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Food choices are about values not virtues

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The language people use around food choices often carries a moralistic tone. My patients frequently tell me: 'I've been good all month because I've been going to the gym.' Or 'I was bad last week because I ate a lot of junk.' They are shocked when I tell them that people who exercise on a regular basis are no more virtuous or self-disciplined than people who don't exercise. People who exercise simply put exercise higher up on their list of priorities than people who don't exercise. We always make time for the things that are most important to us.

Negative self-judgement leads to poor self-image and a greater likelihood of self-soothing with food. The result is a self-perpetuating negative spiral. When people recognise that their food choices — in fact every decision they make — are a reflection of their values, rather than their virtues, it relieves much of the guilt and stress around eating and enables them to start the journey to self-compassion.

Most people in the Western world are living back to front: trying to fit healthy choices into a busy schedule rather than fitting a busy schedule around health choices. How can we bring about a shift in perspective that assists people in giving greater priority to their health? Not just through lip service but also through the way they live their lives?

This presentation examines how teaching people to live in alignment with their deepest values can have a profoundly positive impact on their health and lifestyle choices.

https://doi.org/10.1016/j.orcp.2016.10.264

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Pilot Study: The impact of substantial pre-conception weight loss in obese women on glucose control at 26—28 weeks of pregnancy

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Background: In Australia, 1 in 3 women of reproductive age are obese, but no pre-pregnancy weight loss interventions have been shown to reduce the risk of obesity-related pregnancy complications for both mother *and* child. The HAPO study (NEJM 2008;358:1991—2002) observed that small changes in maternal glucose at 26—28 weeks gestation are associated with significant changes in the rate of adverse pregnancy outcomes.

Aim: To determine if substantial pre-conception weight loss (10—15% body weight) in obese (BMI > 30 kg/m^2) women reduces fasting glucose at 26—28 weeks gestation by ≥10% compared with modest (≤3%) weight loss.

Method: 78 women were randomised to either a lifestyle program expecting modest weight loss (MWL; ≤3% body weight; $n = 38$), or a modified VLED program expecting substantial weight loss (SWL; 10—15% body weight; $n = 40$). Attrition over the 12-week program was 20% (MWL 10/38 (25%), SWL 6/40 (15%)). Only completers were considered in the preliminary analysis. Subjects were followed for 12 months and if pregnancy occurred, maternal plasma glucose was measured at 26—28 weeks