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REAL MEN DON'T DIET - OR DO THEY?

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Obesity and its health consequences make treatment of overweight and obesity an important public health issue. In Australia at least 60% of males over forty-five years are overweight or obese (National Heart Foundation 1989). It is these obese men who are at risk of chronic diseases in whom weight control is important. Unlike the eating and "dieting" behaviours of women which have been extensively studied, little is known about the eating behaviours of men and the effect body weight and shape has on these behaviours. Most women display a degree of dietary restraint i.e. restraint of eating in order to control body weight. This effect is influenced by body weight and shape. The current study aimed to establish the level of dietary restraint among certain populations of Australian males and the relationship between body weight, body shape, history of weight management and dietary restraint.

Dietary restraint was measured using the Three Factor Eating Inventory Questionnaire (TFEQ) (Stunkard and Messick 1985). Two populations were studied; male patients presenting to The R.P.A.H. Weight Control Programme (WCP) and male members of a community service club (CSM) selected at random from the Southern Metropolitan area. Weight, height and waist and hip measurements were taken on each subject completed the TFEQ as well as a questionnaire giving demographic details and weight control history. Weight Control patients were younger (P=0.0) and heavier (P=0.0) than the service club members. Average age of the two populations was 43.2 ± 3.6 and 54.0 ± 1.1 years for WCP (n=17) and CSM (n=84) respectively. Average BMI was 40.6 ± 2.3 (WCP) and 27.5 ± 0.4 (CSM). For WCP dietary restraint score 6.9 ± 1.0, range 1 to 15, 56% highly restrained relative to the median. For CSM dietary restraint score was 8.5 ± 0.6, range 0 to 18, 50% highly restrained relative to the median.There was no significant difference in restraint scores between the two populations. In the WCP group there were no significant relationships between degree of obesity, body shape or weight history. In the CSM subjects age (r=0.3, P=0.01), number of attempts at weight loss (r=0.4, P=0.0) and number of times weight lost (r=0.3, P=0.02) were related to the degree to which the men restrained their eating.

Thus Australian men do exhibit some degree of restraint of food intake in order to control there weight. The determinants of this restraint differ between a patient and non-patient population. Unlike women, size would appear not to influence dietary restraint though subjects with a wider range of BMI need to be investigated. The clinical and public health significance of dietary restraint and change in dietary restraint in management of obesity needs further investigation.

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