

26 Juni 2012

'Tweens'

Wie zijn ze en waarom worden ze onderzocht in de I.Family Studie?

'Tweens', jongens en meiden van 10 tot 12 jaar- niet langer 'kinderen' maar nog geen tieners – lopen tegen allerlei uitdagingen aan tijdens deze overgangperiode. Groeiende onafhankelijkheid en blootstelling aan zaken die buiten de controle van hun ouders liggen, naderende puberteit en veranderende schooleisen maken deze periode enerverend maar ook veeleisend, niet alleen voor de 'Tweens' zelf maar ook voor hun families.

Tijdens deze overgangperiode kan het gebeuren dat gezonde levensstijl- en eetgewoonten verdrongen worden door ongezonde gewoontes die in een lagere gezonde levensverwachting kunnen resulteren. Aan de andere kant kan de groeiende individualiteit en onafhankelijkheid van 'Tweens' ertoe leiden dat ze juist gezondere gewoontes krijgen.

Deze veranderende gewoontes kunnen het gevolg zijn van de invloed van leeftijdgenoten - 'peer pressure', blootstelling aan nieuwe informatie op school of van marketing acties door voedselproducenten, via TV, mobieltjes en internet, die specifiek gericht zijn op 'Tweens'.

Daarom richt het door de Europese Commissie gesponsorde **I.Family project** zich met haar 15 onderzoeksteams in 11 Europese landen op deze leeftijdsgroep, die relatief weinig onderzocht wordt. 'Tweens' zijn de hoofdgroep die onderzocht zal worden door I.Family, voortbouwend op het familie cohort dat opgezet werd in het kader van het IDEFICS onderzoeksproject dat zich richtte op kinderen onder de 10 jaar.

In I.Family zullen deze kinderen en hun familie opnieuw onderzocht worden – families en individuen die een gezonde levensstijl en eetgewoonten hebben en zij die dat niet hebben zullen in kaart gebracht worden. Er zal gekeken worden naar omgevingsfactoren, sociale, gedragsmatige en genetische factoren. Al deze factoren worden samen bestudeerd om boven tafel te krijgen waarom sommige mensen gezonde en andere ongezonde leef- en eetgewoontes ontwikkelen.

Het overkoepelende doel van I.Family is niet alleen om beleidsmakers te helpen om hun beleid beter vorm te geven en gezondheidsprofessionals beter te ondersteunen, maar ook om families te voorzien van vuistregels die hen in staat stellen om te genieten van een langer en gezonder leven.

EINDE BERICHT/ Extra informatie volgt

The 'TWEENS' Tribe / continued

Notes for Editors:

1. **Available for interview - Project Co-ordinator** Wolfgang Ahrens, **University of Bremen and Lucia Reisch, lead on Consumer behaviour & environmental influences, Copenhagen Business School.** Contact Rhonda Smith of Minerva on +44(0)1264-326427 +44(0)7887-714957 to arrange.
2. **Running for 5 years from March 2012**, the **I.Family Study** is funded by the European Commission and co-ordinated by BIPS – Institute for Epidemiology and Prevention Research GmbH, Germany and University of Bremen, Germany (UNIHB) under the leadership of Wolfgang Ahrens and Iris Pigeot together with Dr Alfonso Siani of the Institute of Food Sciences, National Research Council, Italy. Contract Number FP7 266044 (KBBE 2010-4).

The project's website – www.ifamilystudy.eu – has now gone live and journalists and other interested parties are encouraged to visit the site for further information and sign up to keep in touch with the project over the next 5 years. You can also follow the project on Twitter at @IFamilyStudy and on Facebook at <http://www.facebook.com/IFamilyStudy>

3. **Characteristics of the I.Family Study**

A unique cross-European cohort

I.Family is generating a cross-European child cohort unique in both scale and depth of information. Building on the earlier IDEFICS study, I.Family will gather detailed longitudinal and developmental data (from early childhood to adolescence, i.e. from 2 to 15 years of age) on children and their families, including key biomarkers and genetic data. With a baseline size of 16,000, the cohort offers sufficient statistical power to investigate associations and – because of its longitudinal element – to investigate causal relations as well. The study has a huge comparative potential owing to its geographical spread across eight European countries (Spain, Italy, Cyprus, Hungary, Estonia, Germany, Belgium, Sweden) – the resulting heterogeneity of lifestyles and diets allowing for more robust causal inferences. Finally, the cohort will also assess the sustainability of a primary prevention programme addressing overweight and obesity which was initiated as part of the IDEFICS study.

I.Family focuses on 'tweens'

I.Family examines the transition from childhood to teenage years – a time when children are becoming more independent of family influences, but are still heavily dependent on the immediate family. By tracking children's development across these transition years, and by examining the family environment in depth – including siblings as well as parents – I.Family will be able to study exactly how the family continues to influence children's health and health-related behaviours as they grow up, and the way in which teenagers become more independent.

A comprehensive view of health-related factors and health outcomes

I.Family integrates the study of actual dietary behaviour with other health-related behaviours (for example, physical activity) and other factors influencing these behaviours (for example, psychological traits, taste preferences, genetic markers, family and school influences, and neighbourhood environments). By gathering information about children's current health, and drawing on the detailed information we already have about the children in their early years, we will be able to investigate the pathways to different health outcomes (for example, obesity and metabolic disorders) and their precursors in children as they grow up. By its longitudinal design the study will help to identify early prognostic markers of later health outcomes to guide novel avenues for prevention.

Unique methodological aspects

I.Family uses several distinctive methods for such a large cohort of children drawn from the general population. It will gather uniquely comprehensive information on physical activity, by combining accelerometer data on physical activity levels with GPS tracking and objective measures of the built environment. This will allow the study to reveal how the environment influences children's activity and behaviours. I.Family will also measure sensory taste perception, genetic and environmental determinants of taste preferences, their impact on food choice and how these change as children grow up. Not least, differences in brain activation during (un)healthy food choice will be measured by functional neuro-imaging in children and their parents selected on the basis of their actual eating behaviour.

Looking at contrasting groups of children in detail

In a smaller sample, I.Family will investigate more closely two contrasting groups of children and their

families to see how and why children’s dietary and health-related behaviours change over time. The study will look closely at children who have improved in these respects, and at children whose habits became less healthy during the observation period. By this means, we hope to assess barriers to healthier behaviours as well as to determine which factors are most important in supporting healthier behaviour. Looking at the family and its environment will give a wider view of social influences, enabling us to formulate policy directions that can really improve diet and health.

I. Family study partners

<i>Participant organisation</i>	<i>Lead investigator(s)</i>	<i>Key responsibilities</i>
University of Bremen, Germany	Wolfgang Ahrens	Project coordinator
BIPS – Institute for Epidemiology and Prevention Research GmbH, Germany	Iris Pigeot	German cohort, statistics
Institute of Food Sciences, National Research Council, Italy	Alfonso Siani	Italian cohort, nutritional epidemiology
Copenhagen Business School, Denmark	Lucia Reisch, Wencke Gwozdz	Consumer behaviour & environmental influences
University of Lancaster, United Kingdom	Garrath Williams	Ethics, policy, and stakeholder engagement
Sahlgrenska Academy at the University of Gothenburg, Sweden	Gabriele Eiben, Lauren Lissner	Swedish cohort, family analysis
University of Helsinki, Finland	Jaakko Kaprio	Familial aggregation & genetic modelling
University of the Balearic Islands, Spain	Andreu Palou, Catalina Picó	Genomic analysis
University of Pécs, Hungary	Dénes Molnár	Hungarian cohort
University Medical Center Utrecht, The Netherlands (UMC Utrecht)	Roger Adan	Neuroimaging & neuropsychology
Research and Education Institute of Child Health, Cyprus	Michael Tornaritis	Cypriot cohort
National Institute for Health Development, Estonia	Toomas Veidebaum	Estonian cohort
Fondazione IRCCS Istituto Nazionale Tumori, Italy	Vittorio Krogh	Dietary assessment methods
University of Bristol, United Kingdom	Angie Page, Ashley Cooper	Physical activity monitoring
Minerva PRC Ltd, United Kingdom	Rhonda Smith	Dissemination and communication
University of Zaragoza, Spain	Luis Moreno	Spanish cohort
Ghent University, Belgium	Stefaan De Henauw	Belgian cohort

Extra informatie/EINDE

