



Determining factors and critical oeriods in the formation of eating habits: Results from the HabEat Project

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The Power of Programming 2016

Developmental Origins of Adiposity and Long-Term Health

October 13–15, 2016, Munich

Abstracts

Guest Editor
B. Koletzko, Munich

participated in a community-oriented primary prevention programme on obesity. Parents reported lifestyle data for their small children and families while self-reports were collected from adolescents. All children underwent detailed physical examinations.

We observed unfavourable health outcomes due to the lack of sleep and physical activity, excessive exposure to TV, unhealthy diet and rapid weight gain in pre-school age. An unfavourable built environment was associated with reduced physical activity levels. Exposure to TV advertisements was associated with unhealthy food choices. From T0 to T1 the prevalence of overweight/obesity increased to a similar degree in the control (18.0% to 22.9%) and the intervention group (19.0% to 23.6%). However, the intervention prevented unfavourable changes in sedentary time and light physical activity in those receiving a medium-high intervention dose. Also, intervention children being overweight/obese at baseline had a significantly greater probability of normalised weight status after 2 years. Although the intervention did not reduce the incidence of overweight/obesity its results may guide future interventions. This cohort enables us to identify early life factors affecting later health outcomes.

Determining Factors and Critical Periods in the Formation of Eating Habits: Results from the HabEat Project

Sylvie Issanchou

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Eating habits form early during childhood and are likely to track until the beginning of adulthood. Thus, understanding the formation of eating habits is important.

In the HabEat* project we focused on the development of preferences for vegetables since they are the less liked foods for children. Based on the analyses of data from different European cohorts, HabEat found that breast milk may facilitate the consumption of vegetables in later childhood. HabEat found some evidence that introducing a variety of different vegetables in the complementary feeding period increases later acceptance of novel foods. HabEat also found that repeated exposure is as much or more efficient than flavour-flavour learning to increase vegetable intake even for 2- to 6-year-old children who are more likely to be neophobic.

Food intake adjustment in young children (aged 3 to 6 years) was also studied. HabEat found that when children ate a preload of energy-dense food less than one hour before a meal, they ate less during the meal but adjusted their food intake only partially for the energy ingested from the preload. HabEat found that when palatable foods were available freely after a meal, most children ate in the absence of hunger and consumed extra energy, and the extra-consumption was higher for children whose parents who used 'Food as a reward' than for children whose parents did not use this practice.

* The research leading to these results has received funding from the European Community's Seventh Framework Programme (FP7/ 2007–2013) under the grant agreement n.FP7-245012-HabEat.

C.6 Personalised Nutrition and Counseling

Friday 14th October, 10.10–11.45

Personalised Nutrition – What Does It All Mean?

Rosalie Grivell

Women's and Children's Hospital, Flinders University Adelaide, Adelaide, Australia

Background: There is much known about the importance of diet and physical activity during pregnancy. In both normal and overweight/obese women, diet and physical activity may mediate many health outcomes for women and their infants, as does weight gain during pregnancy. Related to this, gestational weight gain that is excessive in one pregnancy may further influence health for the woman later in life. Significant efforts are being made to develop and assess various interventions in pregnancy that could potentially improve diet, physical activity and related health. Many aspects may be considered when developing and implementing interventions in this field. Drawing on our research group's experience in designing and running large scale clinical trials in pregnancy, this presentation will attempt to provide an overview of personalised counselling and nutrition as it relates to improving outcomes for women and their infants.

Framing Personalized Nutrition and the Food4me Experience

Hannelore Daniel

Technische Universität München, Munich, Germany

Like in many other sectors, diversification and individualization is also driving the food markets with products and services. This is currently mainly based on food/taste preferences and enjoyment in product lines such as coffee, chocolate or beverages. The highest level of personalization is achieved by offers to compose your 'own' food item such as a breakfast cereal or chocolate.

HEALTH is considered as a key market driver. When taken into the food and nutrition sector, the key question is, how health-promotion can be achieved at the level of the individual and the foods consumed. What can be predicted is that a wide range of web-based health services will become available and those will also employ numerous electronic devices that allow assessment of food intake and measurements of a variety of lifestyle parameters (exercise, sleep, leisure time) and health indicators (blood pressure and glucose, metabolite profiles etc). Whether genetics should/will be included is to be seen, but is likely. Based on these parameters individualized dietary recommendations but also menu plans can be generated and those customized menus may be preordered in a restaurant or for home-delivery. Electronic devices will also be available as shopping guides. It is predicted that the entire supply of foods becomes personalized as more and more consumers outsource this to a food or menu service provider