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loss surgery drive to expected changes? What kind of changes? How does it lead to confront with surprises that have to be dealt with? How do the studied persons differently face these body, eating and identity issues? \*

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## **Perfis de comportamento alimentar e sua relação com o IMC em estudantes portugueses do Ensino Superior**

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Eating behaviour refers to both quantitative and qualitative features of the selection of foods and decision of what foods to eat. Eating style refers to patterns of eating behaviours, and is the result of several psychological and social factors. Several eating behaviour dimensions may be considered, and several of them have been shown to have research and clinical relevance. Research has focused mostly on associations between eating behavior dimensions, providing evidence that these dimensions often cluster. Therefore, an analysis aiming to reveal eating styles (obtained through cluster analysis) could be more helpful to explain consumption and eating behaviour relationships with BMI. Our aim was to determine prototypical profiles of eating

behaviour among Portuguese higher education students, and to relate these patterns with BMI.

Data from 280 higher education students (63.2% females) aged between 18 and 27 years were analysed. Several eating behaviour dimensions (emotional and external eating, flexible and rigid restraint, binge eating, and eating self-efficacy) were assessed, and eating styles were derived through cluster analysis. BMI for current, desired and maximum self-reported weights and the differences between desired and current BMI and between maximum and current BMI were calculated.

Women scored higher in emotional eating and restraint, whereas men showed higher eating self-efficacy. Men had higher current, desired and maximum BMI. Cluster analysis showed three eating styles in both male and female subsamples, characterized by either high emotional, external and binge eating ("Overeating"), high eating self-efficacy ("High self-efficacy"), or high dietary restraint ("High restraint").

Restrictive women and men differ on important eating behaviour features, which may be the cause of differences in the associations with BMI. High self-efficacy women showed lower BMI values than the others, and restrictive women had higher lost BMI. High self-efficacy men showed lower desired BMI than overeaters, and lower maximum and lost BMI than highly restrictive ones. Eating self-efficacy seems to be a central variable influencing the relationships between other eating behaviour dimensions and BMI.\*