

full, 68% felt that dieting was a healthy behaviour and 20% agreed that 'special foods' (discretionary foods) should be given to a child when they were upset, demonstrating problematic attitudes and behaviours related to the food environment by some EYE.

Despite the lengthy time that children spend with EYE, their role in developing BI has not previously been explored. Current knowledge, attitudes and behaviours of EYE vacillate and have the potential to greatly influence the development of BI in young children. Provision of resources and professional development to ensure quality teaching and learning experiences need to be developed to ensure EYE play a role in positive BI development.

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252

Effect of rice cooking methods on postprandial glycaemic response, satiety and palatability, and chewed particle size distribution



Louise Weiwei Lu^{1,*}, Elaine Rush¹, Bernard Venn²

¹ *School of Sport and Recreation, Faculty of Health and Environmental Sciences, Auckland University of Technology, Auckland, New Zealand*
² *Department of Human Nutrition, University of Otago, Dunedin, New Zealand*

Aim: Diets, which produce a low glycaemic response, are relevant to prevention and management of obesity and diabetes. The aim was to investigate the effect of rice products and cooking-storing methods on postprandial blood glucose and the changes in satiety and palatability.

Methods: The randomised, cross-over experimental trial investigated the glycaemic responses, satiety and palatability (Visualised Analogue Scale (VAS)) scores of 28 healthy participants after consumed three rice samples (140g ± 0.3g), freshly cooked medium-grain-white, freshly cooked parboiled, and reheated parboiled (24-h storage at 4°C and reheated to 65°C), in each study visit. Postprandial blood glucose was recorded at 0, 15, 30, 45, 60, 90 and 120 min after rice consumption. Satiety (VAS score) was reported at 0, 30, 60, 90, and 120 min. Palatability (VAS score) was reported immediately after consumption. Glycaemic responses, satiety, and palatability among three rice samples were compared using repeated-measure-analysis of variance (ANOVA).

Results: The overnight cold-stored and reheated parboiled rice resulted in a significantly lower blood glucose concentration trajectory (42%, $P=0.01$) than freshly cooked medium-grain white rice and 12% lower ($P=0.01$) than freshly cooked parboiled rice. Longer chewing time (6.34s/10g) was observed in reheated parboiled rice compared with freshly cooked medium-grain white ($P=0.026$) and higher palatability (visual appeal 2-fold higher ($P=0.001$), smell 1-fold higher ($P=0.047$), taste 1.5-fold higher ($P=0.018$), and overall palatability 2-fold higher ($P=0.002$)). No significant differences in satiety were observed ($P>0.05$).

Conclusion: The effect of reheating on the glycaemic response, chewing time and palatability shown in the present study may be considered a positive effect with regard to glycaemic regulation. Reheated parboiled rice replacing freshly cooked medium-grain white or parboiled rice in the habitual diet may reduce glycaemic overload in the daily diet.

There is no conflict of interest in this study.

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253

The prevalence of weight cycling and associations with weight change and health outcomes (over 12 years)



Claire Madigan^{1,*}, Toby Pavey², Amanda J. Daley³, Kate Jolly⁴, Wendy Brown⁵

¹ *University of Sydney, The Boden Institute, Camperdown, NSW, Australia*

² *School of Exercise & Nutrition Sciences, QUT, Brisbane, QLD, Australia*

³ *Primary Care Clinical Sciences, University of Birmingham, Birmingham, UK*

⁴ *Institute of Applied Health Research, University of Birmingham, Birmingham, UK*

⁵ *Faculty of Health and Behavioural Sciences, University of Queensland, Brisbane, QLD, Australia*

Introduction: Weight cycling is thought to be harmful for health, although evidence is conflicting. Here we have examined the prevalence of weight cycling in a representative population sample of women and evaluated the association

with weight change and health outcomes 12 years later.

Methods: The Australian Longitudinal Study of Women's Health is a prospective study of factors shaping the health and well-being of Australian women. These analyses used data from the mid cohort, at survey two (aged 47–52 years) (1998) and survey six (2010). Weight cyclers were defined as those women who lost or gained 5 kg three times or more. The other outcomes investigated were: CESD-10 scores and the mental health and physical component scores from the SF36 questionnaire. Generalised linear modelling was used to investigate percentage weight change and health variables by weight cycling group.

Results: The prevalence of weight cycling was 14.6%. 'Weight cyclers' on average had a higher BMI. Weight cyclers on average gained less percentage weight than those who had never lost weight over 12 years (mean difference -1.7 (-2.5 to -0.9). There was no difference in the association of overall mental health scores by group. However in the 'Weight Cyclers' group there were higher odds of women having depressive symptoms at survey six (OR 1.27 95% CI 1.04 to 1.55) than non dieters. There were significant higher odds of having lower physical component scores 12 years later in the dieters compared to all other groups.

Conclusions: The prevalence of weight cycling was low and was associated with less percentage weight loss 12 years later. There was some evidence to suggest an association with weight cycling and greater depressive symptoms 12 years later.

compared to healthy weight women. Differences between overweight and healthy weight women's experience of specific breastfeeding-related problems and reasons for use of formula have not been systematically investigated. The present study compared self-reported breastfeeding problems in healthy weight and overweight mothers and the main reasons reported by mothers for use of infant formula during the first month postpartum. 477 Australian women enrolled in the New Beginnings: Healthy Mothers and Babies Study self-reported breastfeeding problems and reasons for use of infant formula during the first month postpartum. Pre-pregnancy BMI was calculated based on self-reported pre-pregnancy weight and measured height. Binary logistic regression analyses were used to compare pre-pregnancy weight groups ('healthy' [BMI <25 kg/m^2] and 'overweight' [BMI ≥ 25 kg/m^2]) on self-reported breastfeeding problems and reasons for use of infant formula. Analyses were adjusted for covariates that differed between groups ($P < .1$). Frequency of breastfeeding problems was similar across weight status groups. 'Not enough milk' was the predominant reason for giving infant formula and predicted breastfeeding cessation. Overweight women were more likely than healthy weight women to agree that infant formula was as good as breastmilk and less likely to agree that medical advice was important in the decision to use infant formula. Guidance regarding indicators of adequate milk supply and the potential risks of using infant formula may be important in supporting exclusive breastfeeding, particularly for overweight women.

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254

Self-reported breastfeeding problems, use of infant formula and early cessation of breastfeeding: Similarities and differences between healthy and overweight mothers



Kimberley Mallan^{1,2,*}, Lynne Daniels², Rebecca Byrne², Susan de Jersey^{2,3}

¹ Australian Catholic University, Banyo, Queensland, Australia

² Queensland University of Technology, Brisbane, Australia

³ Royal Brisbane and Women's Hospital, Brisbane, Australia

Women who enter pregnancy above a healthy weight tend to have poorer breastfeeding outcomes

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