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Psychological predictors of opportunistic snacking in the absence of hunger

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23 Abstract

24

25 Increased frequency of eating in the absence of homeostatic need, notably through snacking, is
26 an important contributor to overconsumption and may be facilitated by increased availability
27 of palatable food in the obesogenic environment. Opportunistic initiation of eating snacking is
28 likely to be subject to individual differences, although these are infrequently studied in
29 laboratory-based research paradigms. This study examined psychological factors associated
30 with opportunistic initiation of snacking, and predictors of intake in the absence of homeostatic
31 need. Fifty adults (mean age 34.5 years, mean BMI 23.9 kg/m², 56% female) participated in a
32 snack taste test in which they ate a chocolate snack to satiation, after which they were offered
33 an unanticipated opportunity to initiate a second eating episode. Trait and behavioural
34 measures of self control, sensitivity to reward, dietary restraint and disinhibited eating were
35 taken. Results showed that, contrary to expectations, those who initiated snacking were better
36 at inhibitory control compared with those who did not initiate. However, amongst participants
37 who initiated snacking, intake in the laboratory(kcal) was predicted by higher food reward
38 sensitivity, impulsivity and BMI. These findings suggest that snacking initiation in the absence
39 of hunger is an important contributor to overconsumption. Consideration of the individual
40 differences promoting initiation of eating may aid in reducing elevated eating frequency in
41 at-risk individuals.

42

43 Overconsumption; eating initiation; eating frequency; reward; inhibitory control

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48 1. Introduction

49

50 Overconsumption can be defined as energy intake that is superfluous to energy needs (Fay et
51 al., 2013), with excessive portion size or consumption of energy-dense foods often implicated
52 (Duffey and Popkin, 2011; French et al., 2014; Piernas and Popkin, 2011). However, research
53 increasingly suggests that elevated eating frequency is a significant contributor to
54 overconsumption and weight gain (Berteus Forslund et al., 2005; la Fleur et al., 2014; Mattes,
55 2014). Initiation of eating is likely to be an important driver of eating frequency, in that a
56 higher propensity to initiate eating, especially in the absence of hunger, may be associated with
57 overconsumption associated with greater frequency of eating episodes. This may be facilitated
58 by increased snack food availability (la Fleur et al., 2014). It is hypothesised that individual
59 differences exist in opportunistic snacking, and the psychological drivers of eating initiation in
60 the absence of metabolic need are therefore of interest. However, laboratory-based research
61 has tended to overlook initiation of eating, in favour of overconsumption as amount consumed,
62 or portion size, during a single mandatory eating episode.

63 Research has shown that overconsumption within an eating episode is related to
64 increased sensitivity to food reward (Davis et al., 2007; Epstein et al., 2011), reduced inhibitory
65 self control (Allan et al., 2010; Haws and Redden, 2013; Jasinska et al., 2012), or an interaction
66 of these factors (Nederkoorn et al., 2010; Redden and Haws, 2013; Rollins et al., 2010), with
67 eating behaviour traits such as dietary restraint and disinhibition (Batra et al., 2013; Carr et al.,
68 2014; Hofmann et al., 2007) also implicated. It is unclear whether these factors, implicated in
69 delayed termination of an eating episode, may also be predictive of the decision to initiate
70 eating. Much research investigating eating initiation has relied on self-report (e.g. Tuomisto et
71 al., 1998), despite issues with under-reporting of eating frequency (McCrory et al., 2011). The
72 aims of this study were to examine differential ~~factors~~ levels of sensitivity to food reward.

73 inhibitory self control, dietary restraint and disinhibition between individuals who
74 opportunistically initiated intake in the laboratory and those who did not; and secondly to
75 examine predictors of overconsumption in this context.

76

77 2. Methods

78

79 2.1 Participants

80

81 Fifty adults (mean age 34.5 years [SD = 12.9], mean BMI 23.9 kg/m² [SD = 3.1.], 56% female)
82 were recruited from the staff and student population of the Queensland University of
83 Technology to take part in a study investigating ‘differences in taste perceptions of chocolate
84 snack food’ during which they ate chocolate snack food to self-determined satiation.

85 Participants were then invited to take part in a further, unanticipated taste test. Acceptance of
86 this further opportunity to initiate eating having recently eaten to satiation, and resultant energy
87 intake, was the main focus of the present study.

88

89 2.2 Measures

90

91 2.2.1 Self control

92 Trait self control was measured using the 30-item Barratt Impulsiveness Scale, Version 11
93 (BIS-11) (Patton et al., 1995), which measures general impulsivity as well as three sub-factors:
94 motor, attentional and non-planning impulsivity (example item: ‘I act on the spur of the
95 moment’). It is generally found to have good test-retest reliability and high correlation with
96 other self-report measures of impulsiveness (Stanford et al., 2009).

97 Behavioural inhibitory control was measured using a computerised GoStop task
98 (Dougherty et al., 2005), which assesses ability to inhibit a prepotent ‘go’ response when a
99 ‘stop’ signal is presented. Participants were required to attend to a series of five-digit numbers
100 presented in quick succession and respond via mouse-click when a number matched the
101 previous one number displayed (the ‘go’ signal). If the colour of the number changed from
102 black to red (the ‘stop’ signal), participants were required to withhold the response. Following
103 White et al. (2009), the parameters were set as two blocks with seven stop trials, 28 no-stop
104 trials and 56 novel trials. Stimuli were presented for 500 milliseconds (ms) with a 600ms
105 washout between presentations. Four intervals between the ‘go’ and ‘stop’ signals were used:
106 50ms, 150ms, 250ms and 350ms, presented in a randomised order throughout the trials.
107 Percentage correct inhibition on the ‘stop’ trials was averaged over the four intervals and two
108 blocks to produce a mean response inhibition value per session. The task has been shown to
109 have good validity (Ledgerwood et al., 2009).

110

111 2.2.2 Sensitivity to food reward

112 Sensitivity to food reward was measured using the Leeds Food Preference Questionnaire
113 (LFPQ) (Finlayson et al., 2007), measuring motivation to eat foods according to their taste and
114 fat properties (i.e. sweet-high fat, savoury-high fat, sweet-low fat and savoury-low fat
115 categories). Each of the four food categories was represented by four photographs of
116 ready-to-eat foods that were matched for familiarity and palatability. Explicit sensitivity to
117 food reward within each category was measured using visual analogue scales (VAS) with the
118 question ‘How much do you want to eat this food right now?’. Here, data from the high-fat
119 sweet category only were used in line with because as the test food were also high-fat sweet, fell
120 into this category. The LFPQ is a validated predictor of food selection and intake and
121 demonstrates reliable sensitivity to nutritional manipulations (Dalton and Finlayson, 2014).

122

123 2.2.3 Dietary restraint

124 The 10-item restraint subscale of the Dutch Eating Behaviour Questionnaire (DEBQ-R) (van
125 Strien et al., 1986) was used to measure restrained eating tendency (sample item: 'Do you try to
126 eat less at mealtimes than you would like to eat?'). The restraint subscale has been shown to
127 have good test-retest reliability and validity (Allison et al., 1992).

128

129 2.2.4 Dietary disinhibition

130 The 16-item disinhibition subscale of the Three Factor Eating Questionnaire (TFEQ-D)
131 (Stunkard and Messick, 1985) was used to measure disinhibited eating tendency, or the
132 tendency to eat opportunistically (sample item: 'I usually eat too much at social occasions, like
133 parties and picnics'). The TFEQ-D has good reliability (Stunkard and Messick, 1985) and
134 discriminatory validity with regards to BMI (Harden et al., 2009).

135

136 2.2.5 Assessment of appetite, mood and palatability

137 Subjective appetite and mood sensations were measured using computerised 100-point visual
138 analogue scales (VAS) 100mm long word anchored at each end ('Not at all' and 'Extremely').
139 Questions were: 'How hungry do you feel right now?', 'How full do you feel right now?'
140 'How stressed do you feel right now?', 'How alert do you feel right now?', and 'How content
141 do you feel right now?'. -VAS measures of appetite have been shown to have excellent
142 test-retest reliability (Arvaniti et al., 2000) and to correspond to levels of circulating appetite
143 hormones (Heini et al., 1998).

144

145 2.2.6 Test food

146 The opportunistic taste test food was a milk chocolate snack (M&Ms; Mars) with an energy
147 density of 4.9 kcal/g. -150g M&Ms (the size of a snack bag) was presented in a white ceramic
148 bowl in a taste test paradigm. Participants who accepted the snack were allocated 10 minutes
149 to participate in the taste test and complete VAS measures of mood, appetite and food
150 palatability, together with a series of sensory ratings of the test food (not included in analysis).
151 Participants were instructed to eat as much as they wished during the taste test, and that any
152 leftover food would be thrown away. Amount consumed was calculated by weighing the food
153 before and after the taste test.

154 The mandatory taste test chocolate snack food was Maltesers (Mars) (150g provided),
155 of which participants self-selected the amount eaten. Sweet snack foods were chosen in
156 accordance with the majority of previous research on laboratory-based snacking, with specific
157 test foods chosen to be comparable in terms of taste, sensory characteristics (confirmed via
158 self-report; data not presented here) and macronutrient composition.

159

160 2.3 Procedure

161

162 Self-report measures (BIS-11, DEBQ-R and TFEQ-D) were completed by online survey at
163 least one week prior to the laboratory test visit, while baseline appetite and mood VAS
164 measurements and computerised behavioural measures (GoStop and LFPQ) preceded the
165 mandatory taste test. ~~The mandatory taste test chocolate snack food was Maltesers (Mars), of~~
166 ~~which participants self-selected the amount eaten.~~ Following this taste test, each participant
167 was shown the opportunistic chocolate snack food (M&Ms) and told that a new taste test
168 opportunity was available, which was optional and unrelated to the experiment. If they
169 accepted the snack, another 10-minute taste test was administered in an identical format.

170 Post-consumption VAS measures of appetite and mood were taken following the final taste test

171 ~~(either the mandatory or the opportunistic, if accepted).~~ Finally, height (in centimetres) and
172 weight (in kilograms) were measured while the participant was wearing light indoor clothing,
173 and used to calculate body mass index (BMI). After the session, participants were fully
174 debriefed. Research was approved by the Queensland University of Technology Human
175 Research Ethics Committee.

176

177 2.4 Data analysis

178

179 Independent samples t-tests were conducted to investigate any differences between participants
180 who accepted and those who declined the opportunistic snack. Relationships between
181 opportunistically initiated snack intake and appetite and psychological variables of interest
182 (eating behaviour traits, self control and sensitivity to food reward) were examined via
183 Pearson's correlational analysis and linear regression (enter method).

184

185 3. Results

186

187 3.1 Opportunistic snacking initiation

188

189 Thirty-eight participants from the sample (76% of total sample) accepted the opportunistic
190 taste test. Those who initiated snacking ~~following satiation~~ had consumed more at the
191 previous, mandatory taste test than those who declined it (M = 236.1 kcal acceptors vs. M =
192 210.0 kcal non-acceptors), but this difference was not significant ~~($t(24.87) = -0.41, p = .69$).~~
193 There were no significant differences between those who accepted and those who declined,
194 with the exception of inhibitory control (see Table 1). Participants who initiated snacking
195 demonstrated significantly better inhibitory control than those who did not.

196

197 [Table 1 here]

198

199 3.2 Opportunistically initiated snack intake

200

201 VAS appetite scores confirmed that participants who initiated snacking were not hungry
202 following the mandatory taste test (M fullness = 57 mm, 61% increase from baseline; M hunger
203 = 44 mm, 11% decrease from baseline). Correlation analyses showed that opportunistic snack
204 intake was not correlated with any measure of appetite (hunger: $r = -.26$, $p = .12$; fullness: $r =$
205 $.14$, $p = .40$). Opportunistic snack intake was positively correlated with previous intake amount
206 eaten at the mandatory taste test ($r = .84$, $p < .001$).

207 At the opportunistic taste test, Mmean snack intake was 115.7 (SD = 151.0) kcal. The
208 snack food was rated as moderately palatable (M palatability = 60 mm); however, intake was
209 not significantly correlated with palatability ($r = .28$, $p = .10$). Mean opportunistic snack intake
210 was positively correlated with sensitivity to food reward ($r = .40$, $p = .004$), motor impulsivity
211 ($r = .39$, $p = .006$) and BMI ($r = .30$, $p = .02$). All three variables when entered into a regression
212 model emerged as significant predictors of intake ($F(3, 46) = 8.38$, $p < .001$; see Table 2).

213

214 [Table 2 here]

215

216 4. Discussion

217

218 This study aimed to examine psychological predictors of initiation of snacking in the absence
219 of homeostatic need, and amount eaten in an opportunistically initiated episode. The use of a
220 community sample of adults is a strength of this study, as is the use of carefully matched test

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221 foods. We found that initiation of snacking was associated with higher inhibitory control. This
222 is contrary to previous research associating overconsumption and overweight with poor
223 inhibitory control (Houben et al., 2014; Jasinska et al., 2012; Wirt et al., 2014). However,
224 much research has demonstrated this in the context of amount eaten within a mandatory
225 eating episode, relating where inhibitory control may be required to terminate eating when
226 food is presented 'ad libitum' termination; rather than in the context of initiation of an eating
227 episode as in the present study (Allan et al., 2010; Houben, 2011). Higher inhibitory control
228 may reflect more conscious cognitive control and it is interesting that while this was associated
229 with the decision to initiate snacking, it was not associated with the amount consumed in that
230 snacking episode. It is therefore possible that this finding is indicative of a more conscious
231 decision to initiate snacking given an opportunity, possibly coupled with the intention to later
232 compensate for intake. The mechanism underlying increased eating initiation with increased
233 self control is unknown, but it is possible that snacking may be initiated for reasons such as
234 curiosity or sensation-seeking, which is satisfied by tasting a food without necessitating
235 prolonged consumption. Higher self control may then allow successful termination of the
236 eating episode. However, this speculation requires further investigation and would benefit
237 from the addition of self-report. Amongst participants who did initiate snacking, greater trait
238 motor impulsivity was associated with greater intake. This suggests that a tendency to act on
239 motor impulses may be more strongly associated with failure to terminate eating episodes, in
240 line with previous research. Motor control in particular may be especially pertinent to intake of
241 bite-size snack foods, where intake involves repetitive hand-to-mouth movements (Castiello,
242 1997).

243 Food reward sensitivity was also positively associated with snack intake, supporting
244 previous laboratory-based studies (Davis et al., 2007; Rollins et al., 2014). However, in the
245 present study there were no differences in reward sensitivity were not apparent between

246 participants who initiated snacking compared with those who did not. This may indicate that
247 food reward sensitivity plays less of a role in initiation of eating, compared with amount eaten
248 during an eating episode, a lesser role of food reward in eating initiation specifically. One
249 proposed hypothesis for this derives from the observation in this study that opportunistic
250 snacking initiation was not related to hunger. Evidence suggests that hunger influences
251 reward-driven motivation to eat through increasing the incentive salience of food-related cues
252 (Kroemer et al., 2013; Loeber et al., 2013), ~~which may account for a reduced role in a satiated~~
253 ~~state~~. Alternative factors implicated in eating initiation in the absence of hunger merit further
254 consideration, ~~such as~~, a tendency to eat for emotional reasons rather than in response to
255 internal hunger of satiety cues (Tylka, 2006). Another possibility is that some participants may
256 have eaten more than they typically would in order to avoid wasting food (Fay et al., 2011).
257 Participants were asked to self-report any perceived influences on their behaviour at the end of
258 the study, and dislike of food wastage was not mentioned. However, this possibility cannot be
259 ruled out and further research should aim to clarify this issue. ~~In the present study, the~~
260 ~~similarity of the opportunistic snack food with the previously consumed snack indicates that~~
261 ~~sensory-specific satiety was unlikely to play a strong role in initiation. Snack foods were~~
262 ~~comparable in terms of taste, sensory characteristics (confirmed via self-report; data not~~
263 ~~presented here) and macronutrient composition, which may reduce sensory-specific~~
264 ~~satiety-related consumption (Griffioen-Roose et al., 2010).~~

265 The observed association with BMI and opportunistically initiated snack intake may
266 highlight a link between overconsumption in the absence of hunger and risk for weight gain
267 (Hill et al., 2008; Kral et al., 2012), although to date most research has been conducted in
268 children. Disregard for hunger as a factor in meal termination has been linked to elevated BMI
269 (Wansink et al., 2007), and a link with eating initiation is also likely. Given the relatively

Commented [MJW2]: My suggestion to mention re food wastage here, rather than as separate limitation section.

270 modest sample size of the current study, replication would be beneficial, especially to confirm
271 findings in a population with a wide range of BMIs.

272 ~~The use of a community sample of adults is a strength of this study, as is the use of~~
273 ~~carefully matched test foods. However, it is subject to a number of limitations, principally the~~
274 ~~modest sample size. Furthermore, an in-depth exploration of reasons for eating initiation was~~
275 ~~not possible in the context of this study and additional factors may have contributed to~~
276 ~~participants' intake. In particular, as participants were informed prior to the taste tests that~~
277 ~~leftover food would be thrown away, some participants may have eaten more than they would~~
278 ~~have otherwise in order to avoid wasting food (Fay et al., 2011). Participants were asked to~~
279 ~~self-report any perceived influences on their behaviour at the end of the study, and dislike of~~
280 ~~food wastage was not mentioned. However, this possibility cannot be ruled out and further~~
281 ~~research should aim to clarify this issue.~~

Commented [MJW3]: Suggest moving this first sentence to beginning of discussion

282 4.1 Conclusions

283

284 ~~This study is one of the first to examine predictors of opportunistically initiated food intake in~~
285 ~~the laboratory, together with the characteristics of individuals who initiate snacking compared~~
286 ~~with those who do not. We found that opportunistically initiated intake was associated with~~
287 ~~sensitivity to food reward, motor impulsivity and higher BMI, which suggests a link with~~
288 ~~overconsumption in the absence of metabolic need through elevated eating frequency.~~
289 ~~However, we also found that inhibitory control was higher in those who initiated eating than~~
290 ~~those who did not, implying that opportunistic initiation may not simply represent uncontrolled~~
291 ~~eating in response to food availability. The factors associated with opportunistic initiation of~~
292 ~~snacking therefore merit further study. Opportunistic initiation of snacking in the absence of~~
293 ~~metabolic need, implicating elevated eating frequency, is an important contributor to~~
294 ~~overconsumption and the factors predisposing it merit further study. It is important to define~~

Commented [k4]: My preference is to delete this.

295 overconsumption in order to highlight the diverse pathways to overweight and obesity, which
296 may be a current barrier to obesity treatment and prevention.

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298

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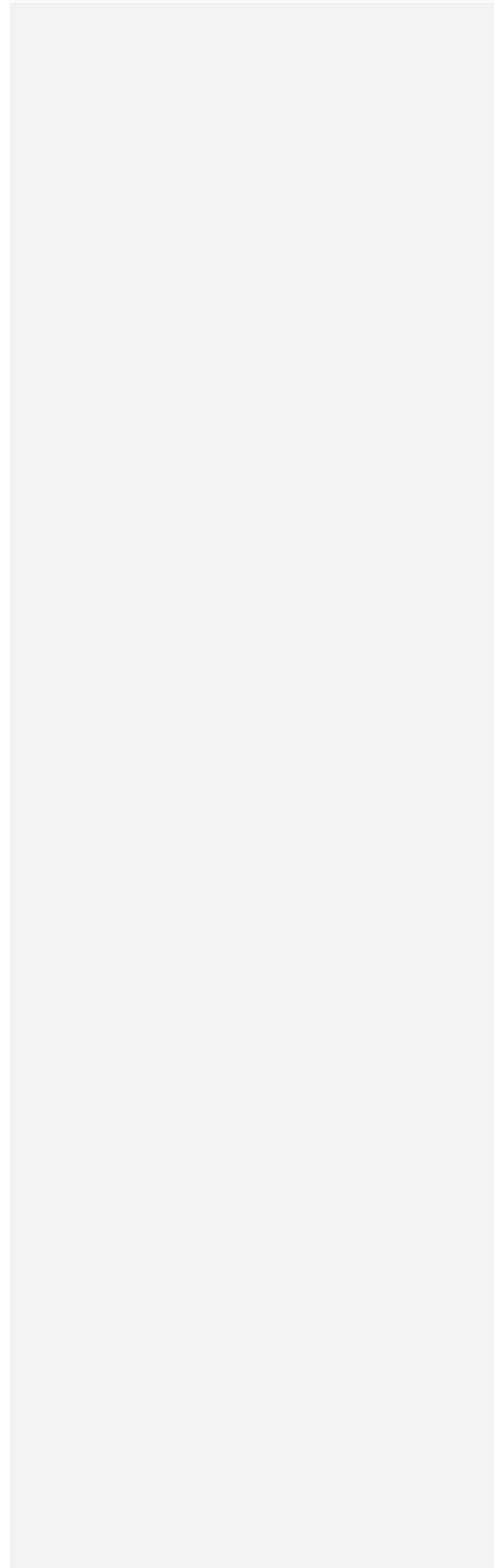
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414

415



417 Table 1: Mean (standard deviation) values and t-tests between participants who initiated vs. did

418 not initiate snacking

419

Variable	Initiators M (SD) n = 38	Non-initiators M (SD) n = 12	t	p
Gender (M:F)	15:23	7:5	-	-
Age	35.08 (12.75)	32.83 (13.69)	-.52	.60
BMI	23.57 (3.23)	24.21 (2.56)	.20	.84
Restraint	2.45(0.75)	2.33 (0.72)	-.89	.38
Disinhibition	5.39 (3.06)	5.00 (3.35)	.53	.60
Attentional impulsivity	16.08 (2.61)	14.27 (4.05)	-1.88	.07
Motor impulsivity	21.14 (3.08)	20.00 (3.52)	-.67	.51
Non-planning impulsivity	22.81 (4.59)	20.46 (4.91)	-1.14	.26
Inhibitory control	45.96 (12.52)	36.53 (10.90)	-2.25	.03
Food reward sensitivity	48.77 (24.95)	45.48 (11.23)	-.23	.82
VAS hunger ¹	43.67 (24.85)	37.17 (16.75)	-.84	.40

420 ¹Following mandatory snack intake

421

422 Table 2: Linear regression model predicting opportunistically initiated snack intake.

423

	Unstandardised		Standardised	t	p
	B	S.E.	Beta		
(Constant)	-620.47	171.78		-3.61	.001
Sensitivity to food reward	2.47	0.79	.38	3.13	.003
Motor impulsivity	13.41	5.47	.30	2.45	.02
BMI	13.94	5.77	.29	2.42	.02

424 Model R² = .35