

INTUITIVE EATING IS ASSOCIATED WITH A HEALTHIER RELATIONSHIP WITH FOOD IN BARIATRIC SURGERY PATIENTS



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Introduction

- Intuitive Eating (IE) is defined as eating based on internal hunger/fullness and satisfaction cues vs. external rules (Tribble & Resch, 2012)
- Most patients seeking metabolic and bariatric surgery (MBS) have a long history of dieting and weight-cycling
- Eating based on external rules for extended periods may lead to a disconnect with interoceptive cues for hunger and fullness, and disordered eating patterns, including meal skipping, guilt/fear around eating, and emotional eating
- IE has proven useful in non-surgical weight management and eating disorder recovery, but has received much less attention in the MBS literature

Diet Mentality

- Eating based on external rules
- Black-and-white thinking (e.g., foods are viewed as "good" or bad")
- Need for perfect adherence to lose weight
- Must ignore hunger and cravings

Intuitive Eating

- Eating based on internal hunger/fullness and satisfaction cues
- No "forbidden" foods or attempt at "perfection"
- Flexible and sustainable eating goals
- Mindful eating to make peace with food

Methods

Patients participating in an online bariatric support group were administered the Intuitive Eating Scale-2 (IES-2), Emotional Overeating Questionnaire (EOQ), and a questionnaire designed for this study.

Data was analyzed using linear regression 90 participants (77.8% female, 90.0% Caucasian, ages 27-74, BMI 23-52) completed the questionnaire. Time since surgery ranged from 3 months to more than 5 years, with most participants (40.7%) in the 3-11 months post-surgery time range

Results

Positive Correlations with IE Scores

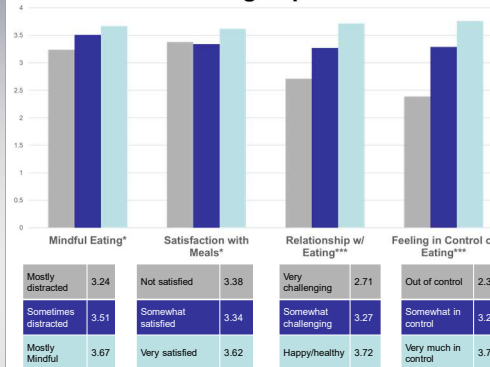
- Mindful eating ($p=0.02$)
- Satisfaction from meals ($p=0.03$)
- Relationship with eating ($p<0.0001$)
- Confidence in maintaining eating habits ($p<0.0001$)
- Feeling in control of eating ($p<0.0001$)
- Engaging in physical activity ($p=0.002$)

Negative Correlations with IE Scores

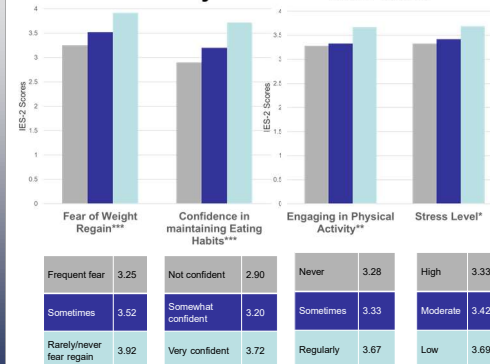
- Fear of weight regain ($p<0.0001$)
- Stress level ($p=0.01$)
- Emotional eating ($p<0.0001$)

Females had lower IE scores than males ($p<0.05$)
IE was not significantly associated with diet variety or determining portions based on hunger/fullness levels

The Eating Experience

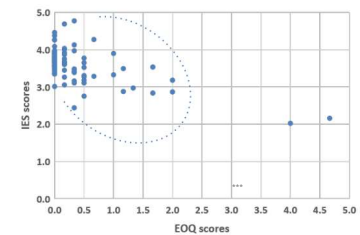


Self Efficacy



Emotional Eating

Correlation between Intuitive Eating and Emotional Eating (95% prediction ellipse)



Note: For all graphs and charts:
 • IES-2 = Intuitive Eating Scale-2; range = 1-5, with higher scores indicating higher intuitive eating tendencies
 • EOQ = Emotional Overeating Questionnaire; higher scores indicate greater tendency to eat in response to emotions
 • * $p<0.05$; ** $p<0.01$; *** $p<0.001$

Conclusions

Bariatric patients who embody IE principles feel more in control while eating, have higher levels of self-efficacy with maintaining eating habits long-term, derive greater satisfaction from meals, and engage in less emotional eating compared to patients who eat based on external rules. IE principles can be adapted for MBS populations and integrated into pre and post-surgical nutrition/behavioral counseling. Integrating IE principles with MBS counseling may help heal patients' relationship with eating, thereby facilitating better long-term outcomes with physical and mental health, and weight loss maintenance. Intervention studies are needed to further explore this approach in MBS populations