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Psychological aspects of eating behavior in patients undergoing cardiac rehabilitation

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Introduction: Diet is one of the key modifiable factors of cardiovascular risk. However, growing evidence suggests that not only what is eaten, but why, matters: patterns such as emotional and restrictive eating are independently associated with cardiovascular risk[1]. Emotional eating has been associated with a 38% higher risk of diastolic dysfunction over 13 years of follow-up[1]. Therefore, the aim of this study was to examine which dimensions of eating behaviour predominate among cardiac rehabilitation patients, whether these differ by sex, and how they relate to body mass index (BMI).

Patients and Methods: One hundred patients (71% men, 29% women) undergoing inpatient cardiac rehabilitation at Thalassotherapia Opatija participated in the study. Age ranged from 41 to 85 years (M = 65.12, SD = 11.18); 10% had completed primary education, 59% secondary education, 14% post-secondary vocational education, and 17% university education. Eating behaviour was assessed using the Three-Factor Eating Questionnaire (TFEQ-18), an 18-item measure of three dimensions: cognitive restraint, uncontrolled eating, and emotional eating[2].

Results: Cognitive restraint was the most pronounced dimension of eating behaviour (M = 2.13), followed by uncontrolled eating (M = 1.79) and emotional eating (M = 1.57)[3]. A Mann-Whitney U test showed no statistically significant sex differences on any TFEQ-18 dimension (cognitive restraint, p = .766; uncontrolled eating, p = .060; emotional eating, p = .981; total score, p = .248), although uncontrolled eating approached the significance threshold. Spearman correlation analysis showed that cognitive restraint (r = .22, p < .05) and emotional eating (r = .23, p < .05) were positively associated with BMI.

Conclusion: Cognitive restraint predominated over uncontrolled and emotional eating in this sample, mirroring patterns reported in related cardiometabolic populations, such as patients with diabetes and hypertension[3]. No significant sex differences in eating behaviour were found, in contrast to some previous findings linking emotional eating with female gender in diabetic/hypertensive populations[3]. Restrictive eating patterns were positively associated with BMI; given that binge eating has been identified as a determinant of emotional state, weight change, and cardiovascular disease prevalence[4], these findings suggest that dietary interventions in cardiac rehabilitation likely do not need to be sex-differentiated.

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