

Original Research Article

Weight awareness among parents and health care providers in Sharjah, UAE

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ABSTRACT

Background: This study looks at weight perception among parents and health care providers in Sharjah, UAE.

Methods: This study was done through reviewing 1000 patients files who visited the paediatric OPD in university hospital Sharjah (UHS) during 2015. The files were reviewed for the cause of the visit, the diagnosis of weight status and weight counselling.

Results: 18% of study patients were either overweight or obese. In children with abnormal weight status, the cause of the visits was weight related in 3.3% of patients, while it was due to weight unrelated causes in 96.7%. Weight counselling in obese individuals were reported in 35.5% of obese patients. While in overweight group, weight counselling was found in 5% of the patients and in patients with normal BMI, counselling was done in 0.2% of patients.

Conclusions: This study shows clear defects in weight awareness and perception in parents and health care providers. Most parents are either not aware about the weight status of their kids or they don't consider overweight or obesity as medical issues that require medical advice. The very low percentage of specific weight counselling shows weight counselling is not practiced if these patients are evaluated for other complaints. Weight misperception among parents and health care providers can be genuine barriers for prevention of childhood obesity.

Keywords: Children, Obesity, Parents, Physicians, Weight awareness

INTRODUCTION

Overweight/obesity is common in UAE as in many parts in the world.¹ Obesity in children is a real health hazard and is associated with many medical, psychological and social complications. Obese children also tend to be obese adults with all the risks of adult obesity.² Management of obesity in children is usually not rewarding because of many barriers. Some of these barriers cannot be modified like genetic factors, in others

the proper time for intervention is usually missed like epigenetic factors while other factors are difficult to changes and any changes are even more difficult to maintain like modification of lifestyle.³ Prevention of obesity is therefore of priority importance in children as recommended by WHO and other international institutions.^{4,5} Proper weight perception and awareness among parents and health care providers are basic prerequisites for any obesity prevention program in children.⁶

Objectives

This study looks at weight perception among parents and health care providers in Sharjah.

METHODS

This retrospective chart review study was done through reviewing the files of 1000 patients aged 2 to 18 years who visited the pediatric OPD in UHS during 2015. The files were reviewed for the cause of the visit, diagnosis of weight status, documented general weight counselling and specific counselling in cases of obesity and overweight. The age classification and diagnosis of weight status was done per CDC criteria.⁷ SPSS 21 program was used to enter and analyze the data. Pie charts and bar charts were used to represent results of this study. Ethical approval and requirements for informed consent were waived by the institution ethics committee.

RESULTS

Among the 1000 patients enrolled in this study 73 patients (7.3%) were overweight, 107 patients (10.7%) were obese and the remaining 817 patients (81.7%) had normal weight (Figure 1). Overweight and obesity (18%) were found more in the middle childhood age group and the incidence was equal in both sexes.

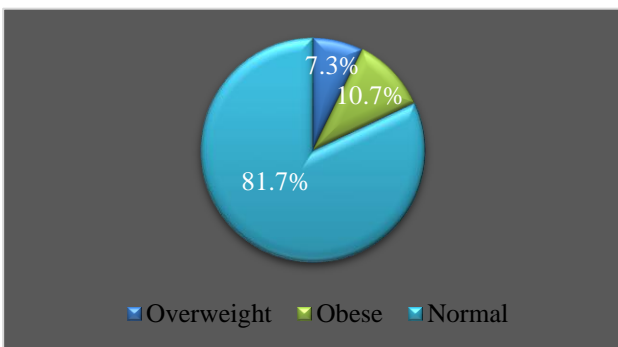


Figure 1: Weight status of patients.

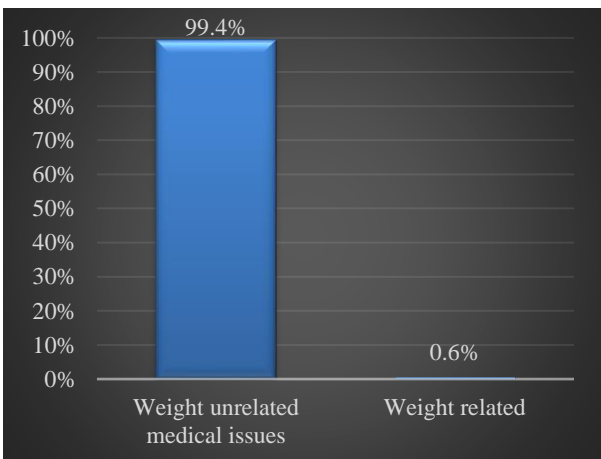


Figure 2: Reasons for visiting outpatient department.

In general, the reasons to visit the OPD was due to weight unrelated medical issues in 994 patients (99.4%), while it was directly related to weight abnormality in only 6 patients (0.6 %) (Figure 2).

In children with abnormal weight status (overweight and obesity, 18%) the cause of the visits was weight related in 6 patients (3.3 %) while it was due to weight unrelated causes in 174 patients (96.7%) (Figure 3).

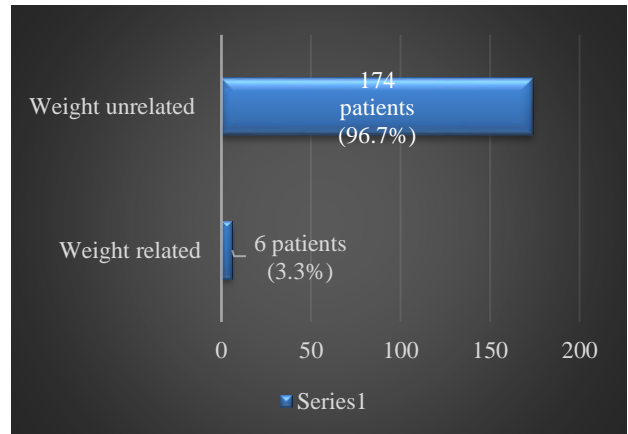


Figure 3: Reasons for visiting outpatient department among overweight and obese patients.

Weight counselling in obese individuals were reported in 38 (35.5%) out of 107 patients, in 6 patients of them the cause of visit was weight abnormality while in the other 32 patients the cause of visit was weight unrelated diagnosis.

In overweight group (73 patients) weight counselling was found in only 4 patients (5.5%) and in patients with normal BMI (817 patients) counselling was done for 2 patients (0.2%) (Figure 4).

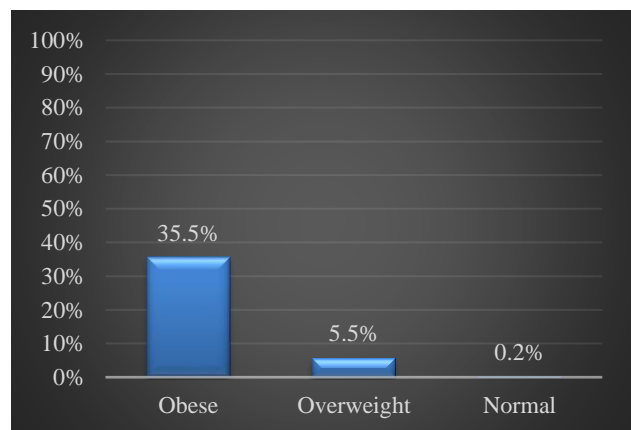


Figure 4: Weight status counselling.

DISCUSSION

This study shows clear defects in weight awareness and perception in both parents and health care providers

caring for overweight/obese children. Although 18% of the patients enrolled in the study were either obese or overweight, in only 0.6% of the patients the cause of OPD visit was due to weight abnormality.

This indicates clear weight misperception among the parents. Obesity and overweight were not a cause for parents to seek medical advice in most of the OPD visits (in only 6 patients from 180, [3.3%]). The reasons why many parents do not seek medical advice when their kids are obese or overweight appear to be multiple. Many parents are not aware about the weight of their kids. Some of them may fail recognizing overweight or obesity as medically abnormal. Others may believe that this weight abnormality is harmless and does not deserve seeking medical advice.

Some parents may even consider overweight or obesity as a sign of good health. Culture misbelieves can stand behind this last group. Low awareness of parents was shown in one study, to be related to lack of weight feedback from physicians.⁸ Another barrier to increase awareness of parents about childhood obesity partly can be due to limited access to educational programs.⁹ Whatever explanation this parental misperception of weight is a clear barrier for prevention of childhood obesity in UAE.

In another study in UAE a significant high weight misperception among parents of overweight/obese children was documented.¹⁰ Other studies from different parts in the world show similar results. In UK Jeffery N et al in 2014 showed that Mothers often do not realize when their child is overweight and this was a barrier for successful weight reduction programs as the parents will not engage in such programs while they remain ignorant of the problem.¹¹

In Mexico Ana et al, in 2014 found that parents of obese children visit the hospital only with obesity complications.¹² They do not consider overweight a health problem. Regarding health care providers, although the values of weight, height and BMI are available in all patients' files by default, general weight counseling was not a routine practice in the visits of most patients if weight was in the normal range, general weight counselling was found in only 2 files from total of 817 files (0.2%) with normal weight. Medical practice ignoring routine weight counseling in OPD follow up visits will lead to poor weight awareness among the parents which can be one of the barriers for any programs for prevention of obesity in children.

The problem of weight misperception among health care providers is even more clear in patients with obesity or overweight. The low percentage of specific weight counselling (5.5% in children with overweight and 35.5% in children with obesity) indicates that weight counselling which is core and basic part of care of such overweight and obese patients is not practiced if these patients are

evaluated for other medical reasons. This is not only a clear and significant barrier for treatment and prevention of childhood obesity but also send a wrong message to the parents that obesity is not considered as a significant medical problem that require treatment, and prevention.

The explanation of this medical practice which does not consider weight counselling a basic and constant part of medical care of obese and overweight children during all OPD visit is multiple. Lack of documentations is a possible explanation. Lack of time and busy clinics is another significant cause. Lack of knowledge's and training can also explain this weight misperception among health care providers. Discussion of Weight issue is a sensitive one and requires certain communications skills that are not available for all physicians, many of them safely prefer not to start such discussion if the cause of the visit is not related to weight abnormality

Current study findings match with findings of other studies. In UAE, one study showed that although there are uniform guidelines, low physicians awareness of importance of tracking patient's weight was found and has been recognized as a significant barrier in prevention of childhood obesity.¹³

Artur et al, in 2013 compared attitudes, skills, and practices in childhood obesity management in 4 European countries with different obesity prevalence, health care systems, and economic situations.¹⁴ He concluded that nearly all primary pediatric care providers from the 4 European countries recognize the importance of obesity in pediatric practice, but only half use BMI clinically, and many lack the confidence and the infrastructure needed for providing care to patients with obesity.

Huang et al, had a study in 2011 in US to survey pediatricians and family practice physicians regarding their assessment, counseling, and management of diet, physical activity, and weight status among pediatric patients in the primary care setting.¹⁵ He concluded that active PCP participation in assessing or managing childhood obesity in the primary care setting appears low relative to the frequency of the problem in the U.S. Finally, Jeannie et al, in 2009 found that Pediatricians' perception of children's weight and their weight assessment and management practices are influenced by career and personal characteristics.¹⁶

CONCLUSION

Overweight/obesity is common in UAE as in many parts in the world. Obesity in children is a real health hazard and is associated with many medical, psychological and social complications. Management of obesity in children is usually not rewarding because of many barriers. Prevention of obesity is therefore of priority importance in children as recommended by WHO and other international institutions. Although proper weight perception and awareness among parents and health care

providers are basic prerequisites for any obesity prevention programs in children most of parents in UAE are unaware of overweight/obesity as a medical disease. The same weight misperception can be found among many health care providers caring for children. Many physicians only discuss weight issue if the patients visit is for weight abnormality, this applies even to cases of obesity. Weight counseling in children with normal weight is also not a routine practice among most physicians.

Weight misperception of parents and physicians can be a significant barrier for any obesity prevention programs. Therefore, health education of parents and training of physicians for gaining knowledge's and skills of weight and lifestyle counseling for all parents visiting OPD is recommended for success of any obesity prevention programs.

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