

Evaluation of Emotional Eating Profile in a Sample of Romanian Adults

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Background:

Concern about food choices based on emotional eating that may have adverse effects on health (like obesity, cardiovascular diseases or cancer) is currently at the forefront of public health experts worldwide.

This is a descriptive cross-sectional questionnaire-based study, carried out in 2018, aiming to evaluate emotional eating profile in a Romanian sample population of 674 participants.

Materials and Methods:

The questionnaire was developed and validated within the EATMOT project Project PROJ/CI&DETS/2016/0008 from Polytechnic Institute of Viseu, Portugal, and then it was translated into Romanian language.

The analyzed parameters were age, gender, residency, weight, height, or current employee status.

The questions referred to emotional eating were, as follows: Q1/ Food helps me cope with stress, Q4/ I often consume foods that helps me relax, Q5/ Food makes me feel good, Q6/ When I feel lonely, I console myself by eating, Q8/ For me, food serves as an emotional consolation, and Q9/ I have more cravings for sweets when I am depressed.

Possibilities of answering all nine questions were totally disagree, disagree, neither agree nor disagree, agree, or totally agree. We created two composite scales, block 1 investigating food as an escape (Q1, Q6, Q8 and Q9), block 2 investigating food associated with well-being (Q4 and Q5), and Q2,3,7 stand alone.

Table 1. Demographic data regarding the Romanian sample

Parameter	N°	%	CI (%)
Age			
18-29 yo	227	33.70	30.1-37.4
30-39 yo	119	17.70	14.9-20.8
40-49 yo	164	24.30	21.2-27.8
50-59 yo	122	18.10	15.3-21.3
≥ 60 yo	42	6.20	4.6-8.4
Gender			
Female	458	68.00	64.3-71.4
Male	216	32.00	28.6-35.7
Environment			
Urban	562	83.40	80.3-86.1
Suburban	19	2.80	1.8-4.4
Rural	93	13.80	11.3-16.7
Employee status			
Student	127	18.80	16.0-22.0
Employed	490	72.70	69.1-76.0
Unemployed	32	4.70	3.2-6.5
Retired	25	3.70	2.5-5.5

Results:

The elderly agreed predominantly to questions that investigated food as an escape.

Young adults and the elderly responded in agreement and in full agreement with the diet associated with well-being.

The elderly were most interested in choosing the right diet for weight control.

Adults in the 30-59 age group were mostly interested in eating stimulating foods.

The men answered mostly in agreement and totally agreed to the questions in block 1 and block 2.

We obtained close percentages to answers 4 and 5 in women and men.

We did not obtain differences between the answers to the questions depending on the residency of origin.

BMI was significantly higher in those who answered agree and totally agree to the questions in block 1.

We did not obtain a significant association between BMI and the answers to the questions in block 2 and question about eating food to control weight.

Table 2. Associations between block 1, block 2, Q2, Q3 and Q7 related to the investigated variables (p-value (1))

Parameter	Block 1	Block 2	Q2	Q3	Q7
Age ⁽²⁾	X2 (16, N = 674) = 50.65 p = 0.0000	X2 (16, N = 674) = 31.31 p = 0.0123	X2 (16, N = 674) = 33.90 p = 0.0056	X2 (16, N = 674) = 36.92 p = 0.0021	X2 (16, N = 674) = 37.00 p = 0.0021
Gender ⁽²⁾	X2 (4, N = 674) = 27.12 p = 0.0000	X2 (4, N = 674) = 20.10 p = 0.0050	X2 (4, N = 674) = 1.24 p = 0.8711	X2 (4, N = 674) = 35.17 p = 0.0000	X2 (4, N = 674) = 10.02 p = 0.040
Environment ⁽²⁾	X2 (8, N = 674) = 7.65 p = 0.4678	X2 (8, N = 674) = 4.33 p = 0.8258	X2 (8, N = 674) = 10.74 p = 0.2167	X2 (8, N = 674) = 6.34 p = 0.6088	X2 (8, N = 674) = 7.67 p = 0.4657
Employee status ⁽²⁾	X2 (16, N = 674) = 23.32 p = 0.1054	X2 (16, N = 674) = 18.46 p = 0.2972	X2 (16, N = 674) = 25.72 p = 0.0580	X2 (16, N = 674) = 26.90 p = 0.0425	X2 (16, N = 674) = 26.52 p = 0.0470
BMI ⁽³⁾	r = 0.2464 p = 0.0001	r = 0.0310 p = 0.4206	r = 0.0632 p = 0.1007	r = 0.1551 p = 0.0001	r = 0.2001 p = 0.0001

(1) $p < 0.05$ was considered significant; (2) Chi square test for $n \times m$ table; (3) Spearman test.

Conclusion:

The EATMOT questionnaire was used to better assess of the determinants for food choice in Romania, and to plan more efficient strategies to improve healthy eating patterns, diminishing the burden of chronic diseases, especially obesity.



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