framed messages (TN; $n = 16$), graphic with negative framing (GN; $n = 16$), text with positive framing (TP; $n = 16$), graphic with positive framing (GP; $n = 16$) and a message-free control group (C; $n = 32$). Participants initially provided subjective health and taste ratings of snack food items. Participants were then required to choose items to consume at the end of the experiment prior to- and post-exposure to health warning messages. A measure of dietary self-control (DSC) was calculated based on the provided health and taste ratings. Linear mixed effects modelling was used to test the influence of health warning characteristics on DSC, while controlling for participant and stimulus related variance.

Results: A significant interaction effect between health warning group and decision stage condition (pre- and post- priming with health warning images) on DSC was found ($p < .001$). GN participants displayed significantly greater DSC than all other groups, while TN and GP participants showed greater DSC than TP and C participants, which did not differ.

Conclusions: Health warnings primed healthier dietary decision making and may be effective in reducing obesity. Negatively framed health warnings were more effective than positively framed health warnings, and graphic warnings promoted greater DSC than purely text-based health warnings.

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What's on the INSIDE matters — Exploring and characterising the 'Thin on the Outside Fat on the Inside' (TOFI) profile across ethnicities: The TOFI_Asia study

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The New Zealand National Science Challenge (NSC) program is designed to address the biggest science-based challenges within the country as identified by government, researchers and the general public. Intended to have both a national and global footprint, the NSC High Value Nutrition (HVN) program has 5 priority research platforms comprising metabolic, gut and immune health plus food and consumer science. The Peak Nutrition for Metabolic Health (PANaMAH) platform is investigating metabolic susceptibility and resilience in the face of weight gain and obesity, with the long term aim of identifying nutrition interventions to prevent dysglycaemia and type 2 diabetes (T2D).

Apparently slim individuals may be more susceptible to development of T2D than those obese but resilient due to lipid overspill from safe peripheral stores into risky ectopic sites such as liver and pancreas [1]. The thin on the outside but fat on the inside 'TOFI' profile may explain why Asian Chinese and Indian populations are reported to be at greater risk of poor metabolic health than Caucasian counterparts at the same BMI and younger age [2]. TOFI_Asia aims to determine the metabolic profile that characterises and predicts susceptibility and resilience to T2D, in individuals with and without the TOFI profile, including early metabolomic biomarkers that may predict later glucose response.

200 Asian Chinese and 200 European Caucasian adults (18—70 years; overweight BMI 25—50 kg/m^2) will be enrolled into the TOFI_Asia study. T2D risk will be determined from HbA1c, and predictors of risk identified through (i) anthropometry and body composition using dual X-ray absorptiometry (DEXA, % fat) and 3 Tesla Chemical shift magnetic resonance imaging (MRI, pancreatic and liver fat) (ii) established plasma markers of metabolic risk including biochemistry, peptides, cytokines (iii) untargeted metabolomics and (iv) cardiorespiratory fitness using the YMCA submaximal fitness test [3].

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