MINDFULNESS-BASED EATING AWARENESS TRAINING: WEIGHT LOSS AND IMPROVEMENT IN EATING REGULATION

Jean L. Kristeller, PhD and Kevin Bolinskey, PhD
Psychology, Indiana State University, Terre Haute, IN.

Mindfulness-based treatments are showing increasing promise and may be particularly suitable for disorders marked by behavioral and emotional disregulation. Mindfulness-Based Eating Awareness Training (MB-EAT) draws on the substantial empirical literature showing that obesity is associated with disrupted awareness of hunger and satiety signals, and that with increased frequency of stress-related eating. Previous research with MB-EAT for obese individuals with BED found improvement in eating regulation; weight loss was associated with amount of mindfulness practice. In the current study, obese (avg. 256 lbs) participants (N=117; 13% men; 12% Af-Am/Other; avg. age=49.9) were randomized to a 10 ses. MB-EAT program, plus mindful weight loss components, or to Wait-List Control. Approx.12% met criteria for BED and 14% for sub-clinical BED. F/U was at immediate post (IP), 2, 3 and 6 months; measures included the BES, TFEQ, and BDQ, among others. At baseline, clinical and sub-clinical Ss had similar on TFEQ Disinhibition and Hunger, but scored higher (p<.001) than non-clinical Ss; BED Ss were more markedly more depressed (BDI=20.33; p=.001) than both sub-clinical (3.81) and non-clinical (6.24). Preliminary analyses show that relative to WLC at immediate post, the MB-EAT Ss had more weight loss (6.02 vs. 0.24 lbs; p<.05), improvement on each TFEQ factor (all p<.001) and on the BES (p<.001). Effects were sustained at 1 month post (IP), 2, 3 and 6 months; measures included the BES, TFEQ, and BDI, and improvement on each TFEQ factor (all p<.001). Significant improvement was seen on total score and three of the six sub-scores. Preliminary analyses show among others. At baseline, clinical and sub-clinical BED Ss were similar on measures included the BES, TFEQ, and BDI, that relative to WLC at immediate post, the MB-EAT Ss had more weight loss (6.02 vs. 0.24 lbs; p<.05), improvement on each TFEQ factor (all p<.001) and on the BES (p<.001). Effects were sustained at 1 month post (IP), 2, 3 and 6 months; measures included the BES, TFEQ, and BDI, and improvement on each TFEQ factor (all p<.001). Significant improvement was seen on total score and three of the six sub-scores. Preliminary analyses show among others.

CORRESPONDING AUTHOR: Jean L. Kristeller, PhD, Psychology, Indiana State University, Terre Haute, IN.