The Relationship between Weight Dissatisfaction and Anthropometric, Cognitive and Eating Behavioral Variables in College Students

Author(s): G. W. Greene, K. Melanson; Nutrition and Food Sciences, University of Rhode Island, Kingston, RI

Learning Outcome: Participants will describe gender differences and similarities related to weight dissatisfaction in college students.

Weight dissatisfaction, measured by the difference between current and desired body weight, is confounded by direction of desired change (gain vs. lose) and proportion of desired change (10 lb could be 5% or 10% of body weight). This study calculated weight dissatisfaction as absolute value of desired percent change in body weight [PCTCH]. Male (n=210, BMI=24±4, age 20±4 years) and female (n=571, BMI=23±5, age 19±3 years) college students responding to an online survey reported current body weight and height (BMI was calculated), desired body weight (PCTCH was calculated), importance of reaching weight goal (IMP), usual eating rate (ER), meal duration (MD), cups of fruits and vegetables consumed (FV) and Weight Related Eating Questionnaire scales of routine restraint (RR), compensatory restraint (CR), susceptibility to external cues (EX) and emotional eating (EM). There were marked gender differences in raw desired weight change (males=2.4±17.9 lb; females=-10.6±19.8 lb, $p<.001$) but no gender differences in PCTCH (males=7.1±7.2 %; females=8.3±9.3 %) or IMP (chisquare=8.0, p=.09). Students, divided into tertile PCTCH by gender were compared using 3-way ANOVA or chisquare. There were no differences for either gender for ER, MD, or FV. For males, EX and BMI differed by tertile ($p<.01$) and for females RR, CR, ES, EM and BMI differed ($p<.01$). In conclusion, despite differences in weight goals, there were similarities in proportion of desired weight change and importance of achieving weight goal but differences in cognitive variables and BMI by desired weight change. Interventions should account for gender similarities and differences related to weight dissatisfaction.

Funding Disclosure: None

A Survey of ICU Physicians' Perception on the Importance of a Clinical Dietitian as Part of the Interdisciplinary Team

Author(s): K. Tran, R. Pascual, N. Nguyen; Food and Nutrition Services, LAC+USC Medical Center, Los Angeles, CA

Learning Outcome: To demonstrate the importance of a clinical dietitian in the intensive care unit (ICU) and determine effective ways to improve the provision of medical nutrition therapy (MNT) using an 11-question survey.

Improving patient care in the ICU is imperative to ensure the best patient outcome. Hence, a questionnaire was developed and distributed to 79 random ICU physicians (medical residents and interns) to evaluate their views on the usefulness of nutrition services, identify efficient ways to communicate recommendations, and implement new approaches for the efficient delivery of MNT. Of 79 participants, 99% find RDs assessments and recommendations useful and important. Most of these physicians need assistance with calculating energy and protein requirements and determining appropriate tube feeding (TF) formula. Approximately 63% referring to full RD assessment notes, focusing on the recommendations, goals, and interventions. Furthermore, physicians prefer to be notified of nutrition recommendations through post-it notes, text pagers, and in person. Early initiation of TF within 24-48 hours is a challenge partly due to physicians' uncertainty of formula selection and initiation rate. However, 77% reported they would initiate early TF if a standard order form were available. Despite 80% not being familiar with the guidelines of the American Society of Parental and Enteral Nutrition (ASPEN) and Society of Critical Care Medicine (SCCM), 33% want to assume the responsibility for writing enteral and parental orders. The remaining 66% support RD order-writing privileges with stipulation that RDs have nutrition support specialty and physician can override RD's order. In conclusion, a standard order form and RD order-writing privileges are beneficial for the timely delivery of nutrition support. The RD plays an important role in the ICU setting.

Funding Disclosure: None

Self-Reported Compared to Measured Height and Weight: Effect of Race and Gender

Author(s): D. M. Vinci, B. Desai, P. B. Schuler, S. F. Philipp; Health, Leisure, & Exercise Science, University of West Florida, Pensacola, FL

Learning Outcome: Learning Outcome: Conference participants will be able to discuss the association between self-reported height/weight measures compared to actual instrument-derived data in a sample of African-American (AA) and Euro-American (EA) men and women.

Background: Height and weight are commonly used anthropometric measurements in clinical practice and research. Often, self-reported height and weight are used in lieu of actual instrument-derived data. However, the accuracy of self-reported height and weight measurements has been questioned.

Methods: A stratified random sample was drawn from a southern U.S. metropolitan area using U.S. Census data. Trained interviewers visited selected residences; individuals were asked to complete a survey which included self-reported height and weight. One-hundred and eighty-nine individuals (45 AA and 144 EA; mean age 46.3+17.5) volunteered to complete the survey. Afterwards, participants were asked permission to measure their height and weight; 71 participants [16 AA (35.5%); 55 EA (38.2%)] agreed to have height and weight measured. Pearson correlations were used to determine the association between self-reported and measured height and weight for the group as a whole and AA, EA, men, and women separately. Two separate univariate ANOVAs were used to determine the effect of race and gender with the difference between measured and reported height and weight as dependent variables.

Results: Correlations between self-reported and measured height ranged from $r = 0.57$ to $r = 0.85$ ($p<0.01$) and from $r = 0.92$ to $r = 0.99$ for weight ($p<0.01$). No significant race by gender interactions were found for the variables weight-difference ($F(1/67)=1.44$, $p = 0.23$) and height-difference ($F(1/67)=1.60$, $p = 0.21$).

Conclusion: Findings suggest that participants self-reported their height and weight with a high degree of accuracy regardless of gender and race.

Funding Disclosure: UWF Faculty Scholarly and Creative Activity Award

Styles And Surroundings Survey (SSS): Examination of Young Adults' Lifestyle Behaviors and Environmental Surroundings on Weight Management

Author(s): V. Quick,[1] J. Walsh,[2] C. Byrd-Bredbenner[1]; [1]Nutritional Sciences, Rutgers University, New Brunswick, NJ, [2]Food Science and Human Nutrition, University of Maine, Orono, ME

Learning Outcome: To describe the lifestyle, health, and environmental factors affecting young adult's weight management.

The SSS was part of a multi-component PRECEDE phase (from PRECEDE-PROCEED program planning and evaluation framework) designed to identify factors affecting body weight of young adults enrolled in college (n=211; 52% female). Results from a 4-point, 5-item scale indicated participants valued health (mean=3.4±0.7SD). Although most (75%) rated eating healthy food as important, just 47% ate healthy foods often. Over three-quarters consumed grains, dairy, meat, and vegetables during the previous 24 hours; only 62% had eaten fruits. Most (83%) thought dealing well with stress was important whereas 47% actually did so. Most (79%) felt getting enough (7-9 hours) sleep was important, however only half slept enough. Meeting exercise recommendations was important for 57%, but only one-in-four met recommendations. Approximately three-quarters indicated willingness to improve their diet, stress management, and time spent sleeping and exercising. Most (59%) had a healthy BMI, but 47% males and 74% females wanted to lose weight and 62% overall were trying to lose weight. Factors identified most frequently as most important to supporting their ability to reduce/prevent unhealthy weight gain were these behaviors: exercising regularly (53%), making healthy meals (26%), limiting alcohol (25%); and environmental factors: availability of walk-friendly environments (45%), places to exercise (33%), and healthy food at home (38%). To reduce/prevent unhealthy weight gain, participants indicated most frequently they were willing to exercise regularly (48%) and make healthy meals (35%). The behavioral and environmental factors affecting body weight of young adults will be used to guide health behavior change interventions implemented during the PROCEED phase.

Funding Disclosure: New Jersey Agricultural Experiment Station