying and Managing Eating Disorders in the Fitness Industry) Chair of Steering Committee for Review of Guidelines written by the Centre for Eating and Dieting Disorders at RPA Hospital. Lived Experience and Professional Educator

Columnist: <https://inshapenewsflash.com/?s=Eleni+Psillakis>

In our "insta" world we are saturated with images of fitness and the 'ideal body', and many of those who post these images have thousands of followers. The concern is what are they really following in the name of 'health'. The 'body' has become the emphasis without considering the emotional, mental and social aspects of health. Eating disorders are so much more than 'body image' issues, yet it seems that in the fitness industry many believe body shape determines if someone is struggling with an eating disorder and / or excessive exercise.

Understanding the thoughts behind the behaviours is a key to understanding how to communicate with clients who may be struggling with these issues. Knowing the signs, language used and behaviours shown rather than merely looking at body size allows for appropriate communication, delivering the best possible service, knowing contraindications and looking after their total health rather than just their physique.

The influence of the 'fitness culture' and 'fitspo' messages feed the already poor sense of worth that one has when suffering an eating disorder. Sadly, many people may take up a career in this industry to mask their own struggles. We need to consider the effect this has on how clients are then instructed or coached.

Fitness Professionals have a prime opportunity to work with allied health professionals to make a positive difference to the lives of those who suffer eating disorders.



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Prof Anne-Thea McGill

Adjunct Professor, Health & Human Ecology Southern Cross University

Co-authors:

Ms Kate Inglis, *Nurse Educator, Primary Care, Western Bay of Plenty Primary, Healthcare Organisation*

Ms Charlotte Yarnton, *Dietitian, Primary Care, WBoP PHO*

Ms Philippa Jones, *Primary Health Professional Education Manager, WBoP PHO*

A Piloted Opportunistic Intervention & Long Term RED- Food Addiction ABO - Supporting Weight Management in Primary Care' Programme

A biological-evidence based brief opportunistic intervention (BOI) and longer term intervention tools were developed to enable primary and health care community to better aid their patients with weight management. Corroborative, scientific evidence updating allows for future-proofing, and total health framework, for adaptation to many ethnic groups. (Phase 1). The programme was developed as a consequence of a NZ Ministry of Health contract won by the Western Bay of Plenty Primary HealthCare Organisation (WBoP PHO). The tools were developed in conjunction with expert advisers from national institutions, a cultural advisory group, and practising clinicians. The new aspects were the adaptation of the ABC [Ask, BOI, Cessation] smoking management programme transformed into ABO [Offer of Ongoing Obesity management], positive BOI encouragement Eat More Coloured Fruit & Vegetables (F&V)/Be More Active, addressing, non-judgmentally, refined, energy dense (RED) food addiction within an 'able, willing & ready' framework, and long term person-specific support. Additional resources were developed in response to requests from 12 General Practices in WBoP PHO that were piloted. These practices included one rural practice and two very low cost, easy access practices. An interim independent evaluation report will be presented together with the impact of the pilot to date. (Phase 2). The programme will now be adapted for Australian regional clinics and researched. Access is available to the Online Learning Tool, 'Conversations on Weight Management'; the Workbook; and electronic questionnaire assessment tool (CAT), Anthropometry/laboratory data capture forms are ready for integration into Practice Management Systems (Phase 3). The BOI and programme theory will be reviewed, briefly. The clinician and patient resources will be introduced. Understanding and employment of the electronic comprehensive CAT form and completion will be shown. Active participation is hoped for, with feedback and discussion.



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Dr Katie Richard

Clinical Psychologist Weight Off Your Mind

Co-authors:

Dr Lindsay Martin, *Psychiatrist, Clifton Beach Medical*

New Insights into Treating Binge Eating and Obesity

It has been argued whether the diagnosis Binge Eating Disorder is accurate or useful, not only because subtypes within BED have been identified and the idea of "food addiction" has been proposed. BED €" defined as an eating disorder €" is a neurochemical disorder often comorbid with medical problems (e.g., hormonal) and psychological disorders MDD, Anxiety Disorders (incl. PTSD) and ADHD. From the results of a recent randomised controlled trial study of the trauma treatment EMDR for BED at the University of Sydney, as well as observations by clinical psychologist Dr Katie Richard and psychiatrist Dr Lindsay Martin of treatment of hundreds of patients with BED, they have identified several clinical implications: the role of nutrition (e.g. Vit D, calcium, etc), when/how much and which exercise maximises fat loss, why even the gold standard CBT has only limited efficacy, how mindfulness-based therapies can assist, which factors (incl. genetic predisposition) limit success. It outlines the importance of therapist factors and the power of the therapeutic relationship and describes the need to target sleep disruption (not only sleep apnoea) and interpersonal distress rather than eating behaviour and body image only. With the evidence that exercise and diet are necessary but not sufficient targets for those with BED and weight problems, these 2 clinicians will also describe the limitations and effectiveness of bariatric surgery, SSRI's, duromine, Topiramate, Baclofen, Naltrexone, liraglutide and Metformin. The role of ADHD and ADD will be described e.g. "hyper-eating," restless "emotional" eating, eating as frustration management, low alertness, lack of perseverance with diet and exercise programs, reduced ability to plan/regulate meals, poor interoceptive awareness, impulse buying (of food/sweets) and impulsivity (impulse eating) and sweet cravings. With this in mind, measures most useful in assessment are described and medications incl. Vyvanse, Ritalin, etc are described.



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Mr Glenn Mackintosh

Founder Weight Management Psychology

Mindset for Transformation.

Help clients develop 7 Key Mindsets for lasting weight management success with engaging and focused psychological skills training. Clients often report a desire for the “mindset” to achieve eating, movement, weight, and body-image goals. However, much energy is spent on will-power directed towards diet and exercise for weight loss. This workshop explores developing mindsets through “skill power” and the application of current psychological skills to developing mindfulness, motivation, adaptive thinking, balance, patience, resilience, and self-efficacy in the weight management paradigm. The workshop takes a practical and experiential approach where tailoring psychological skills to the presenting client and engaging clients to develop psychological skills will be discussed.



Mrs Amanda Clark

Advanced Accredited Practising Dietitian Great Ideas in Nutrition

Portion Control for Non Dietitians

Portion control has been identified as an effective and non restrictive approach to weight control. Health professionals are unclear on how to effectively communicate portion control with most messages being to "eat less" but what is less, and how do you judge whether how much a client is eating is too much, too little or the right amount? Messages to eat less can be confusing to individuals. We introduce a program based on a clear concept which is easily communicated to patients and provides broad variety. A clear concept shared amongst members of the healthcare team enables consistency in communication from all team members with the client.



Posters

Mrs Nikki Boswell

PhD Candidate CNRC, University of Queensland

Eating Behaviour Traits and Obesity Outcomes in Early Childhood in Australia

Eating behaviour traits have been seen to contribute to obesity outcomes in children, as a mechanism by which children are able and willing to recognise and respond to satiety and hunger signals to regulate energy intake. Data examining associations between children's eating behaviours and obesity outcomes in Early Childhood in Australia is however limited. Furthermore, there is little understanding of demographic variables associated with eating behaviours or differences in eating behaviours hypothesised to exist in low income and single parent families due to epigenetic and neurological underpinnings attributed to disadvantaged and 'stressful' life circumstance.

This study addresses this gap by using linear regression models to show that in 978 Australian children (2.00–4.99 years) the Children's Eating Behaviour Questionnaire (CEBQ) subscales Food Responsiveness and Enjoyment of Food were associated with increased child BMI z-score ($\hat{\beta}^2 = 0.228$, $P = 0.003$ and $\hat{\beta}^2 = 0.170$, $P = 0.034$, respectively), while Satiety Responsiveness and Food Fussiness were associated with decreased child BMI z-score ($\hat{\beta}^2 = -0.318$, $P = 0.001$ and $\hat{\beta}^2 = -0.141$, $P = 0.022$, respectively). Slowness in eating was not significantly associated with child BMI z-score ($\hat{\beta}^2 = -0.158$, $P = 0.058$).

Examination of demographic variables indicated that Food Responsiveness was positively associated with parental stress and child age, while Enjoyment of Food was positively associated with child sleep duration, single parent status, and negatively with breastfeeding less than 6 months and parental depression. Satiety Responsiveness was positively associated with parent BMI z-score and child age, and negatively with sleep duration, while Food Fussiness was positively associated with child age and breastfeeding less than 6 months, and negatively with child sleep duration, parental depression and single parent status. Low income status was not associated with any CEBQ subscale.

Attention to eating behaviours and associated demographic variables may provide opportunity for targeted obesity prevention initiatives.



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Mrs Nikki Boswell

PhD Candidate CNRC, University of Queensland

Family Food Environments of Australian Children During Early Childhood and How They Differ between Income and BMI Category

For children during Early Childhood the Family Food Environment is considered to provide the central ecological context within which genetic susceptibilities interact and obesity outcomes emerge. Despite the significance of the Family Food Environment in the emergence of obesity outcomes in Early Childhood little descriptive data reflecting this environmental exposure in Australia is available.

This study provides data reflecting the Family Food Environment of 978 Australian children during Early Childhood (2.00 €" 4.99 years) and further identifies differences in variables between income groups, child BMI categories and parent BMI categories.

Families in this study participated in a mean of 13.51 family meals per week, with low income families reporting a significantly higher rate. Almost 60% of families report that TV/electronic devices are used by the family during meals, with this rate significantly higher in families with obese parents. Children of high income families use TV/ electronic devices significantly more during meals however also provide significantly more structured meal timing.

Low income families score significantly lower on having sufficient money to purchase food each week, as did families with obese parents. Families with obese parents score poorly on all health beliefs. Parents of high income families scored significantly higher on shopping skills however no differences were seen in cooking skills between income or BMI groups. Low income families score significantly higher on stress, depression and anxiety, while obese parents scored higher on anxiety and depression.

Graded differences in nutrition knowledge were seen across income groups, however no differences were seen between child or parent BMI categories. Differences in sources of nutrition knowledge were seen between parent BMI categories and between income groups.

Understanding the Family Food Environment as a key ecological context in which obesity outcomes emerge is likely to be of assistance in planning and targeting obesity prevention initiatives.



Mrs Nikki Boswell

PhD Candidate CNRC, University of Queensland

The Relationship between Eating Behaviours, the Family Food Environment and Obesity Outcomes in Early Childhood in Australia

This study investigates associations between Family Food Environment (FFE) variables, children's eating behaviours (measured through the Children's Eating Behaviour Questionnaire [CEBQ]) and children's BMI z-scores among 978 Australian children aged 2.00 €“ 4.99 years. This study further investigates children eating behaviours as mediators of the relationship between FFE variables and child BMI z-score.

In multiple regression, persuasive feeding was associated with decreased Enjoyment of Food ($\hat{\beta} = -0.135$, $P=0.000$), and increased Food Fussiness ($\hat{\beta} = .213$, $P =0.000$) and Slowness in Eating ($\hat{\beta} =0.158$, $P=0.000$). The use of food as a reward was associated with increased Enjoyment of Food ($\hat{\beta} = 0.054$, $P=0.050$, Food Fussiness ($\hat{\beta} =0.120$, $P=0.002$) and Food Responsiveness eating ($\hat{\beta} = 0.185$, $P=0.000$). A structured meal setting increased Enjoyment of Food ($\hat{\beta} = 0.219$, $P=0.000$), and Food Responsiveness ($\hat{\beta} = 0.147$, $P=0.000$), and decreased Food Fussiness ($\hat{\beta} = -0.420$, $P=0.000$) and Satiety Responsiveness ($\hat{\beta} =-0.097$, $P=0.000$). Parent's belief that healthy food doesn't taste good was associated with decreased Enjoyment of Food ($\hat{\beta} = -0.112$, $P=0.001$), and increased Food Fussiness ($\hat{\beta} =0.131$, $P=0.001$), and Food Responsiveness ($\hat{\beta} = 0.092$, $P=0.014$). Overt restriction was associated with increased Food Responsiveness ($\hat{\beta} = 0.183$, $P =0.000$) and Food Fussiness ($\hat{\beta} =0.074$, $P=0.014$).

Child BMI z-score was associated with sufficient money to buy food each week ($\hat{\beta} = -0.182$, $P=0.039$) and the belief that healthy eating was expensive ($\hat{\beta} = 0.119$, $P=0.43$).

In hierarchical regression, after controlling for covariates at step 1, and entering significant FFE variables at step 2, only Food Responsiveness was significantly associated with child BMI z-score ($\hat{\beta} = 0.181$, $P=0.034$) when CEBQ sub-scales were entered at step 3.

Mediator analysis indicated that the effect of parent's belief that healthy eating was expensive and having sufficient money to buy food each week on child BMI z-score was mediated by Food Responsiveness.



Mrs Nikki Boswell

PhD Candidate CNRC, University of Queensland

Family Food Environment Patterns Associated with Obesity Outcomes in Early Childhood in Australia

The Family Food Environment (FFE) is considered the central ecological context from which obesity outcomes emerge during Early Childhood. To date research has examined variables within the FFE in isolation from each other which does not provide an authentic reflection of the ecological exposure which contributes to obesity outcomes.

This study uses Principle Component analysis (PCA) to derive patterns of FFE variables for 978 Australian children during Early Childhood (2.00 €“ 4.99), as a more authentic reflection of the ecological contexts of obesity. Eight FFE patterns were derived, two of which were associated with child BMI z-score; as descriptively named €Negative Beliefs' (Factor 2) and €High Importance, High Restriction' (Factor 5). Parents BMI z-score was also positively associated with €Negative Beliefs' (Factor 2), but negatively associated with and €High Importance, High Restriction' (Factor 5).

Variables predictive of each FFE pattern associated with child BMI z-score were also determined. €Negative Beliefs' (Factor 2) was positively predicted by parent depression ($B= 4.275, P=0.000$), child Food Responsiveness ($B= 0.203, P=0.000$), low Income status ($B=0.344, P=0.000$), and breastfeeding less than 6 month ($B=0.168, P=0.008$), and negatively by child Enjoyment of Food ($B= -0.141, P=0.019$). These variables explained 12.8% of the variance in this pattern ($F(7,970) = 20.36, p=0.000$).

Factor 5, €High Importance, High Restriction,' was positive predicted by Enjoyment of Food ($B=0.114, P=0.011$), male children ($B = 0.152, P=0.016$), child sleep duration ($B=0.068, P=0.019$), low income status ($B=0.199, P=0.034$), and negatively by the number of children in the home ($B= -0.108, P=0.003$), and breastfeeding less than 6 months ($B= -0.171, P=0.009$). Theses variables explained 4% of the variance in this pattern ($F(6,971) = 6.676$).

This study makes a unique contribution to understanding the authentic role of the FFE in childhood obesity outcomes by considering variables collectively rather than in isolation.