Table BMI *Z*-score evolution after at least a 1-year follow-up

	Obesity (*n* 158)		Overweight + obesity (*n* 305)			
Overweight (*n* 147)	*n*	%	*n*	%	*n*	%
BMI *Z*-score evolution						
Reduction	6	58	69	44	155	51
Stabilization	49	33	74	47	123	40
Increase	12	8	15	9	27	9

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54 – FamilY – family intervention in obesity

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Introduction: Few studies have focused on the effect of including obese children and parents to follow-up in primary health care after an initial treatment phase in special health care. FamilY is a multicenter randomized clinical trial comparing two ways of cooperation across health-care levels. The project starts in 2010, but preliminary results from two pilot summer camps in 2008 and 2009 will be presented.

Method: Families with at least one obese parent (BMI > 30 kg/m^2; *n* 100) and one obese child (BMI > iso-BMI 30 kg/m^2; age 7–12 years; *n* 100) are randomized to group A/B. The intensive group A attend a family summer camp (2 weeks) and four repetition weekends at a rehabilitation centre (group A), whereas the less intensive group B participate in a lifestyle school (2 + 2 d) in paediatric departments. Group sessions, elements from motivational interviewing and parent management training – Oregon will be used to improve family interplay towards more active lifestyle. The families are followed monthly over 2 years by a community coordinator, who will join lectures and network groups about obesity treatment during the follow-up period. The primary end point is children change in BMI SDS after 2 years.

Results: Data at inclusion and change in BMI SDS after one-year follow-up of eighteen children attending the pilot summer camps:

	Mean	SD
Age (years)	9·8	−1·4
BMI SDS (kg/m^2)	2·38	−0·28
Change in BMI SDS (kg/m^2)	−0·11	−0·22
Change in lean mass (kg)	4·22	−2·31
Change in fat (%)	−1·44	−4·66

Conclusions: The present study will add new knowledge about the effect of including the obese family in 2-year follow-up after an initial family summer camp.

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55 – The pitfall of restraint eating and cognitive control

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Introduction: Normally therapy in obese patients is inevitably associated with dieting or restraint eating. Not eating certain food would necessarily require successful suppression of unwanted food-related thoughts.

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 ($t(18) = 2{\cdot}11$, $P = 0{\cdot}05$) and after suppression ($t(18) = 3{\cdot}16$, $P < 0{\cdot}01$) 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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