T1:O1-005
IS COGNITIVE RESTRAINT A RISK FACTOR FOR AN INCREASE IN FAT MASS IN A GENERAL POPULATION?
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Aims: To study the relationships between eating behaviour (EB) and adiposity in a general population.
Methods: In all, 466 adults and 271 adolescents were recruited in 1999 on a geographical basis to participate in a longitudinal study. They answered at a 2-year-interval a revised 18-item version of the Three-Factor Eating Questionnaire, which measures cognitive restraint (CR), uncontrolled eating (UE), and emotional eating (EE) scores. Estimates of adiposity status (body weight, Body Mass Index BMI, waist circumference, sum of skinfolds) were also measured twice in 1999 and 2001. Correlations between eating scores and adiposity parameters were computed in 1999. Longitudinal associations were analysed by partial correlations where EB scores predicted final adiposity after adjustment on initial value, and conversely. Analyzes were performed in each age and gender group.
Results: At baseline, CR was positively associated with BMI in all groups (r=0.13 to 0.40, p<0.05). Among adult women, UE and EE were also strongly positively associated with BMI (r=0.23 and 0.27, p<0.001). In longitudinal analysis, initial CR was not significantly associated with BMI changes, whereas a high initial BMI was related to an increase in CR in all groups (r=0.18 to 0.24, p<0.05). Initial BMI was positively related to UE changes in women (r=0.17, p<0.01), but the reverse was not true. The same results were found for other adiposity parameters.
Conclusions: In our general population, CR did not predict increase in adiposity, but appeared rather as a consequence of it.

T1:O1-006
THE RELATIONSHIP OF SMOKING WITH GENERAL AND ABDOMINAL OBESITY- 15 YEAR TRENDS IN FINLAND
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Aims: To assess the relationship of smoking status to 15-year trends of general and abdominal obesity among Finnish adults.
Methods: This study included data from four cross-sectional population surveys carried out at 5-year intervals between 1987 and 2002. Altogether, 9025 men and 9950 women aged 25-64 years participated in these surveys (participation rate 67-82%). Body mass index (BMI) was used as an indicator for general obesity, and waist to hip ratio (WHR) as an indicator for abdominal obesity.
Results: The mean BMI increased between 1987 and 2002 from 26.7 to 27.1 (p<0.01) in men and from 26.1 to 26.4 (p=0.05) in women. WHR increased from 0.9 to 0.96 (p<0.01) and from 0.78 to 0.84 (p<0.01) in men and women, respectively. In men BMI increased among never-smokers and ex-smokers, but in women it increased mainly among smokers. In both genders WHR increased in all smoking categories. During the last 5 years, particular increase was found among smoking women. In both genders BMI was the highest among ex-smokers, and the difference between current and never-smokers was relatively small. On the other hand, WHR was the lowest among never-smokers and the difference between smokers and ex-smokers was fairly small.
Conclusion: Smoking has a different relationship to general and abdominal obesity. It may inhibit general obesity to some extent but not abdominal obesity. In addition, among smoking women both BMI and WHR increased markedly in comparison with non-smokers.

T1:O2 Body weight and morbidity
T1:O2-001
INTERACTION BETWEEN PHYSICAL ACTIVITY AND BODY MASS INDEX IN RELATION TO CORONARY HEART DISEASE AND STROKE MORTALITY
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Aims: To investigate the combination of physical activity and body mass index (BMI) in relation to coronary heart disease (CHD) and stroke mortality.
Methods: The association between physical activity, BMI and 12-year CHD and stroke mortality was studied in a cohort of 35,653 Dutch adults aged 20-59 years using Cox proportional hazard survival analysis.
Results: Physical inactivity and obesity were both strongly related to stroke rather than CHD mortality. Among the obese, a clear dose-response relation was found between physical activity and CHD mortality. The risk of both CHD and stroke mortality was highest for obese participants with a low physical activity level compared to normal-weight participants with a high physical activity level (HR (95% CI): 3.1 (1.3-7.6) and 4.9 (1.1-20.8), respectively).
Conclusions: This study showed that the relation between physical activity and BMI was different for CHD and stroke mortality. Moreover, particularly the combination of inactivity and obesity was associated with increased risk of CHD and stroke mortality.

T1:O2-002
LIFE COURSE CHANGES IN WEIGHT AND THE RISK OF CARDIOVASCULAR DISEASE IN WOMEN: RESULTS FROM A COHORT STUDY
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Aims: To assess the impact of weight change on the risk of cardiovascular disease in a cohort of women over a period of almost 40 years.
Methods: A cohort of 765 women who gave birth to their first baby between 1951 and 1970 was followed up to 1997. The current health status was assessed in 1997 and their change in weight over the period was measured.
Results: A total of 765 women of median age 23.4 years and median Body Mass Index (BMI) of 22.4 kg/m² were recruited to the study during their first pregnancy between 1951 and 1970. At follow-up in 1997 they were of median age 60.9 years and median BMI of 26.7 kg/m², with a median weight gain of 9.7 kg. Weight loss over the study period was associated with a significant increased risk of myocardial infarction, and weight gain of over 35% was associated with a significantly increased risk of myocardial infarction, angina pectoris, and hypertension, compared with those who were weight stable over the follow-up period. The odds ratios were adjusted for age, smoking and social class. Weight loss was associated with more desirable risk factor profiles except for smoking.
Conclusions: Weight loss and excessive weight gain were associated with increased risk of hypertension and coronary heart disease compared to those who were weight stable in women, followed for almost 40 years.

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