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Eating self-efficacy and weight cycling A prospective clinical study

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Abstract

Previous retrospective studies have not identified global psychosocial consequences of weight cycling. These lack of findings may be due to limitations associated with retrospective research or with using general psychological measures rather than weight-specific measures. This prospective study examined changes in a weight-specific measure, eating self-efficacy, using an obese clinical population who returned to a multidisciplinary weight management program subsequent to weight regain. Subjects did not demonstrate any change in eating self-efficacy despite experiencing weight loss and then weight regain. Individuals returning for treatment may be a select population, thus suggesting that there may not be negative psychological effects of weight cycling for all individuals. Implications for further research are discussed. © 2000 Elsevier Science Ltd. All rights reserved.

Keywords: Eating; Self-efficacy; Weight cycling

1. Introduction

There has been much concern about the potential negative effects of weight loss followed by weight regain (weight cycling) (Wing, 1992). Researchers have speculated that dieting may be more harmful than helpful in promoting well-being (French & Jeffery, 1994), and that weight cycling may be a risk factor for psychopathology (Friedman & Brownell, 1995). It has been proposed that weight cycling may lower self-esteem, lower self-efficacy, cause body image problems, cause depression, and be a causal pathway to the

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development of an eating disorder (Clark, Ruggiero, Pera, Goldstein, & Abrams, 1993; Cutter et al., 1996; Wadden et al., 1992).

However, several retrospective studies have failed to find psychological consequences of weight cycling (Bartlett, Wadden, & Vogt, 1996; Kuehnel & Wadden, 1994), while other studies have reported that weight cycling was related to binge eating and perceived physical health (Venditti, Wing, Jakicic, Butler, & Marcus, 1996). Given the retrospective design of these studies, prospective studies are needed which assess functioning before weight loss and after weight regain. There has been only one published prospective study (Foster, Wadden, Kendall, Stunkard, & Vogt, 1996) which examined weight cycling. During 6 months of treatment, 48 female research subjects lost an average of 21 kg and at a 58-month follow-up, subjects were an average of 3.6 kg above their baseline weight. Despite the weight regain, subjects did not experience a negative change in binge eating, restraint, disinhibition, hunger, or mood. Given the lack of significant findings, it may be that there are no psychological effects of weight cycling, or it may be that weight cycling lowers only specific areas of functioning. Thus, specific measures related to relapse may need to be examined.

One relapse prevention psychosocial construct, which has not been well examined in weight cycling research, is self-efficacy. Eating self-efficacy is the individual's confidence to resist overeating in particular situations. According to self-efficacy theory, relapse should lower the individual's self-efficacy to manage that behavior (Marlatt & Gordon, 1985). Applied to obesity, researchers have proposed that weight cycling will lower eating self-efficacy (Foreyt et al., 1995). One previous retrospective study failed to demonstrate a statistically significant relationship between eating self-efficacy and weight cycling (Kuehnel & Wadden, 1994), while in a community sample of obese and non-obese individuals, researchers found that weight fluctuators had lower eating self-efficacy compared to non-fluctuators (Foreyt et al., 1995). To clarify these findings, it has been proposed that the relation between weight cycling and self-efficacy be examined in a prospective design (Foster, Sarwer, & Wadden, 1997). Therefore, the purpose of this study was to examine, in a prospective design, changes in eating self-efficacy after weight regain in a clinic sample.

2. Method

2.1. Subjects

The 41 subjects returned to a clinic after previously participating in a hospital-based multidisciplinary weight management program and then experiencing weight regain. Average age was 43.2 years, 27 were female, 14 were male, 90% was White, and mean level of education was 14 years. They had, on average, prior to their initial enrollment, participated previously in two weight loss programs (medically supervised, commercial, or self-managed) which classifies them as mild (not severe) weight cyclers (Foster et al., 1996; Kuehnel & Wadden, 1994). Subjects underwent a medical evaluation, an exercise stress test, and a psychological evaluation before entry into the program (Clark et al., 1993). Subjects with an active psychiatric diagnosis were referred to other services. The program consisted of 1 week of a balance-deficit diet, 16 weeks of an LCD (OPTIFAST[®])

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