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CHILDHOOD OBESITY: WHY DIETITIANS NEED TO SEE THE BIGGER PICTURE

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There's no denying that the obesity epidemic is never far from our minds. Turn on any news channel, or flick open many popular magazines and you'll probably see a report on the growing levels of obesity or the next new diet that could help you lose weight.

We are constantly bombarded by food adverts and offers through this type of media, not to mention the countless 'pop ups' and ads you'll find on the internet. As children and their parents spend a large amount of their free time engaging in sedentary activity (1), is it any wonder that these messages have far greater influence on their eating habits than the current government 'Change for Life' (2) and 'Five a Day' (3) promotions? Despite the multimillion pound campaigns by the government, childhood obesity is increasing further.

It's no secret that the obesity statistics don't look good for the future of our children. The latest 2011-2012 statistics from the National Childhood Measurement Programme (NCMP) show that 19.2% of 10-11 year olds are obese. This is an increase from 19.0% in 2010-2011. The 2011-2012 NCMP results also show that approximately 14.7% of 10-11 year olds are overweight. In younger children, aged four to five years, 9.5% are obese and 13.0% are overweight (4). The NCMP includes the weight and height measurements of over one million children in England only. Table 1 shows the current prevalence of obesity across the UK for children aged two to 15 years.

The statistics for adult obesity show an upward trend too (5), and must make us question what we can do about this. I ask this, as there is a correlation between the prevalence of obesity in childhood and obese parents (9). Children living in a household with at least one overweight or obese parent are twice as likely to be overweight or obese compared to children living in a household with parents of a healthy weight. Our current approaches to weight management are clearly ineffec-

Emma has been working as a Paediatric Dietitian for five years and her caseload includes HETF, disability, coeliac disease, cystic fibrosis, PKU and childhood obesity. She has been a local Coeliac UK group organiser for 18 months.

Table 1: Current prevalence of obesity across the UK in children aged two to 15 years

	Obese		Overall (obese and overweight)	
	Boys	Girls	Boys	Girls
England (5)	16.6%	15.9%	31.4%	28.5%
Scotland (6)	17.5%	13.7%	34.5%	28.5%
Wales (7)	20.7%	17.8%	36.2%	34.2%
Northern Ireland (8)	20.0%	15.0%	39.0%	31.0%

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tive. However, we do have the knowledge and skills to work on this.

I'm sure I'm not alone in having patients referred once again for weight management advice and support after they have completed a community based weight management programme such as MEND (Mind, Exercise, Nutrition and Do it) (10). MEND is a 10-week weight management programme designed to encourage and support healthy lifestyles in children aged two to 13. MEND offers a variety of programmes tailored to the child's age and requires commitment and motivation from a parent to attend the sessions with the child / children referred onto the programme.

Programmes such as MEND can be effective for children and parents who are motivated to attend and complete the programme. Over 90 percent of participants on the MEND 7-13 programme improve their BMI, waist circumference, dietary intake and physical activity (11). I see many patients back in my clinic who have difficulty in maintaining this improvement (those who may have demonstrated deterioration in BMI, activity levels and dietary intake) as soon as three months after completing the programme.

In 2011, Fassihi et al investigated factors which predict unsuccessful outcomes in weight management for obese children (12). The study found that children who participated in a weight management programme (WATCH IT) for six months or more, were more likely to experience successful weight management if neither parent was overweight or obese. Children with overweight or obese parents were six times more likely to be unsuccessful. With the increasing number of obese adults in the UK, this poses a significant problem for the success of any future childhood obesity management initiatives.

This study highlights the importance of two issues in the management of childhood obesity, which may be limited in many of our current approaches. The first being the long-term support for obese children and their families, the second being the acknowledgement of overweight and obese parents and their influence on the overall success of weight management in their child / children.

Whilst the current government campaigns such as Change for Life and Five a Day (2,3) promote healthy lifestyles extremely well, their 'one size fits all' approach doesn't suit everyone and may not reach those who need the support most. There is always an element of self-motivation and self-discovery in order to bring about behaviour change regarding dietary habits and physical activity. However, for parents who have weight problems themselves, this may be a stumbling block even before they attempt to lead on making healthy lifestyle changes for the rest of the family. Acknowledging parents with their own weight problems and providing support to facilitate making their own healthy lifestyle changes a success may help to improve their children's weight management success.

In a study by Hindle and Carpenter published in 2011 (13), the experiences of people who had maintained weight loss beyond 12 months were discussed. The study found that people who had successfully managed to maintain their weight loss were able to plan, manage and anticipate the consequences of any changes to their dietary intake and physical activity levels. Participants in the study also reported that they had changed their attitude to 'dieting' and had accepted that their lifestyle changes were 'for life' and not just a short term fix. Another important aspect of successful behaviour change that participants reported was the need for extra support once they had reached the point of maintaining their weight following a period of weight loss. The reward of losing weight is sometimes enough to keep an individual motivated to continue during their weight loss journey; however, once this is replaced by maintaining the weight loss, the motivation to keep to their healthier lifestyle can wane. Having structured support from a dietitian, healthcare

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Patients are more likely to experience successful weight management if they feel supported by those closest to them, which include family members, friends and peers.

professional such as a practice nurse, or attending a weight management group, were all sources of motivation to help keep their momentum going for weight maintenance. Sharing these ideas with overweight or obese parents as part of a family therapy session may provide the extra support they need to make healthy changes for the whole family. The study also highlighted the potential for 'weight management sabotage' to take place if there are other members of the family not content with the proposed lifestyle changes. Patients are more likely to experience successful weight management if they feel supported by those closest to them, which include family members, friends and peers. Discussing any potential weight management saboteurs in the patient's social network may be advisable.

The Fassihi et al study participants were given the opportunity to remain on the programme for up to 12 months and were given weekly 1:1 solution focused sessions, attended by the child and their parent(s) or carer(s), along with a weekly one-hour physical activity session. This contact was maintained for four months and was gradually reduced as the family progressed through the programme. The weekly 1:1 sessions focused on behaviour change and provided emotional support for the child and parent (s) or carer(s). The participant's commitment to this long-term (six months or more) and frequent intervention was considered to be a 'good indicator of motivation to achieve effective weight management'. With this in mind, we should try to make our sessions with our weight management patients as appealing as possible and really consider the significance of them. By keeping our weight management patients on board, we can chip away at their weight problems, especially if they are open to working on behaviour change.

In the current financial climate there is a drive to 'do more with less' within our dietetic services, meaning that it is tempting to provide more short-term and possibly group-based interventions for weight management, aiming to discharge patients once they have demonstrated that they have made some positive lifestyle changes. However, this approach is likely to be ineffective for many of our weight management patients. It seems that a structured and regular support during weight loss, even more so whilst maintaining weight loss, is more likely to bring about successful weight management.

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Questions relating to: *Childhood obesity: why dietitians need to see the bigger picture*
Type your answers below and then **print for your records** or print and complete answers by hand.

Q.1	Describe the current prevalence of childhood obesity across the UK.
A	
Q.2	What are the main issues affecting the management of childhood obesity?
A	
Q.3	Describe the MEND programme and what it offers.
A	
Q.4	How effective is the MEND programme for adults and children?
A	
Q.5	What factors within a family can impact on a child's weight and weight management?
A	
Q.6	Describe the drivers for behaviour change in the weight management of adults.
A	
Q.7	Outline the factors involved in successful behaviour change in adults who maintain weight loss.
A	
Q.8	How can dietitians and healthcare professionals impact on the motivation for change in dietary habits of adults?
A	
Q.9	Describe two dietetic intervention approaches to the weight management of children and explain which would be more successful.
A	

Please type additional notes here . . .

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