Intuitive Eating and The Effects on Eating Behaviors

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UW-Green Bay Dietetic Intern
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Outline

• Introduction:
  • Why this topic was chosen
  • History and definition of Intuitive Eating
• Literature Review
• Take home message
"Social media use is associated with body image concerns, particularly if the users are engaging in certain kinds of activities on social media, such as making appearance comparisons to others."

-FARDOULY & VARTANIAN, 2016
#IntuitiveEating

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A food label has no idea what serving size will be satisfying for you.

Respect your body

You’re not your mom & don’t need diets (e.g., Atkins) like she thought she did. Break up w/ yo-yo dieting to stop overeating & feel good in your body.

Health at Every Size isn’t anti-health, it’s anti-weight stigma.

#IntuitiveEating

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#IntuitiveEating

Permission for use given by @whattheforkisalexeating, @its_nicolettemarie, and @veganf00dlove on Instagram
Research Question:

What exactly is intuitive eating and what is the impact that it has on eating behaviors between different populations?

Further—how can it be incorporated into future MNT practices?
What is Intuitive Eating?
The Original Intuitive Eating Pros

EVELYN TRIBOLE, MS, RDN, CEDRD-S
ELYSE RESCH, MS, RDN, CEDRD-S, FIAEDP, FADA, FAND
10 Principles of Intuitive Eating

1. Reject the Diet Mentality
2. Honor your Hunger
3. Make Peace with Food
4. Challenge the Food Police
5. Discover the Satisfaction Factor
6. Feel your Fullness
7. Cope with your Emotions and Kindness
8. Respect your Body
9. Movement-Feel the Difference
10. Honor your Health-General Nutrition
Intuitive Eating

HUNGER CUES

Intuitive eating emphasizes trusting internal hunger and fullness cues and giving oneself unconditional permission to eat when hungry to promote cognitive change, reduce emotional eating, and increase shape acceptance.

Mindful Eating

MINDFULNESS PRACTICES

Mindful eating aims to apply mindfulness practices to internal sensations and increase present-focused awareness and non-judgmental observation of bodily sensations, cognitions, and emotions.

Important Definitions

Restraint

1: an act of restraining : the state of being restrained
2: a control over the expression of one's emotions or thoughts

Self-Efficacy

Self-efficacy refers to an individual's belief in his or her capacity to execute behaviors necessary to produce specific performance attainments

Risk Factor that Affects Dieting:

Binge Eating

Disordered Eating

Restraint

Obesity

Literature Review
Purpose:
What are the correlations between intuitive eating, mindful eating, and restraint regarding BMI and disordered eating?
Design

• Participants were asked to complete a 4h fast before attending the in-laboratory appointment during which they completed a taste-test meal (pasta and tomato sauce) and surveys regarding eating-related attitudes, behaviors, and demographics.

• Participants were asked to fill out certain questionnaires: Mindful Eating Questionnaire (MEQ), Three-Factor Eating Questionnaire: Restraint Subscale (TFEQ-R), Eating Disorder Diagnostic Scale (EDDS), Hunger Rating (on a scale of 1-100), and measured for pasta consumption (using weight in oz).

Inclusion Criteria

Undergraduates, being over 18 years of age and a current student at the university.

Results

Table 1 Pearson-product bivariate correlations for variables of interest

<table>
<thead>
<tr>
<th>Variable</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>IES total</td>
<td>-</td>
<td>.83*</td>
<td>.64*</td>
<td>.63*</td>
<td>-.26</td>
<td>-.61*</td>
<td>-.66*</td>
<td>-.25</td>
<td>.27</td>
<td>69.72</td>
<td>11.66</td>
</tr>
<tr>
<td>Unconditional permission to eat</td>
<td>-</td>
<td>.20</td>
<td>.32</td>
<td>.03</td>
<td>-.75*</td>
<td>-.61*</td>
<td>-.29</td>
<td>.22</td>
<td>3.13</td>
<td>.81</td>
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<tr>
<td>Eating for physical reasons</td>
<td>-</td>
<td>.29</td>
<td>-.46*</td>
<td>-.13</td>
<td>-.38*</td>
<td>-.05</td>
<td>.12</td>
<td>3.15</td>
<td>.87</td>
<td></td>
<td></td>
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<tr>
<td>Reliance on internal hunger cues</td>
<td>-</td>
<td>-.29</td>
<td>-.22</td>
<td>-.38*</td>
<td>-.14</td>
<td>.24</td>
<td>3.78</td>
<td>.60</td>
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<tr>
<td>MEQ total</td>
<td>-</td>
<td>-.08</td>
<td>.14</td>
<td>.01</td>
<td>.15</td>
<td>2.80</td>
<td>.30</td>
<td></td>
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<tr>
<td>TFEQ-R</td>
<td>-</td>
<td>-.57*</td>
<td>.44*</td>
<td>-.13</td>
<td>9.03</td>
<td>5.71</td>
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<td></td>
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</tr>
<tr>
<td>EDDS symptom composite</td>
<td>-</td>
<td>-.40*</td>
<td>-.29</td>
<td>2.30</td>
<td>1.27</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BMI (kg/m²)</td>
<td>-</td>
<td>.14</td>
<td>22.97</td>
<td>4.01</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pasta eaten (ounces)</td>
<td>-</td>
<td>7.51</td>
<td>5.34</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</table>

Italicized values indicate subscale of the IES

IES Intuitive Eating Scale, MEQ Mindful Eating Questionnaire, TFEQ-R Three-Factor Eating Questionnaire–Restraint Subscale, EDDS Eating Disorder Diagnostic Scale, Pasta eaten mean amount of pasta consumed by participants during in-laboratory, taste-test meal

*Modified statistical significance ($r \geq .32; p < .001$)

Conclusions

• The level of intuitive eating may better predict appropriate caloric consumption when responding to hunger/satiety cues.
• Elevated restraint may pose risk for eating-disordered behaviors.
• Mindful eating was not significantly correlated with intuitive eating or restraint.
• Higher restraint and lower intuitive eating related to elevated risk for disordered eating.

Strengths

• Demographics representative of general U.S. College population
• Had appropriate controls (hunger levels and gender)
• Large number of subjects (125)
• Used three different measurement scales to quantify intuitive eating, mindful eating, and the level of restraint

Limitations

• Mindfulness practices are subjective
• Uses an older version of the IES scale
• Meal consumption can be influenced by taste preference
• This study was cross-sectional and does not represent various groups, as it is mostly comprised of white, female college students

Final EAL Rating: +

Purpose:
To determine the influence that eating behaviors have on weight stability and variation.

Design

• Participants were asked to choose one of the seven responses that best describes their weight pattern over the last year.
• Two groups were then formed—the 5lb categorization and the 10lb categorization.
• These categorizations determined the eating behavior differences of minor weight change with a more stringent definition of weight stability (within 5lb) and more extreme weight change with a more lenient definition of weight stability (within 10lbs).
• Participants were also asked to report their desired weight.
• Participants then responded to two scales: The Intuitive Eating Scale-2 (IES-2) and The Cognitive Restraint Scale (CRS).

Inclusion Criteria

• Inclusion criteria Includes U.S. community men and women.
• Participants were recruited from Amazon Mechanical Turk.
• Conditions to exclude: If women were pregnant, or if at least one validity question was failed.

Results


<table>
<thead>
<tr>
<th>Table 2. Means (standard deviations) for eating behaviors and BMI across the self-reported weight trajectories.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category</td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
</tr>
<tr>
<td>Eating Behavior</td>
</tr>
<tr>
<td>Overall Intuitive Eating</td>
</tr>
<tr>
<td>Eating for Physical Reasons</td>
</tr>
<tr>
<td>Reliance on Hunger and Satiety Cues</td>
</tr>
<tr>
<td>Body-Food Choice Congruence</td>
</tr>
<tr>
<td>Unconditional Permission to Eat</td>
</tr>
<tr>
<td>Eating Restraint</td>
</tr>
<tr>
<td>Flexible Control</td>
</tr>
<tr>
<td>Rigid Control</td>
</tr>
<tr>
<td>Body mass index</td>
</tr>
<tr>
<td>5lb (n)</td>
</tr>
<tr>
<td>10lb (n)</td>
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</tbody>
</table>

Note. Means with different superscripts are significantly different.
Conclusions

If weight stability is the goal, then intuitive eating is the better choice of intervention.

Strengths

- Multiple dependent variables were used
- Covered a large population (n=382) with an even gender distribution
- Study groups were comparable

Limitations

- Reliance on self-reported recall of weight patterns
- Recruitment of participants who self-selected into the study.
- Exclusion of extraneous variables that could impact findings—such as ED diagnosis and history, baseline weight, motivations for health improvement vs weight change, and breastfeeding.

Final EAL Rating: +

Purpose:
To determine if intuitive eating programs that improve self-efficacy and dietary habits could enhance glycemic control in African American women with type 2 diabetes.

Design

• Participants were split into four focus groups that consisted of 4-10 women.
• A moderator trained in qualitative methods and matched the participants' sex and ethnicity led each group using a guide and asked questions aloud to the group that assesses food and intuitive eating concepts. A validated scale was used to rank the five domains related to food intake and IE.
• The responses to 28 questions were answered using a 4-point Likert-scale ranging from 1=strongly disagree to 4=strongly agree. Higher scores indicated greater adherence to IE principles.

Inclusion Criteria

• African American women who have received physician diagnosis of type 2 diabetes and had received care within the health system between 2009-2012.
• Exclusion criteria: Not fitting within the inclusion criteria; participants have the choice to not participate.

Examples of Questions Asked

• How, if at all, do you think the food we eat affects our health?
• How, if at all, has having diabetes changed the way you think of food?
• Where do you eat?
• What other things, if anything, competes for your attention while you're eating?
• While you are eating, what do you do to really enjoy your food?
• How do you know when you are ready to stop eating?
• What sorts of things make it difficult to eat healthy?
## Results

<table>
<thead>
<tr>
<th>Dependent Variable</th>
<th>Consensus</th>
</tr>
</thead>
</table>
| Influence of Diabetes diagnosis on diet                  | • Limited success in changing eating habits for diabetes  
• Commonly tried to decrease the amount of candy and other sweets consumed.  
• The diabetic diet consisted of “good” foods and “bad” foods.  
• Some thought that fruit was a bad food for diabetics and should be avoided. |
| Feelings of stigma and guilt associated with diabetes    | • Many women reported difficulty eating a healthy diet due to community stigma surrounding diabetes.  
• There is an inability to report diagnosis to friends and family due to stigma/belief that they are the sole individual in their communities living with diabetes.  
• Guilt when not adherent to a diabetic diet.  
• Diabetes is self-caused and now they are “trapped” in a certain dietary pattern.  
• Many reported that family and friends would refuse to “allow” the women to consume available foods perceived as unhealthy and expressed frustration that they were not allowed to make this decision for themselves. |
| Recognition of intuitive eating practices                | • Known feelings of fullness with cues such as being “physically uncomfortable,” “sleepy,” or “sick” --- lack of hunger  
• When food was no longer available, or time constraints necessitated a change in activity.  
• Intuitive Eating Score: 2.5+/-.3 (on a scale of 1-5). |
Conclusions

Because self-efficacy is a strong predictor of successful diabetes management, the inclusion of training to improve self-efficacy and increased awareness in IE interventions could thus be beneficial to African-American women with diabetes.

Strengths

• Targets a specific population

Limitations

• Some women knew each other and shared common interests, decreasing the ability to generalize the results to other groups.
• All the participants were from the Southeast, may not reflect other regions of the United States.

Final EAL Rating: +

Final Take Home Message

- Intuitive eating has a positive influence on self efficacy and limits restriction in the diet; as it plays a role in the later stages of eating disorder MNT
- It is appropriate for many populations–has the largest influence on people who want to maintain weight
- Along with a need for diet education, this therapy technique can show positive results for people with Type 2 Diabetes
- Research shows no signs of limitations based on population demographics (gender, age, and ethnicities)
References

• Special Thanks to: @dietiandeanna, @slimnutritioncoach, @food.freedom.newbies, @eat.with.freedom, @grow_withgabi, @whattheforkisalexeating, @its_nicolettemarie, and @veganf00dlove on Instagram
Questions?

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