EuroQoL-5D (EQ-5D) index and the SF-36 Physical (PCS) and Mental (MCS) Component Summary scores were analysed.

Results: At Week 160, individuals on liraglutide 3.0 mg had greater weight loss from baseline (−7.1 ± 8.4%) compared with placebo (−2.7 ± 7.2%); estimated treatment difference (ETD) −4.3% [95%CI −4.9; −3.7], $p < 0.0001$. SF-6D score at baseline [mean (SD)] was 0.76 (0.11) and 0.75 (0.11), and at Week 160 change from baseline was 0.02 (0.12) and 0.01 (0.12) for liraglutide 3.0 mg and placebo, respectively. At week 160 ETD was 0.014 [95%CI 0.002; 0.025], $p = 0.0182$. The EQ-5D score supported these findings, with a higher score for liraglutide 3.0 mg versus placebo; ED 0.007 [95%CI: 0.002; 0.013], $p = 0.0116$. Change in SF-36 PCS score was significantly higher (better) at Week 160 compared with placebo: ETD 0.87 [95%CI 0.17; 1.58], $p = 0.0156$.

Conclusion: Liraglutide 3.0 mg is associated with improved health utility compared with placebo for weight management in people with prediabetes over 3 years.

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Fathers' interest in participating in a healthy eating program — Preference for online and family-focused programs

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Background: In child obesity research and nutrition interventions that aim to reduce child obesity risk the specific inputs of fathers are underrepresented. Yet studies that have included fathers suggest that they play a unique role in the feeding environment and child health outcomes. This study aimed to assess fathers' interest in participating in healthy eating programs and specifically to identify their preferred intervention focus and mode of delivery.

Methods: Recruitment of fathers was via a university email list and two community-based family research cohorts. Fathers ($N = 436$) aged 37 ± 6 years (34% university educated; 89% living with child) of 2—5 year old children (mean age 3.5 ± 0.9 years, 53% boys) completed questions identifying their confidence and knowledge of healthy eating, willingness to participate in healthy eating programs, with focus on type and mode of delivery.

Results: Most fathers (≥80%) knew what and how much their children should eat and were confident about providing healthy food. Interest was greater in learning about healthy eating for the child (67%) than themselves (51%). Fathers preferred a focus on the family (58%), compared to individual (32%), group (24%) or fathers-only (23%) programs. Perceived usefulness varied between online (45%), written information (28%), information DVD (28%), interactive social network (11%) and mobile phone (5%) programs. University educated fathers rated the online program and written information as more useful compared to fathers with no university degree ($p < 0.05$).

Conclusion: Successful access and engagement of fathers in child feeding interventions might increase via an online and family-focused program that focuses on learning about healthy eating for the child. This is in line with other research indicating that fathers prefer to be targeted in interventions to support their family, rather than undergoing a ''self-help'' program.

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Metabolic improvement from switching to saccharin or water following chronic consumption by rats of 10% sucrose solution

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High consumption of sugar-sweetened beverages (SSBs) is acknowledged as a risk factor for weight gain and metabolic disease. A common strategy for reducing this risk is to switch from consumption of SSBs to 'diet' beverages containing non-nutritive sweeteners (NNS). However, research on the effects of NNS is mixed: While a majority of studies indicate no harm, some animal and cross-sectional data suggest NNS confer *increased* risk of metabolic