OBJECTIVES: 1. Dietary behaviour in an overweight and obesity population in treatment. 2. Physical activity. 3. To evaluate if the group that reaches the minimum objective (weight loss > 5%), has got more life style changes. METHODS: Randomised controlled trial, 165-subjects: 70 control, 95 intervention. Weight-reduced intervention, one year follow-up: low-calorie diet, physical exercise promotion, behavioural modification techniques and health education. Variables: Sociodemography, nutrition behaviour, physical activity, anthropometry (weight-loss percentage, body mass index). Intention to treat analysis: ANOVA, ji^2; SPSS 11.0. RESULTS: Age 47.1 (SD12.1). In total, 82.4% Women, 53.9% very unsatisfied with the body image, 24.8% has never tried a weight-loss programme, 13.3% has tried anorectic drugs. Meal Patterns: 93.3% eats at home, 65.9% in family, 76.4% cooks herself, 65.2% eats only 2-times/day, 61.9% snacks and 54% eats binge, secret or night. Medium meal-time: 20.1 min (SD8.45). Their favourite foods: 37.6% sweets, 21.8% animal fats, 11.5% bread or flour foods, 5.5% fruit and vegetables. Smoking 25.5%, drinks no alcohol 71.9%, no exercise 61.2%. Homogeneity between control-intervention groups: without significant differences in age, sex, socioeconomic characteristics and lifestyle behaviour. There are no differences in weight measurements. Seventy-two subjects are lost (43.6%). No significant differences between the lost group and these who complete the therapy in age, sex, previous pathology, habits or weight. In the group that reaches the minimum objective, there is declining of snacking, less appeitence of binging, secret or night eating, increasing of the daily meals and more time needed in every meal (<0.05). Increasing physical exercise during and post-treatment are associated with weight loss >5% (p < 0.05). Higher intensity grade of physical activity during the diet is related with leaving obesity (p = 0.00) and returning normal weight (p < 0.001). People with successful outcome, experiment increasing satisfaction with the body image (p = 0.00). CONCLUSIONS: 1. Nutrition behaviour in overweight and obese patients are far away of the healthy lifestyle recommendations. 2. 61.2% no exercise. 3. The improvement in life style habits produces a significant weight loss >5%.

COSTS AND HEALTH CARE CONSUMPTIONS IN THE ABDOMINALLY OBESE POPULATION
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OBJECTIVES: Prospective Obesity Cohort of Economic Evaluation Determinants (PROCEED) is an ongoing longitudinal cohort of overweight subjects aged 35–75 intending to lose weight. The primary objective is to compare health care consumptions and costs in subjects who are overweight (BMI 25 kg/m^2) with or without abdominal obesity (AO) (waist circumference 102 cm for male and 88 cm for female) versus non-overweight subjects (BMI 20–24 kg/m^2). METHODS: Recruitment started in the US in November 2004. Internet-based follow-up assessments will occur monthly for weight and waist circumference of overweight subjects, and quarterly for health and economic outcomes (hospitalizations, ER, outpatient services, prescription medications for selected conditions) of all subjects. RESULTS: Baseline analysis was conducted on non-overweight subjects (100) and overweight subjects with waist circumference measurement (293 without AO and 674 with AO). Health care resource costs per participant were calculated by applying unit costs to health care resource consumption reported at baseline during the past 3 months. Mean costs in overweight subjects with AO were almost twice those in overweight subjects without AO ($132 versus $72), and over 3.5 times those of controls ($37). Overweight subjects with AO compared with those without AO were more likely to have reported current prescriptions for depression (21.1% versus 12.3%) and diabetes (11.9% versus 4.4%). The percentage of subjects with zero costs was 23% and 31% in the overweight group (AO and non AO, respectively) compared with 39% in the control group. CONCLUSION: Abdominal obesity appears to be associated with markedly increase costs, especially those related to prescriptions. As the PROCEED cohort progresses, further collection and analyses of economic outcomes will allow a deeper understanding of the impact of abdominal obesity on costs and health care consumptions.

VALIDITY OF DATA COLLECTED FROM AN INTERNET-BASED COHORT STUDY
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OBJECTIVES: Assessment Towards Tobacco Economical and Medical Prospective Trial (ATTEMPT) is a prospective multinational observational longitudinal cohort designed to examine the natural course of successive smoking cessation attempts and their impact on health and economic outcomes. In order to evaluate the validity of the data collected via the Internet, self-reported weight and waist circumference (WC) were compared to in-home assessed measurements. METHODS: Subjects were recruited from existing Internet consumer panels Harris Interactive in 5 countries: Canada, France, Spain, the UK and the US. Subjects had to be aged 35–65 years, smoke at least 5 cigarettes per day, and intend to quit smoking. Assessments included questions on smoking status, health conditions, medical resource use and quality of life. Study participants were mailed at home standardized weight scales and tape measures with instructions. In-home assessments were performed by a health professional in a random sample of the US subjects right after they completed the quarterly Internet survey. RESULTS: Out of the 4647 subjects included at baseline, 3242 (70%) completed the 3-month assessments and 2917 (63%) completed the 6-month assessments. In the US, 1147 (78%) subjects agreed to the in-home visit and 200 visits were conducted according to protocol specifications in December 2004 and January 2005. No statistically significant difference and high positive correlations were found between self-reported and observed weight (mean ± SD difference: under-report ±). Distribution of demographic characteristics for the assessed sample was similar to characteristics of the remaining cohort. CONCLUSIONS: Based on good correlations between in-home visit and self-reporting on the web in the US, Internet is a reliable tool to collect health related data. As the ATTEMPT cohort progresses, this analysis will be reassessed with a greater sample size and further explored in other countries.

EVALUATION OF THE ASSOCIATION BETWEEN BODY MASS INDEX, WAIST CIRCUMFERENCE AND HEALTH-RELATED UTILITY (EQ5D)
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OBJECTIVE: A higher Body Mass Index (BMI) is associated with decreased quality of life (QoL). Additional anthropometric