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Changes in parental feeding practices and children's food intake: A randomized control trial of obesity treatment in preschoolers

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Background: Intensive childhood obesity treatment targeting parents is most effective during the preschool age; however, the mechanisms of change are unknown. To identify possible mechanisms, we examined changes in parental feeding practices, child dietary intake, and child weight following a parenting intervention.

Methods: The More and Less study is a randomized controlled trial conducted in Sweden. Parents of children with obesity ($n = 174$), aged 4–6, were randomized to: (1) standard treatment (lifestyle modifications); (2) a parenting program with booster sessions; (3) the same program without booster sessions. Parents reported on their feeding practices (four timepoints) and their child's obesogenic food intake (baseline and after 12 months). Data were analysed using linear mixed models and one-way ANOVA. Interactions between changes in parental practices and child food intake over 12 months, and their effect on changes in child weight during the same period, were examined through general linear models in the total sample.

Results: No significant differences in parental feeding practices and child food intake emerged between treatment groups at the 12-month follow-up; however, differences within groups emerged compared to baseline. Mothers in all groups uniformly decreased pressure to eat and increased monitoring compared to baseline. Fathers in all groups showed uniform improvements only in monitoring compared to baseline. In the group with booster sessions, children's obesogenic food intake decreased in more aspects compared to baseline. Across all groups, increased parental monitoring over 12 months predicted a decrease in child weight, while higher pressure to eat after 12 months predicted an increase in weight among children who increased their consumption of obesogenic foods (juice and sweets).

Conclusion: Effective early obesity treatment may operate through changes in proximal outcomes (child food intake), influenced by parental feeding practices. Aspects of the home environment and the cumulative effect of maternal and paternal practices warrant further investigation.

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International evidence-based guideline for the assessment and management of polycystic ovary syndrome—Lifestyle management and models of care Guideline Development Group

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Background: To develop and translate rigorous, comprehensive evidence-based diagnosis, assessment and treatment guidelines to improve the lives of women with polycystic ovary syndrome (PCOS) worldwide.

Methods: Extensive multidisciplinary health professional and patient engagement informed guideline priority areas. Best practice evidence-based guideline development involved extensive evidence synthesis. Grading of Recommendations, Assessment, Development, and Evaluation (GRADE) framework covered evidence quality, feasibility, acceptability, cost, implementation and recommendation strength. Governance included international advisory board (six continents), project board, five guideline development groups (GDG) with 63 members, consumer and translation committees. Thirty-seven organisations across 71 countries collaborated with 23 face-to-face international meetings over 15 months. Convened Committees from partner and collaborating organisations provided peer review and the guideline was approved by the NHMRC. This abstract focuses on the lifestyle management and models of care GDG.

Results: Women with PCOS should be offered regular weight monitoring. Healthy lifestyle (diet, exercise and behavioural strategies) behaviours should be recommended in all women with PCOS to achieve and/or maintain healthy weight and to optimise hormonal outcomes, general health and quality of life across the life-course. 5–10% weight loss in those with excess weight yields significant clinical improvements and is considered successful weight reduction within six months. Health professionals should advise standard population recommendation for diet composition, physical activity and sedentary behaviour. Lifestyle interventions could include behavioural strategies or health behavioural or cognitive behavioural interventions. Personal sensitivities, marginalisation and potential weight-related stigma and psychological factors such as anxiety and depressive symptoms, body image concerns and disordered eating should be considered. Overall evidence is low to moderate quality, requiring significant research expansion in this neglected, yet common condition.

Conclusions: Education, self-empowerment, multidisciplinary care and lifestyle intervention for prevention or management of excess weight are important. Guideline translation will be extensive including a multilingual patient mobile application and health professional training.

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