Research report

British English translation of the Food Craving Inventory (FCI-UK)

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A B S T R A C T

There is evidence for cultural variation in the foods that may be craved. We have designed and tested, in a sample of 234 participants, a UK-specific version of the Food Craving Inventory. A four-factor structure comprising of sweet foods, fast foods, high fat, and complex carbohydrates was extracted. The final scale was analogous with the original US scale, and shared similar associations with external eating and dietary restraint, although no association was found with BMI. The measure has potential to contribute to the development of theoretical understanding of food craving, and to measuring outcomes in intervention studies and clinical samples.

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Introduction

Food cravings—intense desires for particular types of food that are difficult to resist—are a common experience amongst dieters (Hill, 2007) and also arise in absence of any eating-related pathology (Hill & Heaton-Brown, 1994). In the UK, food craving is reported in around 68% of non-dieters, and 92% of dieters (Massey & Hill, 2012). Cravings have been implied as a leading cause of failure in weight-loss dieting (Meule, Westenhöfer, & Kübler, 2010) and have been shown to correlate with obesity (White, & Hill, 2012). Cravings have been implicated as a leading cause of failure in weight-loss dieting (Meule, Westenhöfer, & Kübler, 2010) and have been shown to correlate with obesity (White, Whisenhunt, Williamson, Greenway, & Netemeyer, 2007) and also arise in absence of any eating-related pathology (Hill, 2007). Cravings have been implicated as a leading cause of failure in weight-loss dieting (Meule, Westenhöfer, & Kübler, 2010) and have been shown to correlate with obesity (White, Whisenhunt, Williamson, Greenway, & Netemeyer, 2007) and also arise in absence of any eating-related pathology (Hill, 2007). Cravings have been implicated as a leading cause of failure in weight-loss dieting (Meule, Westenhöfer, & Kübler, 2010) and have been shown to correlate with obesity (White, Whisenhunt, Williamson, Greenway, & Netemeyer, 2007) and also arise in absence of any eating-related pathology (Hill, 2007).

A number of researchers have developed psychometric self-report scales for the experience of food cravings, and have taken different approaches to measure development. Researchers have developed scales to measure food cravings with respect to specific foods, for example, the Attitudes to Chocolate Questionnaire (Benton, Greenfield, & Morgan, 1998), and the Orientation towards Chocolate Questionnaire (Cartwright & Stritzke, 2008). Chocolate is most often used because it is reported to be the most-craved food (Rozin, Levine, & Stoess, 1991), but of course, it remains one of the principle drawbacks of such scales that the researcher or clinician must know in advance which food the participant or client might crave. In addition, food cravings may be culturally sensitive, so whilst chocolate is reportedly the most craved food in the UK (Massey & Hill, 2012), rice is more commonly craved for Japanese women (Komatsu, 2008). There is therefore a need for cultural specificity in these measures, which this study has attempted to address. In measuring food cravings more generically, three approaches have gained greatest acceptance.

The first approach is a diary method, such as the craving record (Hill & Heaton-Brown, 1994), which asks participants to document instances of craving over a set period of around a week. Participants record antecedents, difficulty of resisting craving, and subsequent behaviour as well as type of food craved, mood and hunger for before, and post-craving. Advantages of such diary methods are its thoroughness, and that it takes account of the difficulty of resisting a craving including whether participants give in, however completing a regular diary is an onerous task for participants, and because of this, diary studies tend to suffer a number of problems, including incomplete data (Morrison, Leigh, & Gillmore, 1999). In support, it has been noted that participants show a decline in the craving instances reported over the duration of the study (Massey & Hill, 2012).
Weaver, & Blundell, 1991) asked participants to rate the extent to which they had experienced a craving for the food and how often did the participant give in. The latter was intended as a measure of convergent validity, we therefore expected to find no sizeable association. Similarly, when an association between food cravings and BMI has been found (e.g. White et al., 2002), it has been of a very small effect size. A priori power analyses suggested we would have sufficient statistical power to detect the expected associations, except for the putative weak association involving emotional eating and BMI. Women usually score higher on measures of food craving (see Hill, 2007 for a review). Both White et al. (2002) and Komatsu (2008) used a measure of dietary restraint to indicate divergent validity, we therefore expected to find no sizeable association. Similarly, when an association between food cravings and BMI has been found (e.g. White et al., 2002), it has been of a very small effect size. A priori power analyses suggested we would have sufficient statistical power to detect the expected associations, except for the putative weak association involving emotional eating and BMI. Women usually score higher on measures of food craving (Meule et al., 2012). We therefore planned to run a parallel series of analyses with women only, and also to test for sex differences in craving.

Method

Development of the FCI-UK

In developing a British food list for the FCI, we created a super-set of 50 food items to include items from the original FCI, plus a further 24 foods thought to be typically British. With respect to the original FCI items, some steps were taken to modify the
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