

According to the *Theory of Ironic Processes of Mental Control* (Wegner 1994) intentional thought suppression may paradoxically result in an unconscious activation of the suppressed thought (*Deep Cognitive Activation*). Chronic thought suppression may heighten the accessibility of suppressed thoughts to an extent that unwanted thoughts – particularly under cognitive load – re-enter consciousness (*Rebound-Effect*) and influence (eating) behaviour.

Method: Obese children/teenagers (n 20; 11 boys and 9 girls) aged from 12 to 17 years ($M = 14.15$, SD 1.53) participated in an experimental study during residential treatment. After being exposed to their favourite snacks, subjects were randomly assigned to one of two experimental conditions, a suppression condition ('do not think of your favourite snack') and an expression condition ('try to think

of your favourite snack'). Simultaneously the amount of salivary secretion was measured. To test the accessibility of food-related concepts, subjects were instructed to complete several word fragment completion tasks under cognitive load (memorizing a 6-digit number). Finally, the amount of saliva secretion was measured for a second time.

Results: Suppression subjects showed both during suppression ($t(18) = 2.11$, $P = 0.05$) and after suppression ($t(18) = 3.16$, $P < 0.01$) significantly higher levels of saliva secretion compared with expression subjects.

Conclusions: Our findings clearly demonstrate that suppression of food-related thoughts ironically increases saliva secretion. Consequently restrictive food intake may be a counterproductive strategy and may be one explanation why obesity therapy is often quite ineffective.

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56 – A one-year follow-up of a parent-led intervention for overweight children

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Introduction: Several reviews underscore the need to involve the parents in the treatment of paediatric obesity. However, there is still no clear insight into which specific components of family-based interventions are of particular significance and next to weight outcomes also behavioural outcomes merit more attention when assessing program effectiveness.

Method: A total of fifty families with overweight children (aged 6–12 years) were randomly allocated to a parent-led intervention group (cognitive behavioural training) or to a waiting list control group (Study 1). Afterwards, the parents of the waitlist control group followed the intervention as well. All children were followed in a follow-up study and were compared with a reference group of non-motivated families (Study 2).

Results: In Study 1, both the intervention group as well as the waitlist group showed a decrease in adjusted BMI over a 6-month period, although only significant for the intervention group. All children of Study 2 showed a decrease of 7% in adjusted BMI from pre- to one-year follow-up measurement, while the reference group showed an increase in adjusted BMI over that period. Parents reported positive changes in children's eating behaviour and in familial health principles.

Conclusions: The findings suggest that moderation of children's weight gain via parent groups is successful. Long-term follow-up is needed to reveal residual benefits of enhanced parenting skills on broader lifestyle changes.

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57 – Pediatric obesity: evidence from an integrated medical-psychological model

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Introduction: Eating issues of childhood and teenage have a complex and manifold nature due to genetic, environmental and psychological elements. Integrated approach to patients affected by eating disorders (ED), thus, can be the joint among several different specific competences, where doctors and psychologists work together. In the clinical field, an interdisciplinary model and integrated approach, joining together organic/biological and more abstract/psychological observations and interventions, while integrating them into a consistent theoretical system, become essential.

Results: Basing on such considerations, the essay will describe the long-lasting experience of the Center for Dietology and Paediatric Nutrition of 'La Sapienza'

University of Rome, where the team of paediatricians, nutritionists, and cognitive-relational psychologists interact and integrate the therapeutic protocols for patients aged 4–18 years. Keeping an eye on the epidemiological and clinical data collected in the past 10 years on over 3000 new overweight/obese patients, the presentation will specifically focus on the relationship between the initial and after follow-up nutritional status. The psychological and emotional development's assessment of obese children/teenagers and their families, partly obtained with the help of the Obesity Risk Factors Questionnaire (ORF), a tool that allows to evaluate the quality of individual and familial relations according to a cognitive systemic model.

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58 – The integrated approach to paediatric obesity: from 'fat child' to the 'family with difficulties'

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The integrated medical-psychological approach implemented for almost 20 years in the 'Center for Paediatric Dietology and Nutrition' of 'La Sapienza' University of Rome allows, straight from the first meeting with the family, the re-definition of the problem of obesity, which is seen by the large majority of our patients' families only in terms of nutrition and biology, if even. Already the presence of a clinical psychologist (in the specific case relational or systemic-cognitive oriented) is in contrast with the initial expectations of families, when they first meet the Centre's staff and the 'healing system'. The introduction of relational issues, already explored during the medical history interview, favours the beginning of a re-thinking about the origin of the pathology. Since the first

questions, the therapeutic team introduces a new formulation of the problem, thus allowing the change from a focus exclusively centred on the obese child towards a systemic definition of a 'family with difficulties'. This therapeutic step immediately helps to reduce the child's sense of guilt, giving back competence and problem-solving power to those who felt implicitly impotent: the parental couple. The goal is to re-design the symptom and to re-define the meaning attributed by the family to the pathology. This way there's a shift from the 'spoiled and unmanageable child' towards the 'sensitive offspring that shows a familial unease', from the 'gordy prat' to the 'offspring that allows a couple reflection', from the 'fat kid' to the 'family with difficulties'.

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59 – The long-term outcome of eating pathology in overweight youngsters following weight-loss treatment

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Introduction: The present study aimed to investigate the stability of eating disorder symptoms over a 6-year period among overweight youngsters having undergone weight-loss treatment.

Method: Structured clinical interviews and self-report questionnaires were administered to a sample of fifty-six overweight youngsters (mean age = 13 years) who were at the start of weight-loss treatment in 2000 and again 6 years later.