



IL CIBO DELLE DONNE



Alimentazione
al
femminile

21.05.2016 Auditorium CAM Monza v.le Elvezia

S. BERNASCONI

*La donna mamma: l'educazione
alimentare ai figli inizia prima della
gravidanza*

1) CONSIDERAZIONI INIZIALI



CONVEGNO

PROGETTO FITFOODNESS CAMKIDS EXPO 2015
per un Futuro in Salute



Sabato 8 Novembre 2014 ore 9.00

Auditorium CAM Centro Anallsi Monza
Viale Elvezia • Monza



Sergio Bernasconi - Professore Ordinario di Pediatria
Università di Parma

Perché i corretti stili di vita devono essere appresi precocemente

a cura di
Vittorio A. Sironi
Gabriella Morini

Le
declinazioni
del
cibo

nutrizione

salute

cultura

Postfazione di
Carlo Petrini

Editori Laterza 



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Per un futuro in salute: essere in forma tra scuola e famiglia

di *Sergio Bernasconi**

Oggi la medicina dimostra come le condizioni di buona salute si costruiscano nel tempo. I meccanismi biologici che controllano la nostra vita sono plasmati durante la vita fetale e modificati nelle fasi di maggiore crescita e sviluppo, che caratterizzano l'età evolutiva, da un dinamico rapporto tra il patrimonio genetico ereditato dai nostri genitori e l'ambiente in cui viviamo. A una maggiore attenzione verso quest'ultimo si deve accompagnare un impegno diretto nella costruzione della nostra salute futura, modificando positivamente le nostre abitudini alimentari e adottando corretti stili di vita.

1. L'importanza di assumere corretti stili di vita

Negli ultimi decenni la medicina ha dimostrato come le condizioni di buona salute si costruiscano nel tempo, partendo già dall'epoca prenatale. I meccanismi biologici che controllano la nostra vita vengono plasmati durante la vita fetale e modificati nelle fasi di maggiore crescita e sviluppo, che caratterizzano l'età evolutiva, da un dinamico rapporto tra il patrimonio genetico ereditato dai nostri genitori e l'ambiente in cui viviamo. Sappiamo, per esempio, che l'inquinamento è causa importante di malattia diretta (malattie bronco-polmonari nel caso dell'inquinamento atmosferico) o di modifiche metabolico-ormonali che possono portare nel tempo a sviluppare

* Ho fatto ampiamente riferimento ai dati della più recente letteratura. Ritengo utile segnalare che, sulla base della mia personale esperienza, sono da tempo in atto a livello di vari comuni e strutture sanitarie italiane numerose esperienze che vanno nelle direzioni qui descritte. Tra di esse, ricordo quella iniziata nel 2015 in un plesso scolastico della città di Monza, a cui ho preso parte come consulente scientifico, che vede coinvolte organizzazioni private (Centro Analisi Monza) e pubbliche (comune, Asl, scuola, pediatria di base, università) nel fornire mezzi e personale dedicati ad un'opera di diffusione e sensibilizzazione di famiglie e bambini circa l'apprendimento e l'applicazione pratica di corretti stili di vita.

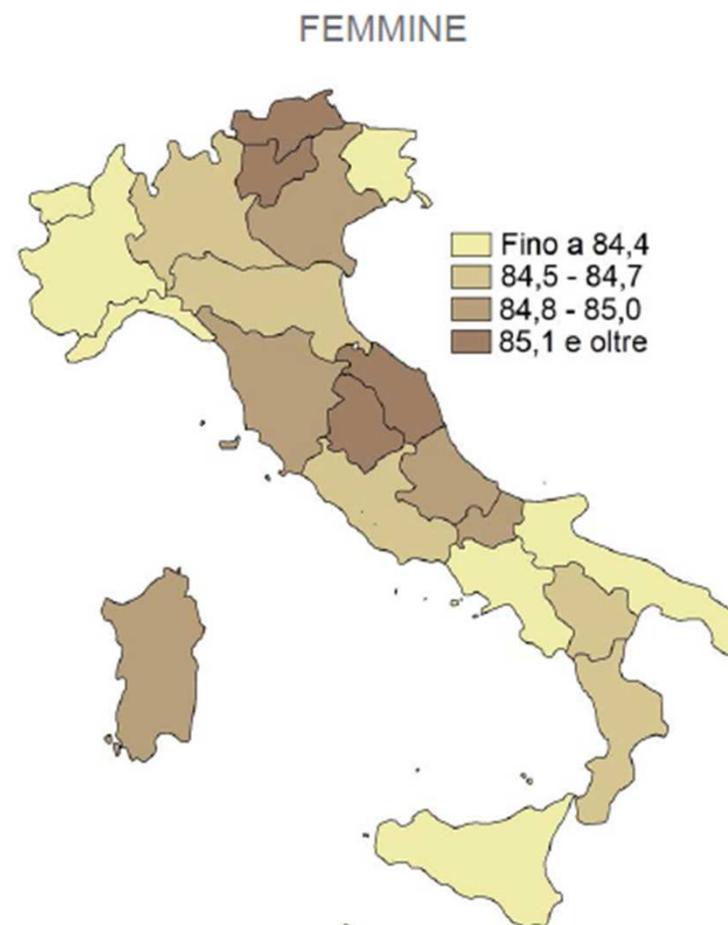
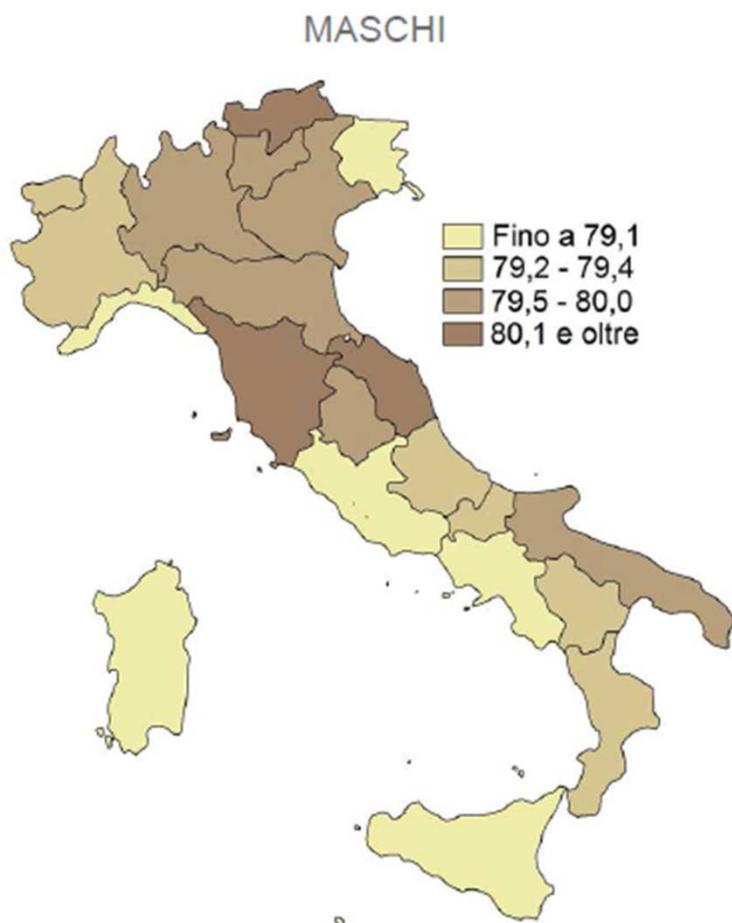
Perché i corretti stili di vita devono essere appresi precocemente ?

- 1) AUMENTO ASPETTATIVA VITA
- 2) VARIAZIONE RAPPORTO MALATTIE TRASMISSIBILI/NON TRASMISSIBILI
- 3) POSSIBILITA' DI PREVENZIONE
- 4) PREVENZIONE PRECOCE



Speranza di vita alla nascita per sesso e regione

Anno 2011 (a) (b) (in anni)



Fonte: Istat, Sistema di nowcast per indicatori demografici

(a) Dati stimati.

(b) Il valore della speranza di vita è relativo all'insieme di Piemonte e Valle d'Aosta e all'insieme di Abruzzo e Molise.

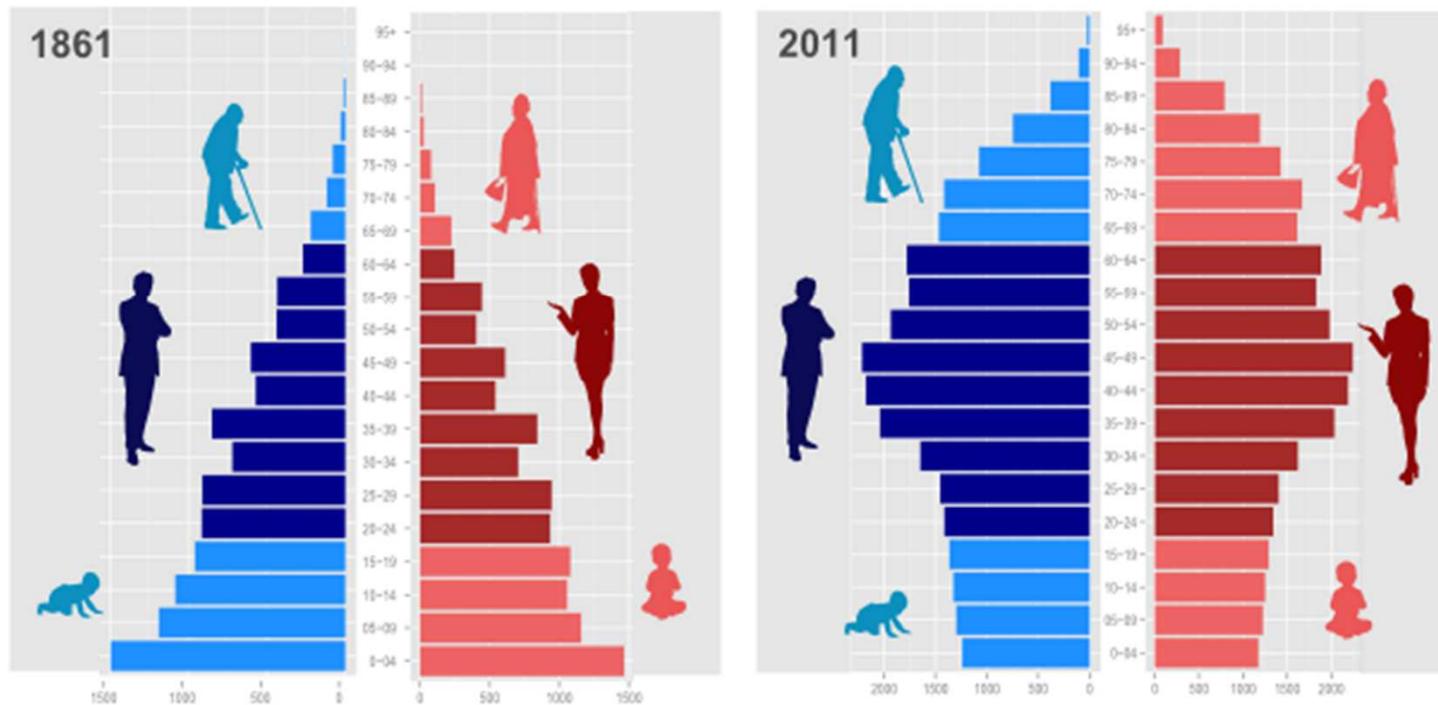


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La piramide delle età

Come è cambiata la struttura della popolazione italiana dall'Unità d'Italia ad oggi



DataLampPost - Dati: Censimenti Istat 1861, 2011



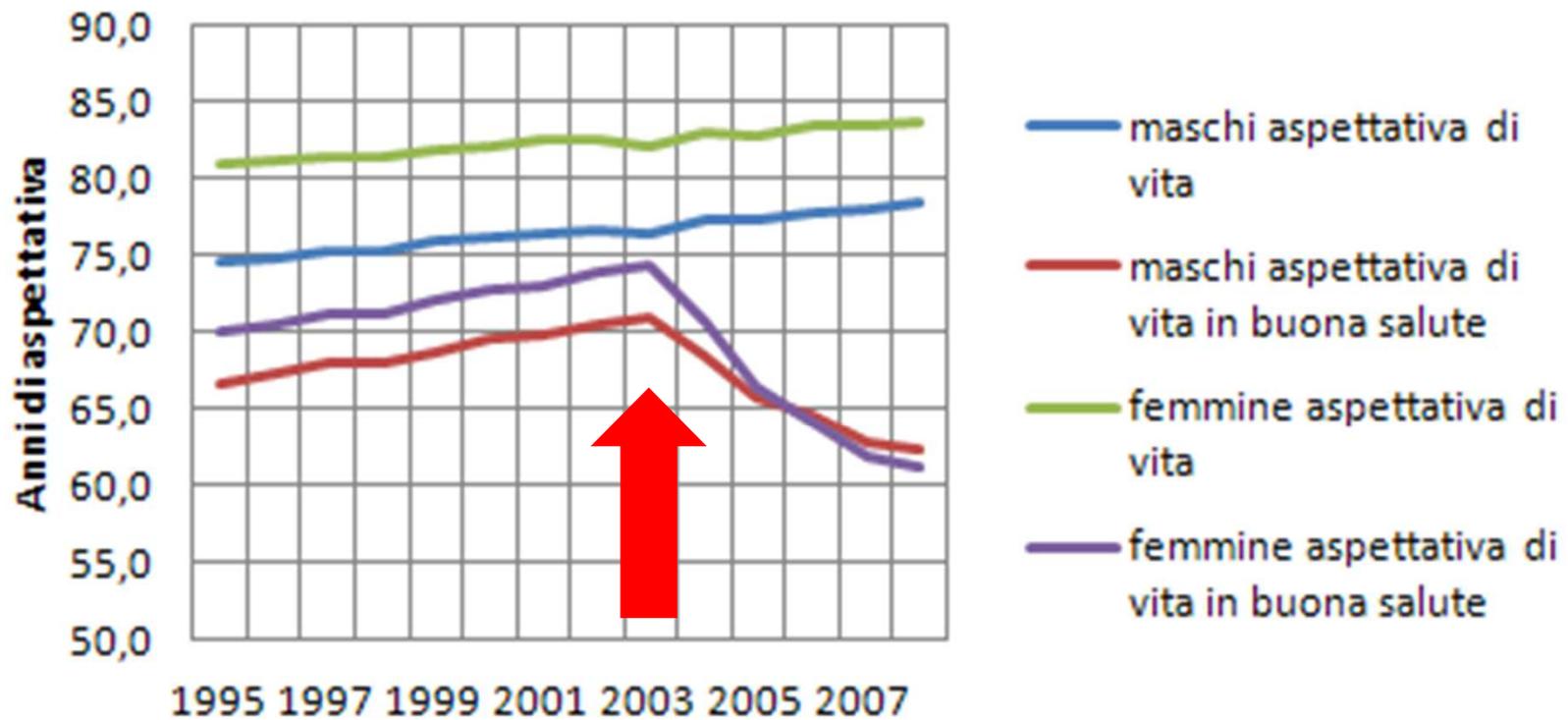
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alimentare



Aspettativa di vita alla nascita

Dati EUROSTAT



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Perché i corretti stili di vita devono essere appresi precocemente ?

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Tabella 1: decessi e carico di malattia dovuti alle malattie croniche nella Regione europea dell'Oms, per causa (stime del 2005)

Cause	Carico di malattia (migliaia di Daly)	% di tutte le cause	decessi (migliaia)	% di tutte le cause
malattie cardiovascolari	34.421	23%	5.067	52%
disturbi neuropsichiatrici	29.370	20%	264	3%
tumori maligni	17.025	11%	1.855	19%
malattie dell'apparato digerente	7.117	5%	391	4%
malattie respiratorie	6.835	5%	420	4%
disturbi degli organi di senso	6.339	4%	0	0%
malattie muscolo-scheletriche	5.745	4%	26	0%
diabete	2.319	2%	153	2%
malattie del cavo orale	1.018	1%	0	2%
totale delle malattie croniche	115.339	77%	8.210	86%
totale per tutte le cause	150.322		9.564	



Perché i corretti stili di vita devono essere appresi precocemente ?

- 1) AUMENTO ASPETTATIVA VITA
- 2) VARIAZIONE RAPPORTO MALATTIE TRASMISSIBILI/NON TRASMISSIBILI
- 3) **POSSIBILITA' DI PREVENZIONE**
- 4) PREVENZIONE PRECOCE



**In Europa
circa il 60%
del carico di
malattia è
dovuto a 7
fattori di
rischio
principali**

	%
IPERTENSIONE	12,8
TABAGISMO	12,3
ALCOL	10,1
ECCESSO DI COLESTEROLO	8,7
SOVRAPPESO	7,8
SCARSO CONSUMO FRUTTA-VERDURA	4,4
INATTIVITA' FISICA	3,5



Perché i corretti stili di vita devono essere appresi precocemente ?

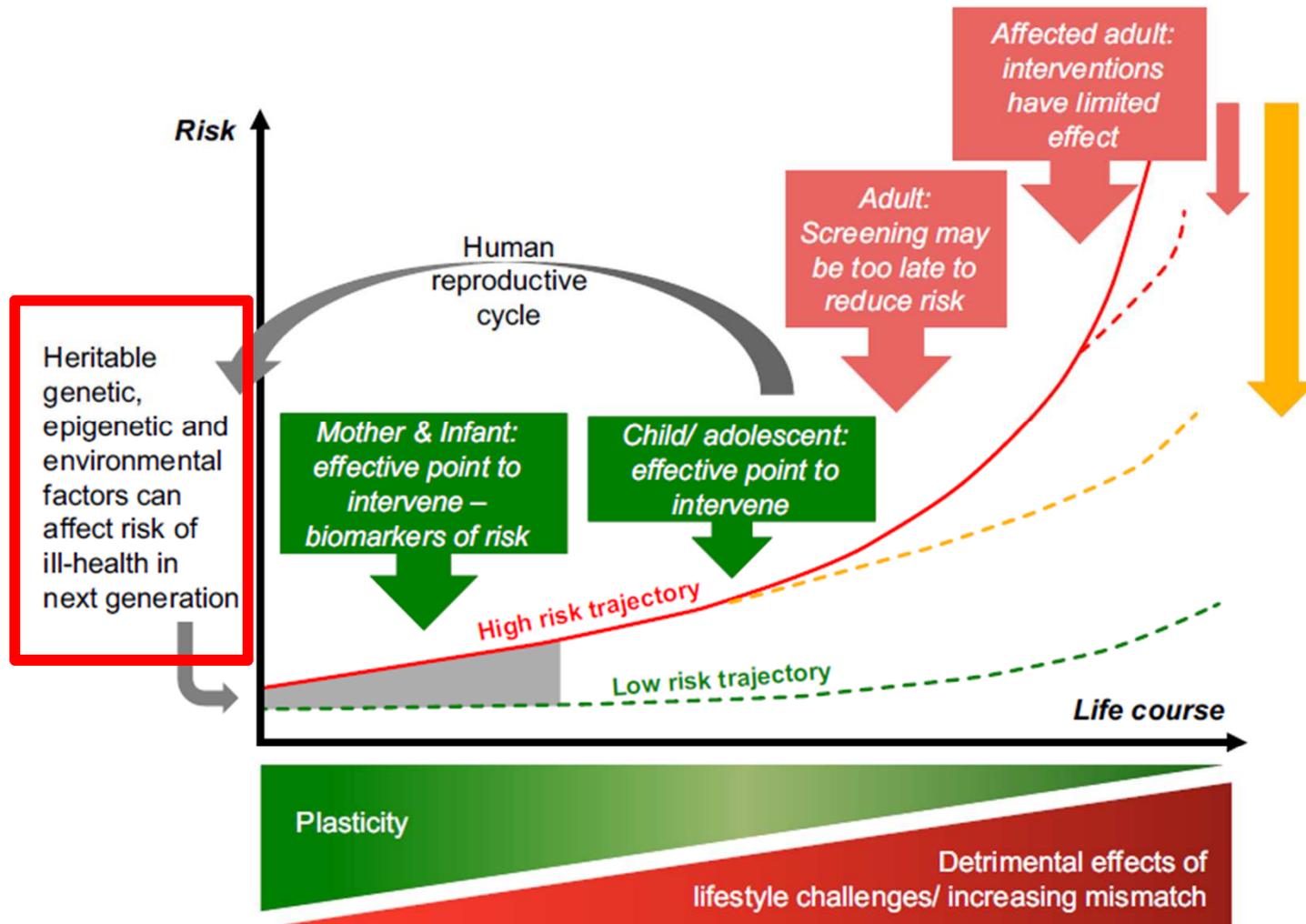
- 1) AUMENTO ASPETTATIVA VITA
- 2) VARIAZIONE RAPPORTO MALATTIE TRASMISSIBILI/NON TRASMISSIBILI
- 3) POSSIBILITA' DI PREVENZIONE
- 4) **PREVENZIONE PRECOCE**



EARLY DEVELOPMENTAL CONDITIONING OF LATER HEALTH AND DISEASE: PHYSIOLOGY OR PATHOPHYSIOLOGY?

Physiol Rev 94: 1027–1076, 2014

M. A. Hanson and P. D. Gluckman



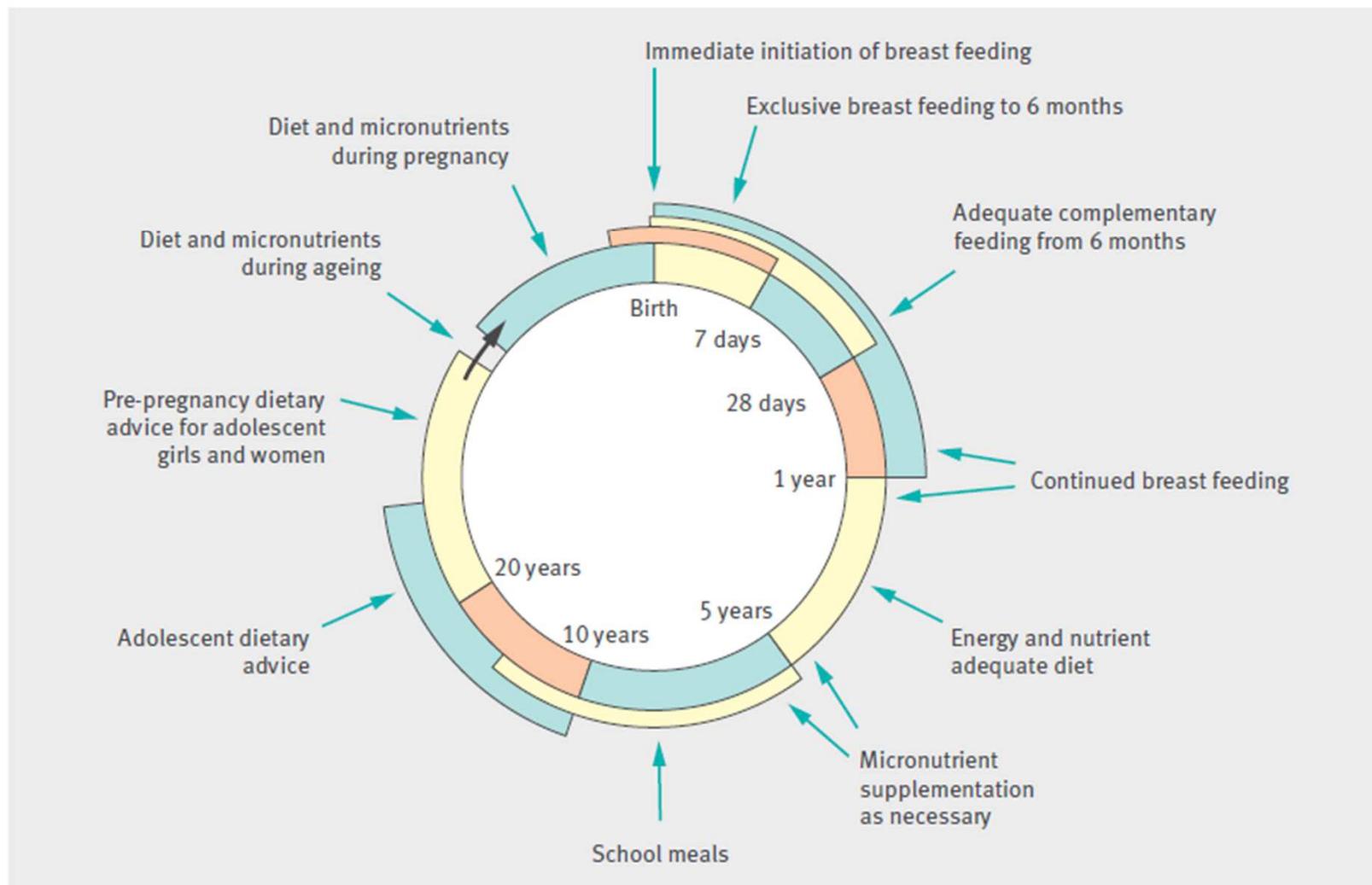


Fig 2 | Improving nutrition throughout the life course¹⁵

2°) RUOLO FONDAMENTALE DELLA DONNA



Ruolo fondamentale della donna

- 1) Abitudini alimentari : rapporto genitori/figli



Parenting Style and Child Feeding Practices:
Potential Mitigating Factors in the Etiology of
Childhood Obesity

JAMIE STANG, PhD, MPH, RD, LN; KATIE A. LOTH, MPH, RD

Journal of the AMERICAN DIETETIC ASSOCIATION

September 2011 Volume 111 Number 9

An increasing body of literature suggests that strong similarities exist between children and their parents when it comes to food preferences as well as their food intake patterns and willingness to try new foods (61-65). For example, research has shown that children's intake of fruits and vegetables was associated with parents' modeling of high levels of fruit and vegetable consumption.



Box 1 Key findings in brief

- Similar dietary patterns were found in a cohort of children at various ages between 3 years and 13 years and in their mothers and fathers using principal components analysis
- Mother's educational attainment was a strong determinant of the dietary patterns extracted using all 3 methods; higher educational attainment was associated with healthier, more nutrient-dense dietary patterns



Ruolo fondamentale della donna

- 1) **Abitudini alimentari : rapporto genitori/figli**
- 2) **Nelle varie fasi della vita**



Ruolo fondamentale della donna

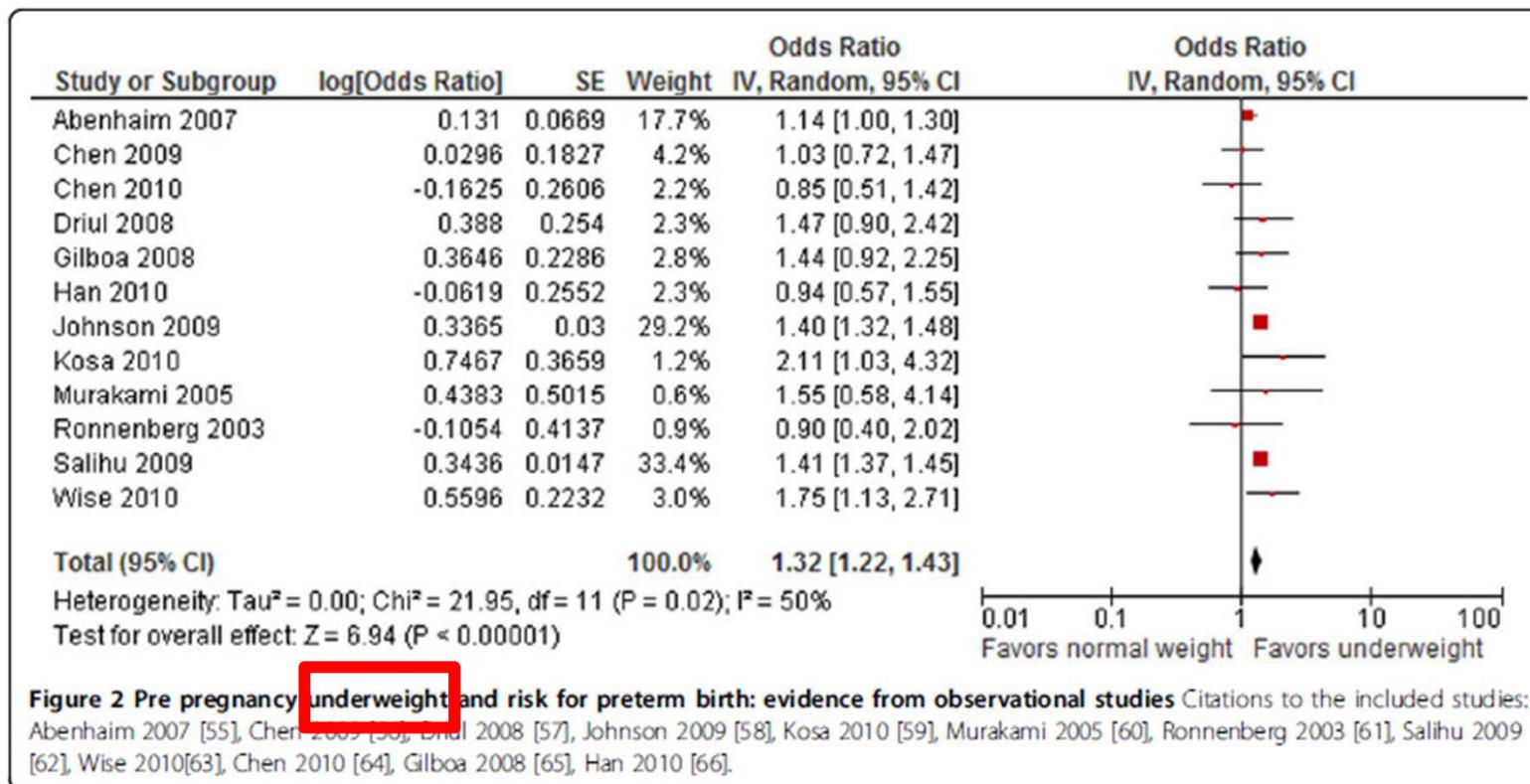
- 1) **Abitudini alimentari : rapporto genitori/figli**
- 2) **Nelle varie fasi della vita**
 - **periodo preconcezionale**



Preconception care: nutritional risks and interventions

Reproductive Health 2014, 11(Suppl 3):S3

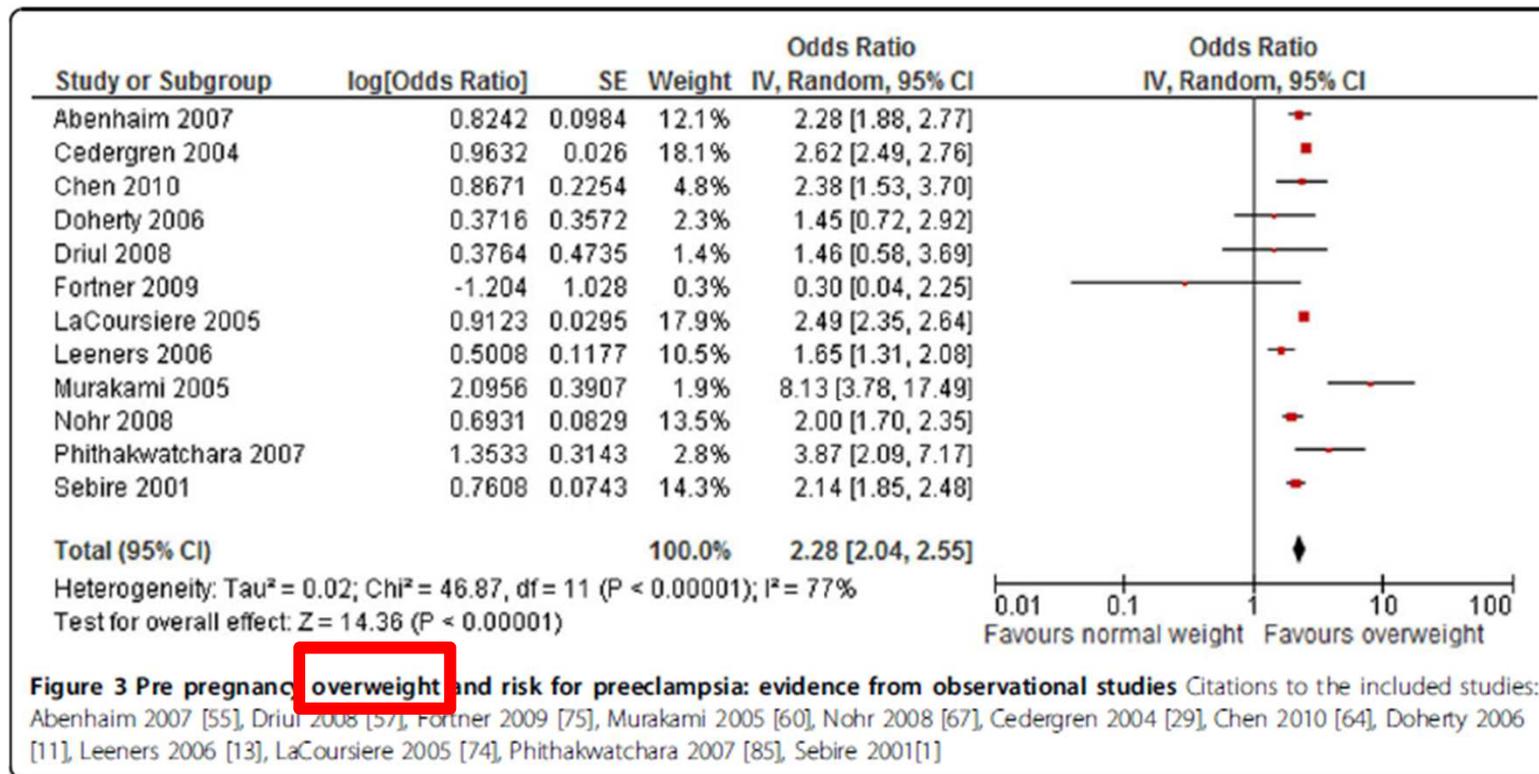
Sohni V Dean, Zohra S Lassi, Ayesha M Imam, Zulfiqar A Bhutta*



Preconception care: nutritional risks and interventions

Reproductive Health 2014, 11(Suppl 3):S3

Sohni V Dean, Zohra S Lassi, Ayesha M Imam, Zulfiqar A Bhutta*



Prepregnancy Obesity and Birth Outcomes

Matern Child Health J (2016) 20:655–664

Susan L. Averett¹ · Erin K. Fletcher²

Table 1 Unweighted sample means/proportions for infant outcomes by mother's prepregnancy BMI category

Variable	All mothers	BMI < 18.5	18.5 ≤ BMI ≤ 24.9	25 ≤ BMI ≤ 29.9	BMI ≥ 30
LGA	.09	.04***	.08	.10**	.14***
SGA	.17	.24***	.17	.14**	.12***
Macrosomic (<9.92 lbs)	.02	.01*	.02	.02	.03
Birth by C-section	.22	.15***	.21	.27***	.34***
Low birthweight (<5.5 lbs)	.09	.13***	.08	.07	.07
Early birth (<32 weeks)	.12	.18***	.12	.11	.11
Gestation Length weeks	38.62 (2.13)	38.20*** (2.43)	38.65 (2.11)	38.66 (2.05)	38.74 (1.99)
# Dr. visits in first year	1.75 (3.77)	1.68* (3.77)	1.71 (3.47)	1.89 (4.70)	1.99 (3.96)
# Days Mom in hospital post birth	3.45 (3.70)	3.65 (4.06)	3.41 (3.77)	3.44 (3.51)	3.51 (2.96)
Breastfed	.47	.42***	.50	.44***	.43***
Breastfeeding Duration	18.84 (21.13)	19.12 (21.59)	19.10 (21.12)	18.41 (21.51)	16.99 (19.79)
# Days infant in hospital post birth	4.46 (8.75)	5.72*** (17.73)	4.37 (7.50)	4.14 (5.83)	4.35 (6.63)
Observations	7496	697	4937	1261	601

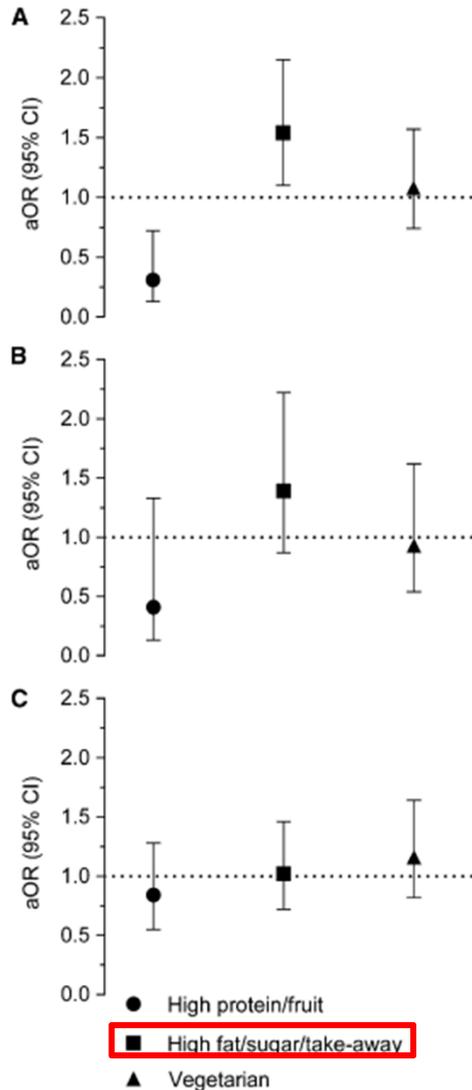
Sample means/proportions. Standard deviations for continuous variables in parentheses. Stars indicate statistically significant different from recommended category. *** $P < 0.01$, ** $P < 0.05$, * $P < 0.1$. LGA (SGA) refer to infant born large (small) for gestational age



Preconception Dietary Patterns in Human Pregnancies Are Associated with Preterm Delivery¹⁻³

J. Nutr. 144: 1075-1080, 2014.

Jessica A. Grieger, Luke E. Grzeskowiak, and Vicki L. Clifton*



Pretermine

Low Birth Weight

Small Gestational Age



Preconception Dietary Patterns in Human Pregnancies Are Associated with Preterm Delivery¹⁻³

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Jessica A. Grieger, Luke E. Grzeskowiak, and Vicki L. Clifton*

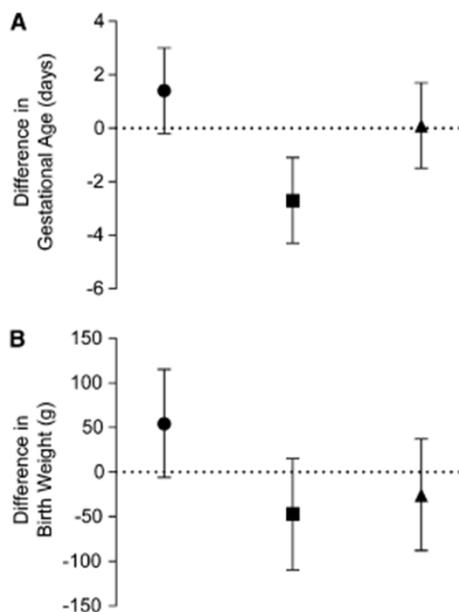
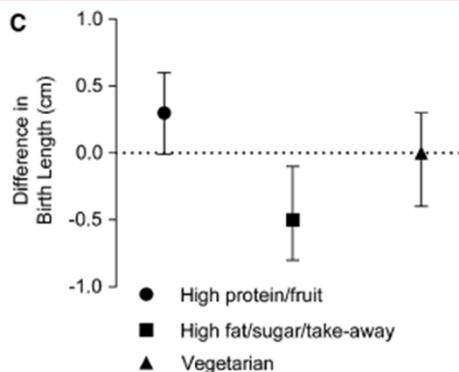


FIGURE 2 Associations between preconception dietary patterns and alterations in gestational age (A), birth weight (B), and birth length (C). Values presented are adjusted standardized regression coefficients with 95% CIs and correspond to a 1-SD increase in the dietary pattern scores. Regression estimates are adjusted for maternal age, maternal BMI, smoking status (never/former, quit in pregnancy/current), socio-economic status (level 1 or ≥ 2), asthma status (yes/no), parity (parity 0 or ≥ 1), and ethnicity (Caucasian/other).



Ruolo fondamentale della donna

- 1) **Abitudini alimentari : rapporto genitori/figli**
- 2) **Nelle varie fasi della vita**
 - **periodo preconcezionale**
 - **gravidanza**



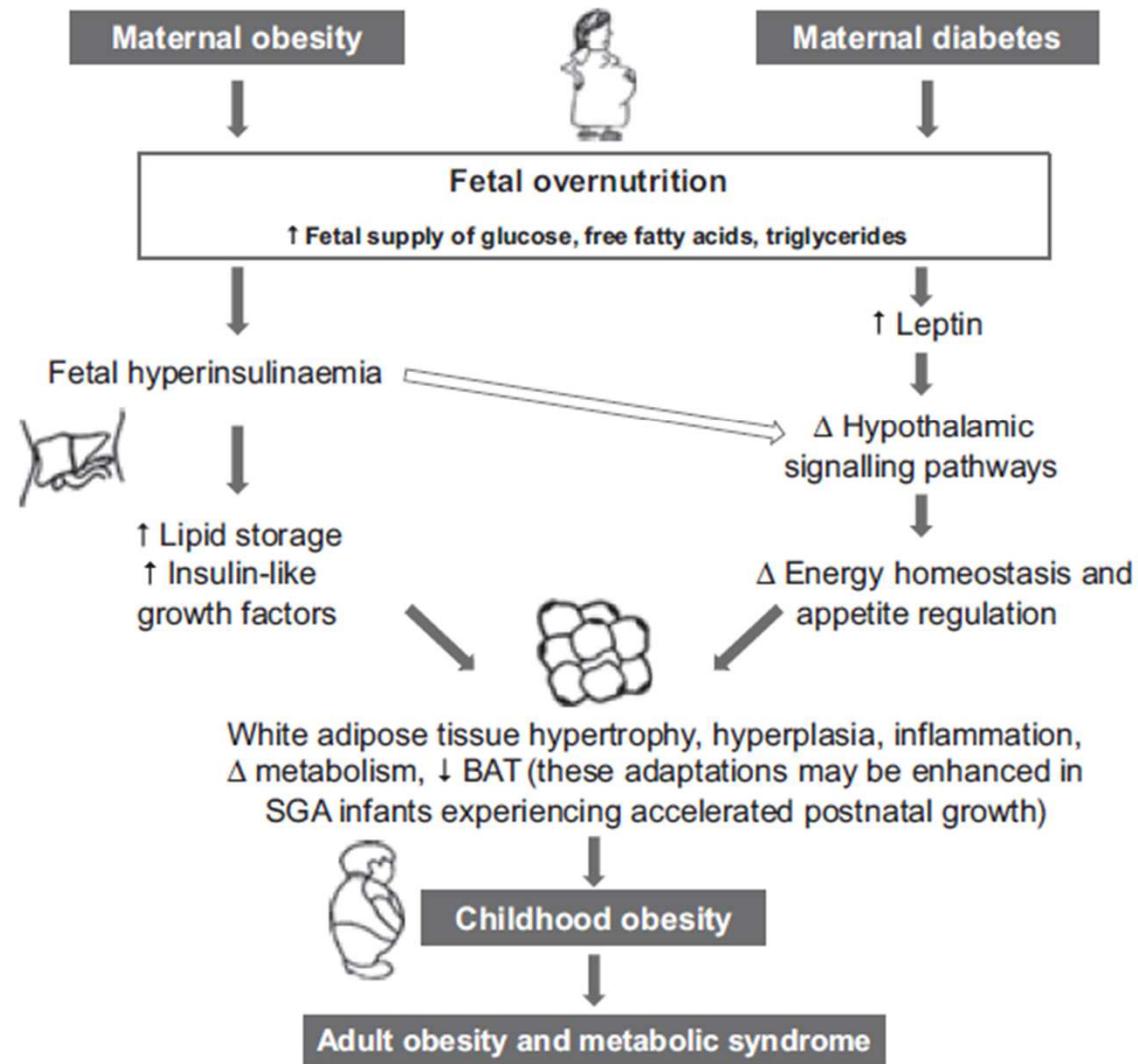


Fig. 1 Maternal obesity and diabetes in pregnancy, through fetal overnutrition, induce changes in adipose tissue function and inflammation that lead to offspring obesity and metabolic syndrome. BAT, brown adipose tissue; SGA, small for gestational age.

Maternal lifestyle characteristics during pregnancy, and the risk of obesity in the offspring: a study of 5,125 children

Stamatis P Mourtakos¹, Konstantinos D Tambalis^{1,2}, Demosthenes B Panagiotakos¹, George Antonogeorgos¹, Giannis Arnaoutis¹, Konstantinos Karateroliotis² and Labros S Sidossis^{1,3*}

Table 2 Results (OR, 95%CI, p) from logistic regression models that used to evaluate the association of maternal characteristics with offspring BMI status (overweight/obesity vs. normal weight) at the age of 8 years

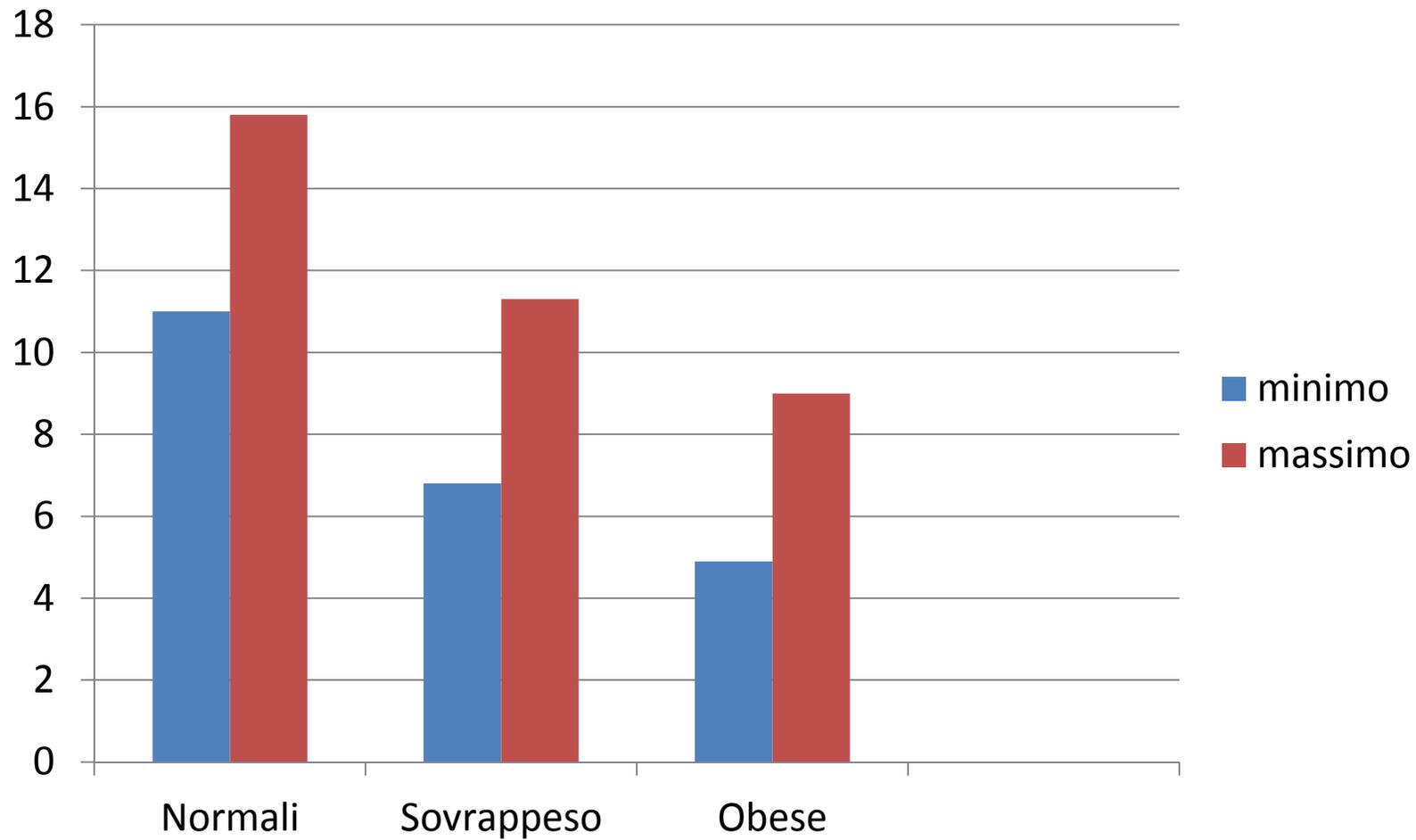
Predictors	Univariate models ⁽¹⁾ OR 95% CI	p value	Full model ⁽²⁾ OR 95% CI	p value	Full model, plus confounders ⁽³⁾ OR 95% CI	p value
GWG, per 1 Kg	1.015 (1.005-1.025)	0.002	1.014 (1.004-1.024)	0.005	1.012 (1.002-1.022)	0.001
Smoking status during pregnancy (Yes vs. No)	1.255 (1.053-1.497)	0.011	1.232 (1.03-1.47)	0.023	1.256 (1.044-1.511)	0.016
Alcohol consumption during pregnancy (Yes vs. No)	1.028 (0.845-1.251)	0.78	1.11 (0.90-1.36)	0.33	1.141 (0.924-1.408)	0.22
Exercise level during pregnancy		0.041		0.039		0.019
Moderate vs. sedentary	0.786 (0.670-0.923)	0.003	0.771 (0.654-0.910)	0.002	0.747 (0.631-0.884)	0.001
Sometimes per week vs. sedentary	0.958 (0.809-1.135)	0.620	0.961 (0.809-1.140)	0.646	0.953 (0.800-1.135)	0.59
Often vs. sedentary	0.787 (0.561-1.104)	0.166	0.84 (0.593-1.192)	0.329	0.87 (0.606-1.243)	0.44
Daily vs. sedentary	0.884 (0.574-1.362)	0.576	0.891 (0.554-1.433)	0.636	0.955 (0.589-1.549)	0.85

⁽¹⁾The effect of each predictor on the offspring BMI status was separately evaluated; ⁽²⁾Includes all predictors (i.e. maternal age at pregnancy, gestational weight gain, exercise levels, alcohol consumption and smoking on obesity status); ⁽³⁾Includes all predictors entered in the full model plus, birth weight, maternal weight status pre-pregnancy and history of breastfeeding, as potential confounders.

Gestational weight growth



Aumento di peso consigliato in gravidanza (IOM)



Maternal dietary patterns during pregnancy and body composition of the child at age 6 y: the Generation R Study^{1,2}

Am J Clin Nutr 2015;102:873–80.

Marion van den Broek,^{3,10} Elisabeth TM Leermakers,^{3,4,5,10} Vincent WV Jaddoe,^{3,4,5} Eric AP Steegers,⁶ Fernando Rivadeneira,^{3,4,7} Hein Raat,⁸ Albert Hofman,³ Oscar H Franco,⁷ and Jessica C Kiefte-de Jong^{3,9*}

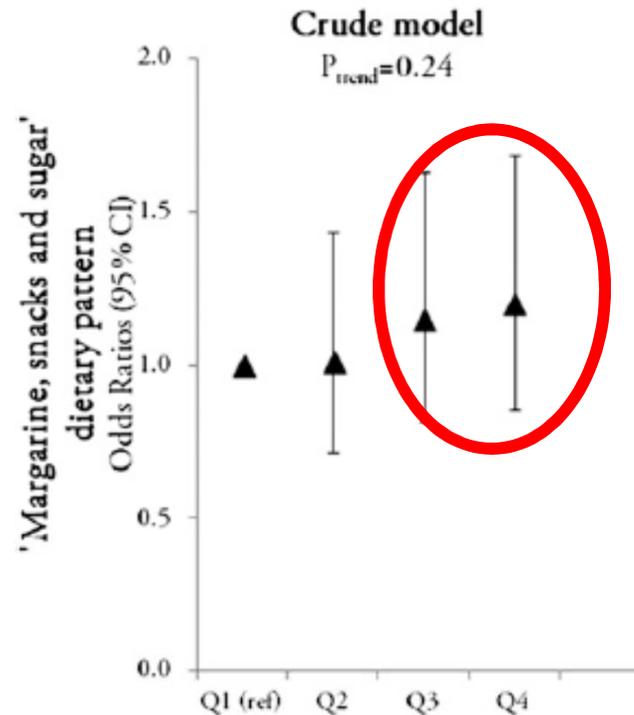


FIGURE 2 Associations between maternal dietary patterns and a child's risk of being overweight at age 6 y ($n = 2689$). ORs (with 95% CIs) reflect the risk of being overweight or obese for quartiles 2–4 compared with the lowest quartile. The multivariable model was adjusted for maternal age at intake, gestational age at dietary assessment, smoking, folic acid supplement use, continuation of alcohol during pregnancy, educational level, family income, parity, prepregnancy BMI, stress during pregnancy, sex of the child, breastfeeding, watching television at 2 y, and playing sports at 6 y. * $P < 0.05$, ** $P < 0.01$. Q, quartile.



From: **Association Between Artificially Sweetened Beverage Consumption During Pregnancy and Infant Body Mass Index**

JAMA Pediatr. Published online May 09, 2016. doi:10.1001/jamapediatrics.2016.0301

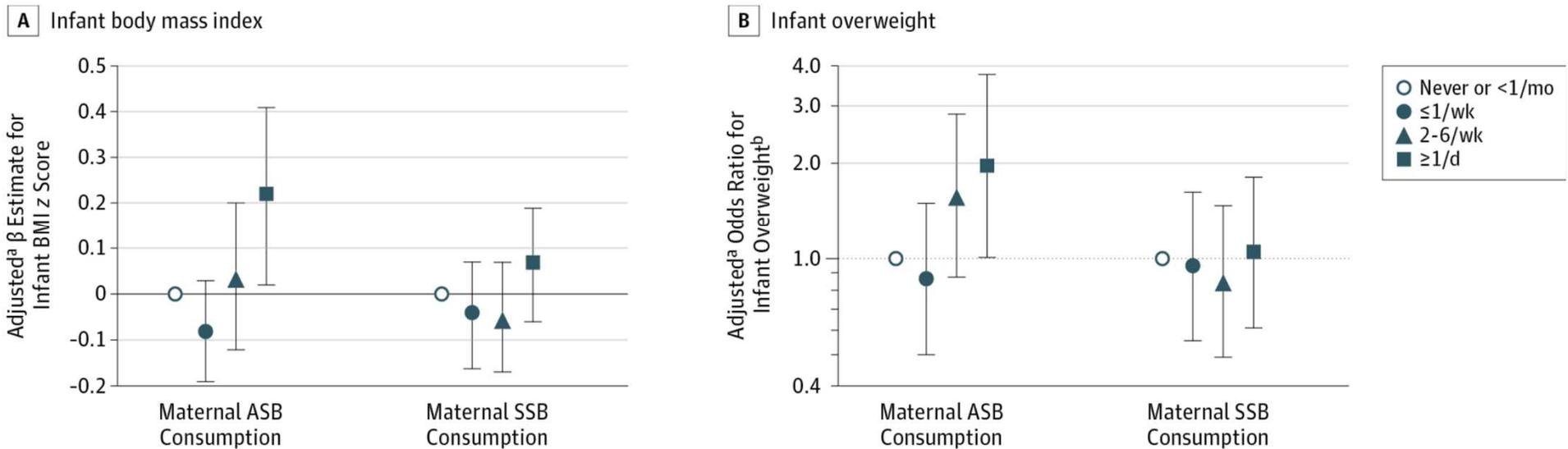


Figure Legend:

Maternal Consumption of Artificially Sweetened Beverages (ASBs) and Sugar-Sweetened Beverages (SSBs) and Infant Body Composition at 1 Year of Age for 2413 Mother-Infant Dyads BMI indicates body mass index (calculated as weight in kilograms divided by height in meters squared). Error bars indicate 95% CIs.

^aMutually adjusted for both types of beverages, maternal total energy intake, Healthy Eating Index score, maternal postsecondary education, maternal smoking and diabetes during pregnancy, breastfeeding duration, infant sex, and introduction of solid foods before 4 months.

^bOverweight in infants was defined as a BMI z score exceeding the 97th percentile for age and sex.

Ruolo fondamentale della donna

- 1) **Abitudini alimentari : rapporto genitori/figli**
- 2) **Nelle varie fasi della vita**
 - **periodo preconcezionale**
 - **gravidanza**
 - **primi 1000 giorni**





Nutrition in the First 1,000 Days
State of the World's Mothers 2012

Life cycle stages



Major direct nutritional interventions

- | | | | |
|--|---|---|---|
| <ul style="list-style-type: none"> • Maternal iron, folate, and multiple micronutrient supplementation • Calcium supplementation • Iodized salt • Interventions to reduce pollution of air in internal ambients and the use of tobacco • Deworming • Intermittent preventive treatment for malaria | <ul style="list-style-type: none"> • Exclusive and immediate breastfeeding • Delayed cord clamping • Vitamin A supplementation | <ul style="list-style-type: none"> • Exclusive breastfeeding • Handwashing and hygiene • Conditional cash transfer (with nutrition education) • Mosquito nets treated with insecticides | <ul style="list-style-type: none"> • Continued breastfeeding • Complementary feeding • Preventive zinc supplementation • Zinc use in diarrhea management • Vitamin A supplementation • Salt • Multiple micronutrient powder • Handwashing and hygiene • Treatment of severe acute malnutrition • Deworming • Iron supplementation and fortification • Conditional cash transfer (with nutrition education) • Mosquito nets treated with insecticides |
|--|---|---|---|

Figure 2 Nutritional interventions, according to life cycle stages, throughout the 1000 days.



The pediatrician's role in the first thousand days of the child: the pursuit of healthy nutrition and development[☆]

Antonio Jose Ledo Alves da Cunha^{a,*}, Álvaro Jorge Madeiro Leite^b,
Isabela Saraiva de Almeida^c

Risk Factors for Childhood Obesity in the First 1,000 Days

A Systematic Review

Jennifer A. Woo Baidal, MD, MPH,^{1,2} Lindsey M. Locks, MPH,³ Erika R. Cheng, PhD, MPA,¹
Tiffany L. Blake-Lamb, MD, MSc,^{4,5} Meghan E. Perkins, MPH,¹ Elsie M. Taveras, MD, MPH^{1,3}

Interventions for Childhood Obesity in the First 1,000 Days

A Systematic Review

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Elsie M. Taveras, MD, MPH^{3,4}





Il portale dell'epidemiologia per la sanità pubblica
a cura del Centro Nazionale di Epidemiologia, Sorveglianza e
Promozione della Salute

L'allattamento esclusivo, che prevede il solo uso di latte umano, è raccomandato fino a 6 mesi compiuti del bambino.



Il latte materno

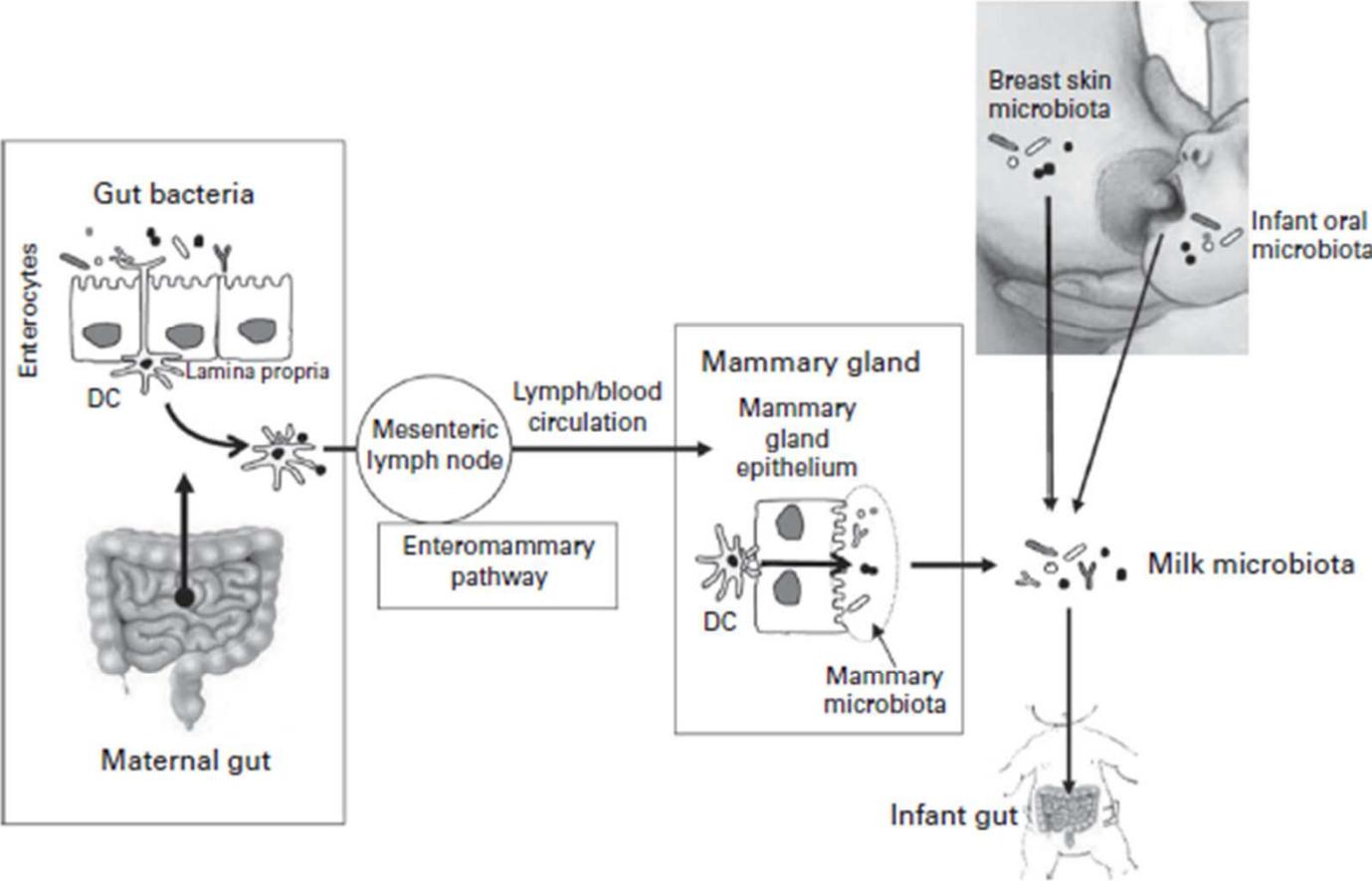
- è sicuro dal punto di vista microbiologico
- è bilanciato da un punto di vista nutrizionale
- contiene sostanze immunologicamente attive
- è economico
- è specie-specifico.

World Health Organization (WHO), 55th World Health Assembly. Infant and young child nutrition. World Health Organization, 2002 (WHA55.25). http://apps.who.int/gb/archive/pdf_files/WHA55/ewha5525.pdf.



Probiotics in human milk and probiotic supplementation in infant nutrition: a workshop report

British Journal of Nutrition (2014), 112, 1119–1128



Dopo i 6 mesi l'intake energetico con il solo lms può essere insufficiente

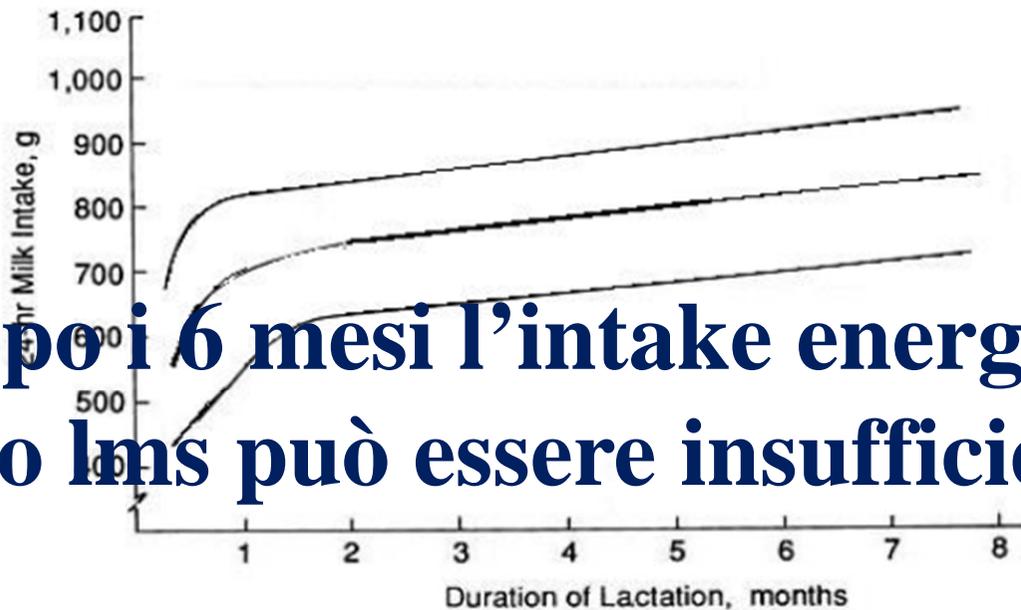


Fig 1: Milk intake obtained by test-weighing of fully breast-fed infants. The lines are the smoothed means plus/minus 1 standard deviation from 16 different studies (modified from Neville et al., 1988).

that the age at which exclusive breast-feeding provides insufficient energy can not be defined by the available data and that the introduction of complementary food needs to be decided individually.

Recommendations on complementary feeding for healthy, full-term infants

Patrizia Alvisi^{1*}, Sandra Brusa², Stefano Alboresi³, Sergio Amarni⁴, Paolo Bottau², Giovanni Cavagni⁵, Barbara Corradini⁶, Linda Landi², Leonardo Laroni⁷, Miris Marani⁸, Irene M. Osti², Carlotta Povesi-Dascola⁹, Carlo Caffarelli⁹, Luca Valeriani⁶ and Carlo Agostoni¹⁰

Italian Journal of Pediatrics (2015) 41:36



ITALIAN JOURNAL
OF PEDIATRICS

When it is possible, an infant should be breast-fed during the stage of introduction of solid foods.

There is no evidence that a delayed introduction of solid foods after 6 months of age, both in children at risk of atopy (with parents or siblings suffering from allergic diseases) and in those who are not at risk, might prevent allergy.

The role played by the introduction of solid foods between 17 and 26 weeks of age in favoring the development of tolerance is still uncertain.



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Recommendations on complementary feeding for healthy, full-term infants

Patrizia Alvisi^{1*}, Sandra Brusa², Stefano Alboresi³, Sergio Amarri⁴, Paolo Bottau², Giovanni Cavagni⁵, Barbara Corradini⁶, Linda Landi², Leonardo Laroni⁷, Miris Marani⁸, Irene M. Osti², Carlotta Povesi-Dascola⁹, Carlo Caffarelli⁹, Luca Valeriani⁶ and Carlo Agostoni¹⁰

Italian Journal of Pediatrics (2015) 41:36

The timing introduction and the amount of gluten does not seem to have an effect on the following development of CD : . Gluten can be introduced at any age after 6 months. While a protective role of breastfeeding for CD has not been proven, breastfeeding should be supported as well.



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Ruolo fondamentale della donna

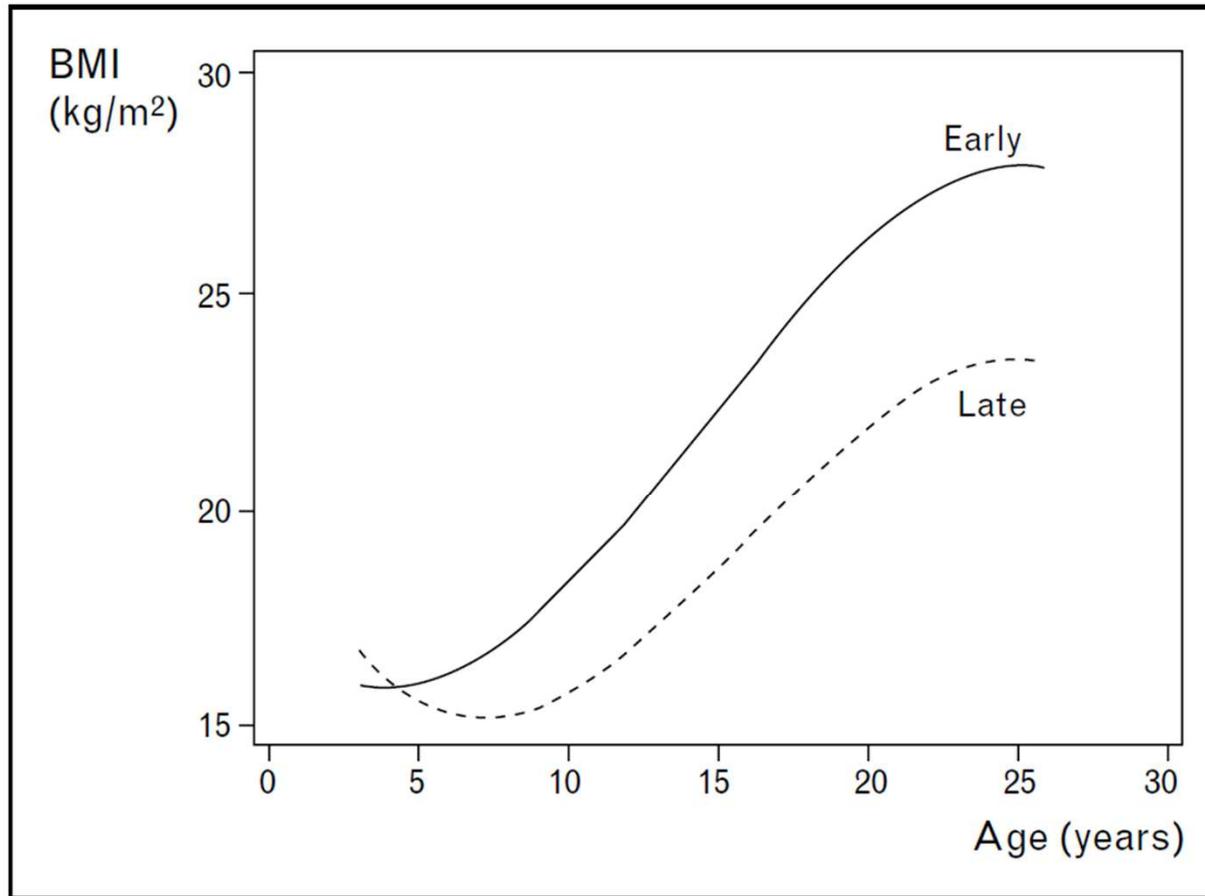
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 - **gravidanza**
 - **primi 1000 giorni**
 - **età prescolare e scolare**



Early adiposity rebound: review of papers linking this to subsequent obesity in children and adults

Rachael W. Taylor^a, Andrea M. Grant^b, Ailsa Goulding^b and Sheila M. Williams^c

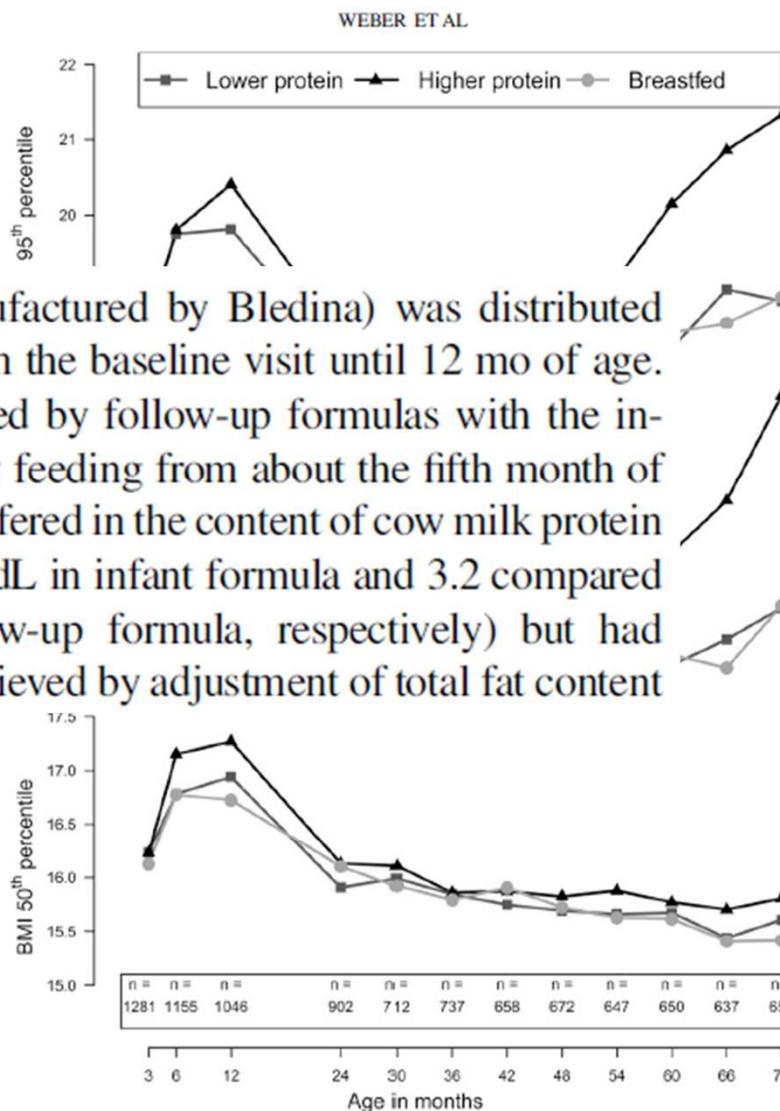
Current Opinion in Clinical Nutrition and Metabolic Care 2005, 8:607–612



Lower protein content in infant formula reduces BMI and obesity risk at school age: follow-up of a randomized trial¹⁻⁵

Am J Clin Nutr 2014;99:1041-51.

Martina Weber, Veit Grote, Ricardo Closa-Monasterolo, Joaquín Escribano, Jean-Paul Langhendries, Elena Dain, Marcello Giovannini, Elvira Verduci, Dariusz Gruszfeld, Piotr Socha, and Berthold Koletzko for The European Childhood Obesity Trial Study Group



The study formula (manufactured by Bledina) was distributed free of charge to infants from the baseline visit until 12 mo of age. Infant formulas were replaced by follow-up formulas with the introduction of complementary feeding from about the fifth month of life onward. The formulas differed in the content of cow milk protein (2.05 compared with 1.25 g/dL in infant formula and 3.2 compared with 1.6 g/dL in the follow-up formula, respectively) but had identical energy contents achieved by adjustment of total fat content

FIGURE 2. Median and 90th and 95th percentiles of BMI by study group from 3 mo to 6 y of age and the number of children.



Ruolo fondamentale della donna

- 1) **Abitudini alimentari : rapporto genitori/figli**
- 2) **Nelle varie fasi della vita**
 - **periodo preconcezionale**
 - **gravidanza**
 - **primi 1000 giorni**
 - **età scolare**
 - **adolescenza**



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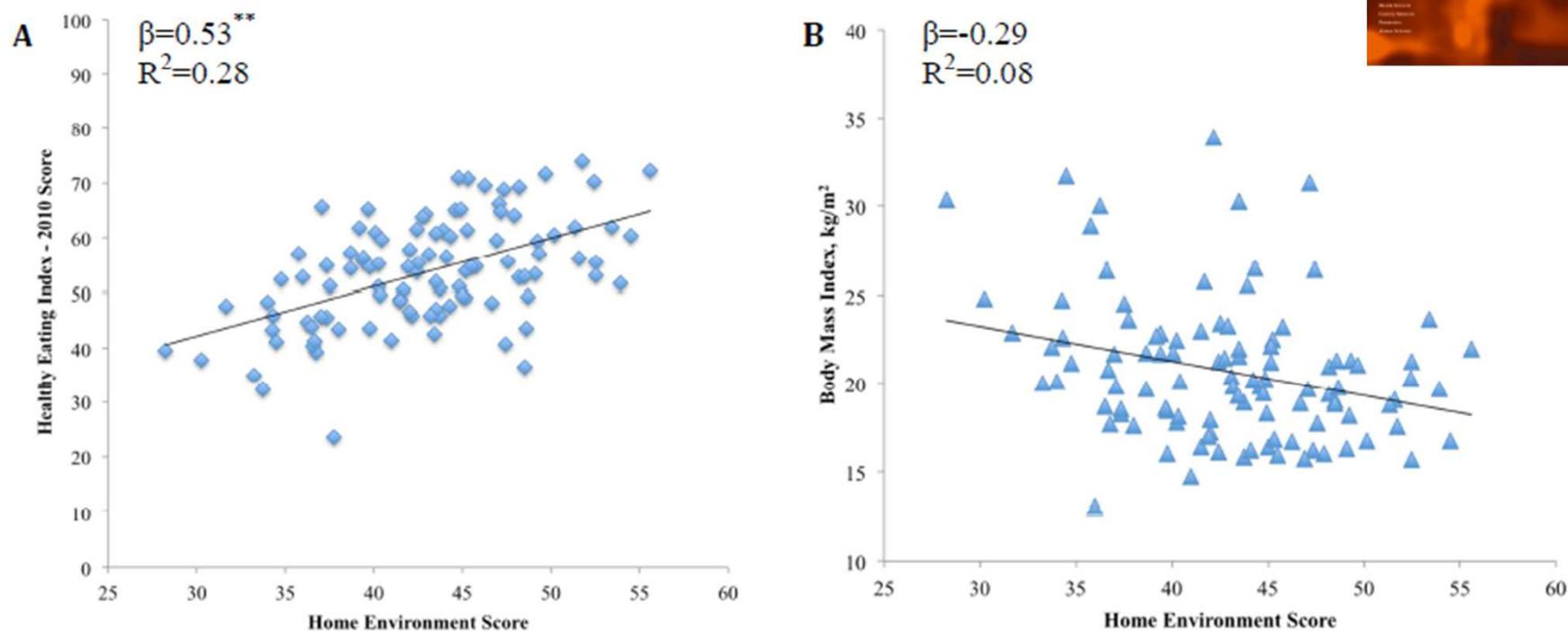
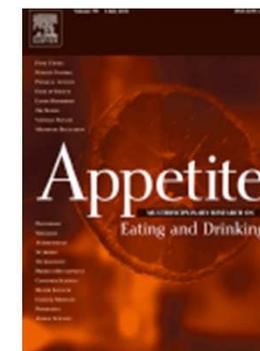


Fig. 2. Impact of the comprehensive home environment on A) diet quality and B) body mass index of adolescents (n=103)

^a Home environment score was estimated using the sum of psychological, social, and environmental factors in the home.



3°) METODO EDUCATIVO



Overt control consists of limiting the child's intake of unhealthy foods in a way perceived by the child (e.g., being firm about how much the child should eat) and **covert control** consists of limiting intake in a way undetected by the child (e.g., not buying unhealthy foods)

Both forms of control have been positively associated with F&V consumption (Brown et al., 2008). However, the number of studies is limited (Brown et al., 2008; Ogden et al., 2006, 2013; Rodgers et al., 2013) and more research is needed about overt and covert control to better clarify the association of these specific child-feeding practices with children's diet.



Influence of Parenting Practices on Eating Behaviors of Early Adolescents during Independent Eating Occasions: Implications for Obesity Prevention

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A number of studies have found an association between general parenting and adolescent eating behaviors. Higher coercive parental control, characterized by intrusive control [85,86]; lower firm control, characterized by lack of consistent limits [87]; and lower parental structuring, characterized by lack of follow through [85], are related to adolescent consumption of increased numbers of unhealthy snacks. Children of emotionally-rejecting parents [88] and overprotective parents [86] eat fewer FV. In contrast, a higher quality of family functioning [89], warm and caring parenting [90], and encouraging and supportive parenting [91] have all been shown to be predictive of healthy adolescent dietary intake.



San Francesco di Sales

**“Un grammo di buon esempio vale
più di un quintale di parole”**



IL CIBO
DELLE
DONNE

promozione
territoriale



Grazie per l'attenzione



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