

Mindful Eating: Incorporating Slow Food Concepts Into Practice

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Objectives

- Describe the **Trust Model** and how this approach supports health in children
- Understand normal eating and factors that interfere
- Explore a new paradigm—**Health At Every Size (HAES)**—and its connection to the Slow Food Movement
- Review current research

Control vs. Trust

Control

- More concerned about the food than the child.
- Serving size.
- Body size is a choice (everyone can be slim).
- One-way.
- Rigid.

Control vs. Trust

Control

- More concerned about the food than the child.
- Serving size.
- Body size is a choice (everyone can be slim).
- One-way.
- Rigid.

Trust

- More concerned about the child than the food.
- Filling size.
- Body size is genetic (size diversity).
- Two-way.
- Flexible.

Division of Responsibility in Feeding

Parent

- What
- When
- Where

Child

- If
- How much

*Satter, Ellyn: Secrets of Feeding a Healthy Family, 1999.

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Division of Responsibility in Feeding

Parent

- **What:**
 - Choose and prepare food
 - Don't short order cook
 - Keep offering variety
 - Have mastery expectations
- **When**
- **Where**

Child

- **If**
- **How much**

Division of Responsibility in Feeding

Parent

- What
- When:
Provide regularly scheduled meals and snacks.
Don't allow grazing.
- Where

Child

- If
- How much

Division of Responsibility in Feeding

Parent

- What
- When
- Where:
 - Serve food at the table,
family-style.
 - Limit distractions.
 - Make it pleasant.
 - Parent present.

Child

- If
- How much

Division of Responsibility in Feeding

Parent

- What
- When
- Where

Child

- If:
 - Trust internal regulation.
 - Will eat variety over time, if variety is offered.
 - Eats what tastes good, which varies from day to day.
- How much

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Division of Responsibility in Feeding

Parent

- What
- When
- Where

Child

- If
- How much:
 - Trust internal regulation.
 - Amount varies because needs vary.
 - Prepares own plate as early in life as possible.

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What is normal eating?

- Going to the table hungry and eating until you are satisfied.
- Being able to choose food you like and to eat it and to get enough of it.
- Being able to give thought to your food selections so you get nutritious food, and not to be so wary that you miss out on enjoying food.

What is normal eating?

- Sometimes eating because you are happy, sad, or bored, or just because it feels good.
- Eating 3 meals per day, or 4 or 5—or choosing to munch along the way.
- Leaving some cookies on the plate because you know you can have some again tomorrow, or eating more now because they are so good.

What is normal eating?

- Overeating at times, feeling stuffed and uncomfortable.
- Under-eating at times and wishing you had more.
- Trusting your body to make up for your mistakes in eating.
- Keeps its place as only one important area of your life.

What is normal eating?

In short, normal eating is flexible. It varies in response to your hunger, your schedule, your proximity to food, and your feelings.

Reprinted from *How to Get Your Kid to Eat...But Not Too Much* (pp69-70). Ellyn Satter
with permission from Bull Publishing Co., 1987.

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Eating Behavior Continuum

Normal Eating (Internally controlled)	Distorted Eating (Externally controlled)	Disordered Eating (Externally controlled)
<ul style="list-style-type: none">•Hunger•Appetite•Satiety•Enjoyable, moderate exercise	<ul style="list-style-type: none">•Counting calories, fat grams•Good and bad foods•Calorie matched exercise	<ul style="list-style-type: none">•Starving•Bingeing•Vomiting•Obsessive exercise

In Support of Family Meals

As family meals and family connectedness increased

- Grade point average and self-esteem went up
- Depression, suicide risk, cigarette, alcohol and drug use went down

» Eisenberg et al *Arch Pediatr Adolesc Med.*
2004;158:792-6

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IM Fit™

A Childhood Obesity Intervention Program

- Medical Monitoring
- Psychosocial Support
- Activity Promotion
- Nutrition: Trust Model

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Trust Model

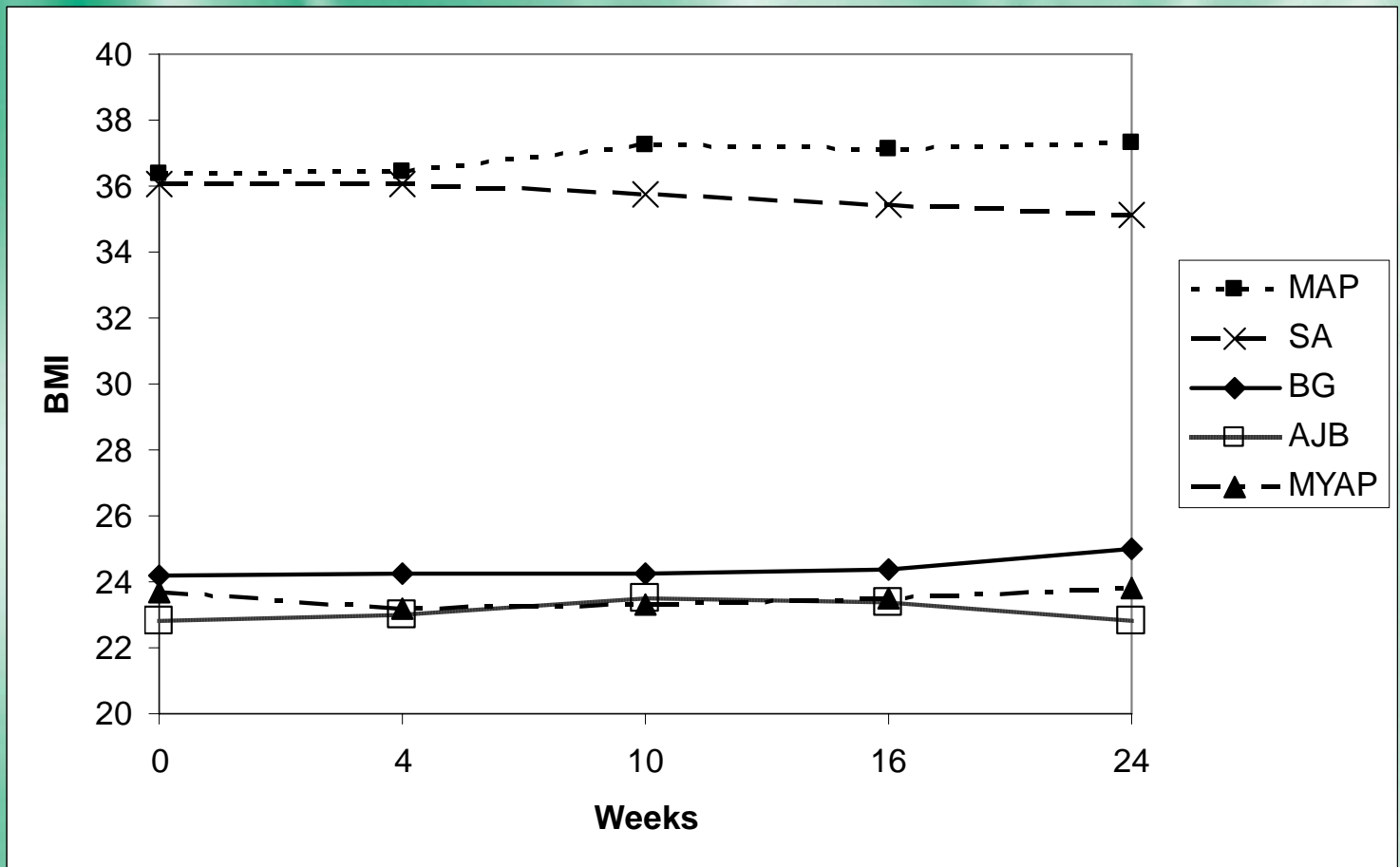
- Division of responsibility
- Regularly scheduled meals and snacks
- Enjoying food
- Trust in child's ability to self-regulate

Outcomes

IM Fit™

- Decline in tension
- Improved self-care
- Decrease in food seeking behavior
- Stabilize growth pattern

IM Fit™ Participant BMI over 24 weeks



Health At Every Size (HAES)

- People of all sizes and shapes can reduce their risk of poor health by adopting a healthy lifestyle

Many patients with high BMI's who follow moderate eating and are physically active can obtain a healthy profile (even if wt. loss does not occur)

Excess Deaths Associated with Weight

- Increased mortality assoc. with underweight and higher levels of obesity
- Overweight (BMI 25-30) not assoc. with increased mortality
 - K.M. Flegal, et al.
JAMA April 20, 2005; 293:1861-1867
 - check out articles on pp 1868 and 1918

BMI and Health

- BMI very poor predictor of CVD
- BMI poor predictor of total body fat

– F. Lopez-Jimenez, *Lancet* Vol. 368 Aug. 19, 2006

Paradigm Shift

Old Paradigm	New shift	New Paradigm
<p data-bbox="110 571 643 821">Anyone can get thin if they try hard enough</p> <p data-bbox="110 856 514 921">Thin=Health</p>	<p data-bbox="681 571 1214 821">Restrict fat +/- or carbs and exercise more</p> <p data-bbox="681 856 1151 1006">Healthy BMI = Health</p>	<p data-bbox="1252 571 1789 821">Internally regulated eating and activity</p> <p data-bbox="1252 856 1666 1092">Balance and moderation =Health</p>



True Paradigm Shift

- Trusting internal regulators of hunger, appetite, and satiety
- Finding balance between health and pleasure
- Activity that feels comfortable and positive
- Returns pleasure to eating
- Healthy lifestyle-(body, mind, spirit)
- Health centered approach vs. weight centered (HAES)

New Paradigm Focus

- The manner in which people eat vs. what or how much
 - Anxious and guilty
 - Not using internal regulators
 - Hurried and absent minded
- “Our National Eating Disorder”
 - “*how we eat*may be just as important as *what we eat*”
 - M. Pollans, NYT 10/19/04

Current Research

- Size Acceptance and Intuitive Eating Improve Health of Obese, Female Chronic Dieters
 - L. Bacon et al. *J Am Diet Assoc.* 2005;105:929-936
- Study: 78 white, obese, female chronic dieters aged 30-45
- 6 months weekly intervention (diet group or HAES)
- 6 months monthly group support
- 2 year follow-up



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Groups

DIET

- Eating behaviors and Attitudes (strategies for success)
- Nutrition (restrict kcal, count fat grams, etc)
- Exercise(VO2 max)
- Social support
- Weight loss

HAES

- Eating behavior and attitudes(disentangle self-worth from weight)
- Nutrition (let go of restrained eating and follow internal cues)
- Activity(enjoy movement)
- Social support(culture and weight)
- Body Acceptance

Current Research

- Outcome Measures:
 - Anthropometry: weight, BMI
 - Metabolic Fitness: blood pressure, blood lipids
 - Energy expenditure: activity
 - Eating behaviors: restrained eating, disinhibition
 - Psychological factors: self-esteem, depression and body image

RESULTS

DIET (42% drop out rate)

- Lost more weight but not sustained at f/up
- No change in cholesterol
- Decreased blood pressure not sustained at f/up
- Increased activity not sustained at f/up
- Increased restrained eating
- Increased restrained eating
- Decreased self esteem
- Initial improvement in depression (not sustained)
- No sig. change in body image

HAES (8% drop out rate)

- Maintained wt throughout
- Decreased cholesterol
- Decreased blood pressure (systolic)
- Increased activity (increase 4 fold from baseline)
- Decreased restrained eating
- Increased self esteem
- Decreased depression
- Increased body image
- Maintain intuitive eating practices

Current Health Problems

- “Obesity”
- Type 2 Diabetes
- Hyperlipidemia
- Hypertension

Treatment for Obesity

- Supervised Fasts
- Weight Watchers
- Behavior Modification
- Pharmacotherapy

The overall failure rate remains at 95%

Systematic review: An evaluation of major commercial weight loss programs in the U.S.

A.G. Tsai and T.A. Wadden

Annals of Internal Med. Jan.4,2005;142:56-66

No other medical treatment has such a low efficacy rate

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What Should Be Done?

- First: Do No Harm
 - Describe the problem in a way that can be solved
 - » Unstable weight
 - » Dysregulated weight
 - Explore and resolve the source of the disruption
 - » Overeating
 - » Restrained eating resulting in overeating
 - » Stress

Reframe Problem

- Other sources of disruption
 - Chaotic eating
 - Lack of family meals/Meal skipping
 - Lack of physical activity
 - Lack of sleep
 - Fatigue

The Solution: Shift the goal from losing weight to gaining health

- How do you instruct patients of healthy weight with the same medical condition?
 - Do you ask the football player with a knee injury to lose wt?

The Solution: Shift the goal from losing weight to gaining health

- Reframe the problem
 - Increased blood glucose
 - Increased blood cholesterol
 - Increased blood pressure
- How do you instruct patients of healthy weight with the same medical condition?

Reframe Success

- Orderly eating
- Increased activity
- More energy
- Decreased binge episodes
- Improved medical parameters (blood glu, chol, B/P)
- Improved health (not weight loss)

“Health At Every Size”

- Total Health Enhancement and well-being. Health not defined by size alone.
- Self-acceptance and respect for the diversity of bodies that come in a wide variety of shapes and sizes.
- The pleasure of eating well, based on internal cues of hunger and satiety, rather than external food plans or diets.
- The joy of movement, encouraging all physical activities
- People of all sizes and shapes can reduce their risk of poor health by adopting a healthy lifestyle

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Connection Between Slow Food and HAES

Slow Food

- Respect for environment
- Mindfulness of process
- Use of local and traditional foods
- Convivium

HAES

- Respect for body diversity
- Mindful eating
- Pleasure of eating well
- Joy of movement

The Art of Mindful Eating

- Take 1-2 cleansing breaths
- Be aware of environment
 - Feelings and thoughts
- Observe the visual characteristics
 - Color, texture
- Be aware
 - Stay conscious and centered

Art of Mindful Eating

- Give permission to eat
- Eat slowly
 - Savor the flavor, taste, chew
 - Breathe
 - Be aware of satisfaction level

Success (6 S's) of Mindful Eating

- Stay Well Fed
- Stop Dieting
- Slow down
- Say it's OK
- Savor
- Stay Present

Help your body regulate

- Eat regularly
- Plan satisfying meals
- Monitor eating for emotional reasons
- Get enough physical activity

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- **Ellyn Satter Associates**, 4226 Mandan Crescent Suite 50, Madison, WS 53711 – 3062. (800)808-7976; Web site:www.ellynsatter.com

Resources

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ETR Associates, (800-321-4407)

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- Supplement to the JADA March 2002
Adolescent Nutrition; A Springboard for Health

WEB SITES

- **Health4U: Michigan State University Health Promotion Program:**
www.health4u.msu.edu
- **The Center for Mindful Eating:**
www.tcme.org
- **Eating Disorders Prevention Resources:**
www.nationaleatingdisorders.org
- **Healthy Weight Network:**
www.healthyweight.net



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