**Agenda**

**Planning Meeting for Obesity Self-Regulation PPG:**

**R01 on fMRI Response to Appealing Foods and Non-Food Rewards**

Wed. 1/23/2013 at 12:00 p.m. 680 Lakeshore Drive, 14th floor, Greenland Conference Room

1. **PPG Overview:** 3 R01s: 1. fMRI; 2. EMA; 3. Intervention. 2 Cores: Optimization; Admin
2. **Conceptual Model for Intervention Development**:
   1. Breiter’s Relative Preference Theory: Applied neuromarketing to alter relative approach/avoid preference for food and non-food rewards
   2. Habit Chains, Automaticity and Self-Regulation - 5 trigger classes – food stimuli, location, time of day, mood, immediately prior behavior

**Breiter model**: Characterize how an effective treatment would ideally change valence and intensity of response to food cues



Hypothesis for Behavioral Outcomes: Obese ppts begin at 1/2 for tempting food cues (max approach, zero avoid). We want intervention to move them to 3 when hungry, 4 when satiated (lower approach, higher avoid). Initially we think they’ll be at 2 when hungry, 2.2 when satiated (consistent with preference to eat without hunger). We also want to move other hedonic rewards from 5-6 to 1-2.

1. Questions
2. Expected fMRI outcomes?
3. Design of pilot fMRI protocol
4. Integration of habits
5. Intervention design