

## New Approach to Management of Overeating in Children

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**P**romising results lead to upcoming clinical trial at UC San Diego for adults and children  
Overeating, whether in children or adults, often takes place even in the absence of hunger, resulting in weight gain and obesity. Current methods to treat such overeating in youth focus on therapies that restrict what kids may eat, requiring them to track their food intake and engage in intensive exercise.

But for most children, such behavioral therapy techniques don't work long term, according to Kerri Boutelle, PhD, associate professor of psychiatry and pediatrics at the University of California, San Diego School of Medicine. Boutelle and colleagues are developing new ways to treat overeating in children and adults.

Their study, published in the *Journal of Consulting and Clinical Psychology* this week, describes two new methods for reducing overeating. The overall aim of these studies is to improve responses to internal hunger and satiety cues and decrease physiological and psychological responses to foods in the environment. Basically, how do we learn to stop eating when we are no longer hungry?

The first treatment group, called appetite awareness training, trains children and parents to recognize, and appropriately respond to, hunger and satiety cues. The other treatment group, called cue exposure training, trains children and their parents to resist the food that is in front of them.

"We teach children and parents how the environment tricks us into eating foods even when we're not hungry," said Boutelle, citing examples of food triggers such as TV commercials, the abundance of easy-to-eat and high-calories snacks, and the use of food as a reward.

In this study, 36 obese 8-to-12-year olds with high levels of overeating and their parents were assigned to eight-week-long training, either in appetite awareness or a cue-exposure treatment. Children were provided a toolbox of coping skills to "ride out their cravings" – identifying such cravings and learning strategies to ride them out until the urges diminished (but only when they

were not physically hungry). Participants also learned how to manage potential overeating situations when they might not listen to their bodies' signals, because of the availability of foods or even their own moods.

While the appetite awareness group focused on training the participants to regulate eating by focusing on internal cues of hunger and appetite, the cue exposure group trained the participants to tolerate cravings to reduce overeating.

Children and parents in the appetite awareness group brought dinner into the clinic and practiced monitoring their hunger and satiety cues throughout the meal. Children and parents in the cue exposure group brought in their highly craved foods and "stared them down" – holding, smelling and taking small bites of the food – for up to 20 minutes while rating their cravings, after which they threw away the food.

In post-treatment surveys, 75 percent of the children in the appetite awareness group and more than 50 percent of children in the cue exposure group liked the program "a lot" or "loved it." A high percentage (81 and 69 percent, respectively) reported feeling more in control of their eating due to the program.

The researchers assessed the impact of these two different eight-week treatments on body weight, overeating, binge eating and caloric intake in both the children and parents.

"While this was a pilot study, our initial results suggest that the 'cue exposure' approach might be very helpful in reduction of eating in the absence of hunger," said Boutelle. She added that significant reduction in such overeating was found in the cue-exposure group, even six months post-treatment, though there was very little long-term impact on overeating in the appetite awareness group. There was only a small effect on body weight and no effect on reported calories eaten in either group; however, both approaches resulted in decreased binge eating in children and their parents.

"These findings are exciting because they offer a completely new paradigm for controlling overeating and binge eating," Boutelle said. "By reducing overeating and binge eating, we hope to provide a new way of preventing weight gain and providing children with a sense of control over what they chose to eat. This is really important, because a loss of control can lead to depression and other psychiatric problems, and of course childhood obesity."

Additional contributors to the study include Nancy L. Zucker, Duke University; Carol B. Peterson and Sarah A. Rydell and Lisa Harnack University of Minnesota; and Guy Cafri, UC San Diego. The project was funded by a University of Minnesota Faculty Development Grant to Boutelle and Harnack.

This study was the first to develop and test interventions that specifically target overeating in children. The researchers plan larger, randomized trials, starting in summer 2012.

A clinical study for adults called “Regulation of Cues” – testing this intervention separately within an adult binge eating group – is now recruiting participants in San Diego.

For more information on treatment or clinical trials to treat overeating or obesity in children, adolescents or adults, phone 858-534-5207.

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Media Contact: Debra Kain, 619-543-6163, [ddkain@ucsd.edu](mailto:ddkain@ucsd.edu)

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