

students noted significant classroom behavioral differences. FFL may be an effective classroom intervention that effectively addresses the community need of obesity and stress prevention. The DVD format of FFL increases the dissemination potential of introducing these important psychosocial skills.

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OA10.03

Mind in Labor: Effects of Mind/Body Training on Childbirth Appraisals and Pain Medication Use During Labor

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Purpose: Fear of childbirth poses substantial risks to healthy adjustment across the perinatal period. Fear of childbirth includes maladaptive appraisals of pain (e.g., pain catastrophizing) and of one's ability to cope with childbirth (i.e., low childbirth self-efficacy). Fear of childbirth predicts lower pain tolerance and greater use of pain medication in labor. Fear and pain in labor may increase the likelihood of unwanted obstetric interventions, such as emergency Cesarean section, lead to a reduction in birth satisfaction, and, in severe cases, can lead to post-traumatic stress symptoms following birth. Mindfulness training – long used as a method for promoting coping with chronic pain and recently shown to be beneficial for acute pain – provides a novel and potentially promising strategy for preparing women for childbirth.

Methods: In a small, randomized controlled trial (N=30), we tested the impact of “Mind in Labor (MIL): Working with Pain in Childbirth,” a brief, 3rd trimester childbirth education program that teaches mindfulness skills for coping with childbirth pain and fear. We compared MIL with an active comparison condition of high quality childbirth education that had no mind/body focus. Participants completed pre-/post-course and post-birth questionnaires and granted access to their medical record data.

Results: After receiving the intervention, MIL participants showed increased childbirth self-efficacy ($p=.04$) and a trend toward lower pain catastrophizing compared to controls. Epidural anesthesia rates were comparable across conditions, but fewer MIL participants used systemic opioid analgesia during labor (Fisher's exact test $p=.119$). MIL participants had significantly lower depression symptoms post-course than controls; the difference grew in magnitude postpartum; ($p=.04$).

Conclusion: With over 3.99 million births in the United States per year, innovative and accessible interventions for addressing childbirth fear and pain are critically needed. Our results suggest that relatively brief mind/body training may address this need.

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OA10.04

Increases in Mindful Eating Predict Reductions in Consumption of Sweets and Desserts: Data from the Supporting Health by Integrating Nutrition and Exercise (SHINE) Clinical Trial

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Purpose: Many researchers hypothesize that increased consumption of sugar and sweet foods has contributed to more than 60% of the U.S. population being overweight or obese. Psychological stress and lack of conscious attention to food choices may be factors driving non-homeostatic eating and over-consumption of sweets. We hypothesized that increases in mindful eating would lead to decreases in consumption of sweets. We examined this hypothesis using data from the SHINE trial (weight loss results presented elsewhere), which compared a standard diet and exercise program to an enhanced program that included mindfulness-based eating and stress reduction components (SHINE With Awareness; SWA). **Methods:** Obese adults (N=194, 36 M; mean BMI=35.5) were randomized to receive the standard diet and exercise program or SWA. Both arms received one all-day and 16 evening group sessions over 22 weeks. Participants completed the Perceived Stress Scale (PSS), Mindful Eating Questionnaire (MEQ), and the Block Food Frequency Questionnaire at baseline, 6 months (i.e., post-intervention) and 12 months (i.e., ~6 months post-intervention).

Results: Changes in psychological stress (PSS) from baseline to 6 and 12 months were not statistically significant predictors of changes in eating sweets and desserts in either group. Among participants in SWA (but not in the standard program) increases in mindful eating (MEQ) from baseline to 6 and 12 months predicted reductions in eating sweets and desserts at 6 months ($\beta = -0.270$, $p=.007$; 95% CI [-7.98, -1.33]) and 12 months ($\beta = -0.217$, $p=.020$; 95% CI [-6.23, -0.55]), respectively. Models did not evidence reverse causality; i.e., changes in eating sweets did not significantly predict changes in mindful eating (MEQ).

Conclusion: Increasing mindful eating may support lasting reductions in the consumption of sweets and dessert foods among obese people.

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Oral Abstract Session 11: Clinical Manual Therapies

OA11.01

Structural Integration for Chronic Low Back Pain: A Randomized, Open Label Pilot Clinical Trial

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Purpose: To obtain preliminary data comparing Structural Integration (SI), an alternative method of manual therapy and movement education, when combined with usual care (outpatient physical therapy) (SI+UC) versus usual care alone (UC) as treatments for chronic low back pain (cLBP).

Methods: Forty-six men and women aged 18–65 with cLBP of $>=6$ months duration, not attributed to neoplasm, infection or systemic inflammation, and with average pain over the past six

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