



A Short Communication on Strategy for Weight Loss Based on Healthy Dietary Habits and Control of Emotional Response to Food

Isabel Goni* and Yolanda Pontes

Department of Nutrition, Faculty of Pharmacy, University Complutense of Madrid, Spain

*Corresponding author: Isabel Goni, Research Professor, Department of Nutrition, Faculty of Pharmacy, University Complutense of Madrid, Spain, Tel: +34913941812; Email: igonic@farm.ucm.es

Received date: Oct 27, 2015; Accepted date: Nov 23, 2015; Published date: Nov 26, 2015

Copyright: © 2015 Goni I. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution and reproduction in any medium, provided the original author and source are credited.

Abstract

The objective of this work was to know the emotional behavior of individuals to facilitate the establishment of personalized dietary guidelines based on healthy eating habits and increase the patient fidelity until the desired weight. A weight-reduction program based on the establishment of lifestyle and healthy eating habits according with Mediterranean dietary pattern was followed by an overweight adult people. The individuals were sedentary, consumed an unhealthy diet and eating behavior were highly affected by emotions. They were classified as emotional eater. In summary, know the relation between food intake and emotions allows personalize the dietary strategy for weight loss in overweight and obesity and increases the patient fidelity until to achieve the objective of body weight.

Keywords: Healthy dietary habits; Emotional-eater; Obesity

Introduction

Not adequate eating habits and obesity

The Mediterranean dietary pattern has been widely reported to be a model of healthy eating for its contribution to optimal health status and a good quality of life [1-3]. This Mediterranean dietary pattern incorporates most of the dietary protective factors (fruits, vegetables, legumes, whole grains, fish, olive oil) but few of the adverse dietary factors (fast food, sugar-sweetened beverages, refined grain products, energy density, and partially hydrogenated or trans-fat) for obesity and other diseases relationship with the metabolic syndrome [4]. Despite being a healthy dietary pattern, only a small percentage of the population consumes a diet with these healthy features and obese people often consume a diet with low adherence to the Mediterranean dietary pattern.

On the other hand, is well known that emotions have a powerful effect on the choice of food and eating habits and some persons eat as a response to a range of negative emotions that may contribute to being overweight. Each subject handled differently their attitude to food.

This study was conducted to demonstrate how the adoption of healthy eating habits may be effective to decrease the weight in people with overweight and obesity. In addition know the emotional behaviour may facilitate the establishment of personalized dietary guidelines and increase the patient fidelity (decreasing the discontinuation rate) until the desired weight.

The tools: MEDAS Y EEQ questionnaires

The quality of the eating habits of patients was determined by the assessment of the adherence to the Mediterranean diet using the MEDAS-questionnaire developed in PREDIMED study [5]. MEDAS includes 12 questions on food consumption frequency and 2 questions

on food habits considered characteristics of the Mediterranean diet. One point is given for each target achieved. The total MEDAS score ranges from 0 to 14, with a higher score indicating better Mediterranean diet accordance. The value 0 was applied when the condition was not met. MEDAS score >9 represented strict accordance with the healthy dietary pattern and a score >7 (mid-range value) represented modest accordance [6].

The emotional response to food was determined using the Emotional-Eater-Questionnaire (EEQ) [7]. This questionnaire classifies individuals as a function of the relation between food intake and emotions. Such information allows personalized treatments by drawing up early strategies from the very beginning of treatment programs.

All participants in the study (99) were overweight and obese people. They were sedentary, consumed an unhealthy diet and the eating behaviour of them was highly dependent on the emotions aroused by food. Therefore, to establish the dietary guidelines was necessary to consider not only the energy balance (energy intake and energy expenditure) but also the eating behaviour of each patient.

The initial goal was to reduce. Only 12% of women took less than three months to lose weight agreed on; most men and almost 50% of women need more than six months. These results were expected since we wanted to promote progressive changes in habits and lifestyle, to consolidate more strongly body weight by approximately 10 per cent of the initial weight. This objective was achieved by the major part of patients these changes.

Changes in physical activity habits were significant. At baseline, 90% of the population was sedentary or very sedentary, while at the end, almost all participants (90%) included daily activities such as climbing stairs, play a sport or avoid taking the bus.

The MEDAS adequately ranks individuals according to the adherence to the traditional Mediterranean diet. It is a general indicator of quality of the whole diet and it allows the provision of immediate feedback to the patient. Moreover, it is a good tool to

change dietary habits 1 that was one of the main objectives of this work. Only 2% of the population reached a MEDAS score on strict accordance with the Mediterranean diet, and around 20 % attained a modest accordance. The majority (78%) showed no accordance with the healthy dietary pattern. The more detailed analysis of the responses to MEDAS questionnaire allowed know the main usual dietary problems of individuals.

The goal could be achieved by changing the size of the portions, frequency of intake or cooking methods. To maintain an adequate energy balance for a healthy body weight was necessary to consider not only the caloric density of food consumed, that is, type of food consumed, but also the serving size.

Goals achieved

In conclusion, the program followed for losing weight based on establishing healthy lifestyle habits (diet and physical activity) and knowledge of emotional behaviour of subjects with food, was effective and the participants achieved the target of lost weight in a relatively short period of time.

Know the emotional response to food could be used as an effective tool for driving change in food habits required to correct dietary defects of obese people. Moreover, is important to note that the treatment program requires a greater frequency of contacts between the patient and the dietitian and to know the emotional behaviour of participants lead to more successful weight loss and weight maintenance.

References

1. Martínez-González MA, Corella D, Salas-Salvadó J, Ros E, Covas MI, et al. (2012) Cohort profile: Design and methods of PREDIMED study. *Int J Epidemiol* 41: 377-385.
2. Guallar-Castillón P, Rodríguez-Artalejo F, Tormo MJ, Sánchez MJ, Rodríguez L, et al. (2012) Major dietary patterns and risk of coronary heart disease in middle-age persons from a Mediterranean country: The EPIC-Spain cohort study. *Nutr Metab Cardiovasc Dis* 22: 192-199.
3. Miiitjavila MT, Fandos M, Salas-Salvadó J, Covas MI, Borrego S, et al. (2013) The Mediterranean diet improves the systemic lipid and DNA oxidative damage in metabolic syndrome individuals. A randomized, controlled trial. *Clin Nutr* 172-178.
4. Dalen JE, Devries S (2014) Diets to prevent coronary heart disease 1957-2013. *Am J Med* 127: 364-369.
5. León-Muñoz LM, Guallar-Castillón P, Garciani A, López-García E, Mesas AE, et al. (2012) Adherence to the Mediterranean diet pattern has declined in Spanish adults. *J Nutr* 142: 1843-1850.
6. Sánchez-Taínta A, Estruch R, Bulló M, Corella D, Gómez-García E, et al. (2008) Adherence to a Mediterranean-type diet and reduced prevalence of clustered cardiovascular risk factors in a cohort of 3204 high-risk patients. *Eur J Cardiovasc Prev Rehabil* 15: 589-593.
7. Garaulet M, Canteras M, Morales G, López-Guimera G, Sánchez-Carracedo, et al. (2012) Validation of a questionnaire on emotional eating for use in cases of obesity; the Emotional Eater Questionnaire (EEQ). *Nutr Hosp* 27: 645-651.