



UNIL | Université de Lausanne

Unicentre

CH-1015 Lausanne

<http://serval.unil.ch>

Year : 2013

Frequency and effects of meeting health behaviour guidelines among adolescents

MEJIA Daniel

MEJIA Daniel, 2013, « Frequency and effects of meeting health behaviour guidelines among adolescents »

Originally published at : European Journal of Public Health, Oxyford University Press

This is a pre-copy-editing, author-produced PDF of an article accepted for publication in the European Journal of Public Health, following peer review. The definitive publisher-authenticated version [Eur J Public Health (2013) 23 (1): 8-13] is available online at:

<http://eurpub.oxfordjournals.org/gca?gca=eurpub%3B23%2F1%2F8&submit=Go&allch=&action=Get%20All%20Checked%20Abstracts>

Posted at the University of Lausanne Open Archive.

<http://serval.unil.ch>

Droits d'auteur

L'Université de Lausanne attire expressément l'attention des utilisateurs sur le fait que tous les documents publiés dans l'Archive SERVAL sont protégés par le droit d'auteur, conformément à la loi fédérale sur le droit d'auteur et les droits voisins (LDA). A ce titre, il est indispensable d'obtenir le consentement préalable de l'auteur et/ou de l'éditeur avant toute utilisation d'une oeuvre ou d'une partie d'une oeuvre ne relevant pas d'une utilisation à des fins personnelles au sens de la LDA (art. 19, al. 1 lettre a). A défaut, tout contrevenant s'expose aux sanctions prévues par cette loi. Nous déclinons toute responsabilité en la matière.

Copyright

The University of Lausanne expressly draws the attention of users to the fact that all documents published in the SERVAL Archive are protected by copyright in accordance with federal law on copyright and similar rights (LDA). Accordingly it is indispensable to obtain prior consent from the author and/or publisher before any use of a work or part of a work for purposes other than personal use within the meaning of LDA (art. 19, para. 1 letter a). Failure to do so will expose offenders to the sanctions laid down by this law. We accept no liability in this respect.

UNIVERSITE DE LAUSANNE - FACULTE DE BIOLOGIE ET DE MEDECINE

Département Universitaire de Médecine et Santé Communautaires
Institut Universitaire de Médecine Sociale et Préventive
Groupe de Recherche sur la Santé des Adolescents

Frequency and effects of meeting health-behavior guidelines among adolescents

THESE

préparée sous la direction du Docteur Joan-Carles Suris
(avec la co-direction du Professeur Fred Paccaud)

et présentée à la Faculté de biologie et de médecine de
l'Université de Lausanne pour l'obtention du grade de

DOCTEUR EN MEDECINE

par

Daniel Boris Christoph MEJIA

Médecin diplômé de la Confédération Suisse
Originaire de Häggenschwil (St. Gallen)

Lausanne

2013

UNIVERSITE DE LAUSANNE - FACULTE DE BIOLOGIE ET DE MEDECINE

Département Universitaire de Médecine et Santé Communautaires
Institut Universitaire de Médecine Sociale et Préventive
Groupe de Recherche sur la Santé des Adolescents

Frequency and effects of meeting health-behavior guidelines among adolescents

THESE

préparée sous la direction du Docteur Joan-Carles Suris
(avec la co-direction du Professeur Fred Paccaud)

et présentée à la Faculté de biologie et de médecine de
l'Université de Lausanne pour l'obtention du grade de

DOCTEUR EN MEDECINE

par

Daniel Boris Christoph MEJIA

Médecin diplômé de la Confédération Suisse
Originaire de Häggenschwil (St. Gallen)

Lausanne

2013

Imprimatur

Vu le rapport présenté par le jury d'examen, composé de

Directeur de thèse *Monsieur le Docteur Joan-Carles Suris*
Co-Directeur de thèse *Monsieur le Professeur Fred Michel Paccaud*
Expert *Monsieur le Professeur Luc Tappy*
Directrice de l'Ecole *Madame le Professeur Stephanie Clarke*
doctorale

la Commission MD de l'Ecole doctorale autorise l'impression de la thèse de

Monsieur Daniel Mejia

intitulée

***Frequency and effects of meeting health-behavior guidelines
among adolescents***

Lausanne, le 14 juin 2013

*pour Le Doyen
de la Faculté de Biologie et de Médecine*



*Madame le Professeur Stephanie Clarke
Directrice de l'Ecole doctorale*

Frequency and effects of meeting health behaviour guidelines among adolescents

Daniel Mejía¹, André Berchtold¹, Richard E. Bélanger¹, Emmanuel N. Kuntsche², Pierre-André Michaud¹, Joan-Carles Surís¹

¹ Research Group on Adolescent Health, Institute of Social and Preventive Medicine (IUMSP), Centre Hospitalier Universitaire Vaudois and University of Lausanne, Lausanne, Switzerland

² Addiction Info Switzerland, Research Institute, Lausanne, Switzerland

Correspondence: Dr Joan-Carles Surís, Research Group on Adolescent Health (GRSA), Institute of Social and Preventive Medicine (IUMSP), Bâtiment Biopôle 1, Rte de la Corniche 2, 1066 Epalinges, Switzerland. Tel: +41 21 314 7375, Fax: +41 21 314 7373, e-mail: Joan-Carles.Suris@chuv.ch

Background: To assess the relationship between overweight status and the concomitant adherence to physical activity, daily screen time and nutritional guidelines. **Methods:** Data were derived from the Swiss Health Behaviour in School-aged Children Survey 2006. Participants ($n=8130$, 48.7% girls) were divided into two groups: normal weight ($n=7215$, 44.8% girls) and overweight ($n=915$, 34.8% girls), using self-reported height and weight. Groups were compared on adherence to physical activity, screen time and nutritional guidelines. Bivariate analyses were carried out followed by multivariate analyses using normal-weight individuals as the reference category. **Results:** Regardless of gender, overweight individuals reported more screen time, less physical activity and less concomitant adherence to guidelines. For boys, the multivariate analysis showed that any amount exceeding screen time recommendations was associated with increased odds of being overweight [$>2-4$ h: adjusted odds ratio (AOR) = 1.40; $>4-6$ h: AOR = 1.48; >6 h: AOR = 1.83]. A similar relation was found for any amount below physical activity recommendations (4-6 times a week: AOR = 1.67; 2-3 times a week: AOR = 1.87; once a week or less: AOR = 2.1). For girls, not meeting nutritional guidelines was less likely among overweight individuals (0-2 recommendations: AOR = 0.54). Regardless of weight status, more than half of the adolescents did not comply with any guideline and $<2\%$ met all three at the same time. **Conclusions:** Meeting current nutritional, physical activity and screen time guidelines should be encouraged with respect to overweight. However, as extremely low rates of concomitant adherence were found regardless of weight status, their achievability is questionable (especially for nutrition), which warrants further research to better adapt them to adolescents.

Introduction

Over the past decades, the prevalence of overweight and obesity has increased in the paediatric population and Switzerland is no exception.¹ Many concerns have been voiced, as evidence shows that overweight and obesity in children and youths increase the odds of similar conditions in adulthood with all its consequences.² Thus, a great deal of effort has been spent investigating the underlying mechanisms of this rise in order to understand it and devise prevention and treatment programs accordingly.

This increase in overweight and obesity is thought to be caused by a complex mix of genetic and environmental factors.³ Biro and Wien⁴ stated that the majority of the studies were focused on the effect of environmental and behavioural factors with three major topics: physical activity (PA), sedentary behaviour (television, video games and computers) and dietary factors. Independent relations to excess weight were also reported for each of these three topics.⁵⁻⁷ Furthermore, interactions between those three factors were described: for example, high television time was associated with reduced amounts of PA⁸ and higher food intake after food advertisement exposure,⁹ which would lead to an imbalance between energy intake and expenditure, favouring weight gain.

Specific Swiss guidelines for screen time,¹⁰ PA¹¹ and nutrition¹² have been published and prevention programmes have been launched to promote their adherence and awareness. However, recent evidence suggests that these recommendations are largely unmet.¹³⁻¹⁵

The combined effect of meeting more than one guideline and its relation to overweight has been, to our knowledge, investigated only once.¹⁶ Sanchez *et al.*¹⁶ found that a low observance of guidelines is associated with a higher likelihood of being overweight. However, the sample used was not representative at a national level, and certain aspects relative to the screen time and nutritional guidelines were not investigated (namely computer time and several nutritional variables, respectively). Therefore, the aim of our study is to investigate, among adolescents, the relation between overweight status and the concomitant adherence to nutritional, screen time and PA guidelines. We hypothesize that overweight persons will show lower levels of adherence to guidelines.

Methods

Data were taken from the Swiss participation in the 2006 Health Behavior in School-aged Children (HBSC) survey investigating fifth to ninth graders. To ensure national representativeness, the selection was based on a list including all public school classes (primary sampling unit) in the country using random cluster sampling. The study was conducted under authorization from the local educational authorities and the principals of the selected schools. Data collection was undertaken according to the Institutional Review Board Guidelines, ensuring participation on a voluntary basis and anonymity at all stages of the survey. The resulting sample consisted in 9791 adolescents, aged 11-15 years. Further information can be found elsewhere.¹⁷ For the purpose of this study, individuals with missing values to both height and weight were excluded ($n=220$, 2.2%). Furthermore, participants with missing data on three or more variables included in the analysis were discarded as well ($n=360$, 3.7%). The values of the remaining participants with missing data ($n=1766$, 18.0%) were imputed by means of chained equation,¹⁸ using the imputation by chain equation procedure described by Royston.¹⁹ Five imputation sets were generated using this procedure. The total sample consisted of 9211 adolescents.

Dependent variable

Overweight was defined using age- and sex-specific body mass index (BMI) cutoff points according to the International Obesity Task Force.²⁰ BMI $\{ \text{weight (kg)} / [\text{height (m)}]^2 \}$ was computed using self-reported data. Due to the low numbers ($n=95$, 1.0%), obese individuals were included in the 'overweight' category, and both will be referred to as 'overweight' from hereafter.

Since the focus of our study was the association between overweight status and the adherence to current guidelines, individuals classified as 'underweight' were excluded from the analysis ($n=1081$, 60.4% girls) and normal-weight subjects were used as the control group, resulting in a study sample of 8130 participants (48.7% girls).

Independent variables

The Swiss national recommendations¹⁰ for screen time state that children should not engage in more than 2 h/day of such activities. To assess daily screen time-based activities, a score was created as proposed by Melkevik *et al.*²¹ Three items from the questionnaire asking about the time spent playing electronic games, using computers and watching television were used. All had separate entries for weekends and schooldays, with nine possible answers ranging from 'None at all' to 'About 7 h or more'. To obtain a daily total screen time measure, the answers were assigned a value of 0 for 'None at all', 0.5 for 'About 30 min a day', 1 for 'About 1 h a day' to 7 for 'About 7 h or more'. A weighted score was then created to represent the daily mean amount of specific screen time by adding the answers for schooldays and weekend usage for electronic games, computer and television, respectively. Those in turn were added to create the daily total screen time score. The score was then divided into four categories (≤ 2 , $>2-4$, $>4-6$ and >6 h), according to its quartile distribution, rounded up to the nearest whole hour. Being in the ' ≤ 2 h' category was considered meeting current screen time guidelines.

Adherence to Swiss nutritional guidelines¹² was assessed by means of a Food Frequency Questionnaire (FFQ), asking participants to report their frequency of consumption of different food items on a seven entries scale (from 'Never' to 'Several times a day'). Furthermore, we relied on another item investigating alcohol consumption over the last 30 days, as national recommendations include alcohol consumption. Since the FFQ only assesses intake frequency, adherence was solely based on this criterion. As observance of nutritional guidelines has previously been reported as low in Switzerland,¹³ the achievement of recommendations was interpreted in a relatively loose manner to maximize the chances of adherence.

Since none of the reviewed indices was compatible with the format of the FFQ or the published guidelines, we constructed a score, ranging from 0 to 9, by adding 1 point for each individual recommendation achieved as follows. The four categories fruits, vegetables, carbohydrates and milk and dairy were each coded 1 if taken 'Several times a day' and 0 if less. Meat was coded 1 if ' $\leq 5-6$ times a week' and 0 if more often, while fish consumption scored 1 if ' \geq Once a week' and 0 if less frequent. Sweets and snacks were coded 1 if taken 'Once a day or less' and 0 if more often. As they are age-specific, caffeinated drinks were coded as 1 if ' $\leq 2-4$ times a week' for 15-year-olds or ' \leq once a week' for younger ones and 0 if otherwise. Finally, for alcohol consumption, 'Never use' was coded 1 and any use was coded 0. Due to very few individuals ($n=14$, 0.2%) achieving all nine individual recommendations, the score was divided according to its 10th and 90th percentiles into three categories: 0–2 recommendations, 3–5 recommendations and 6–9 recommendations. The latter was considered meeting nutritional guidelines.

The Swiss national guidelines for PA state that adolescents should spend at least 60 min in PA each day.¹¹ PA levels were assessed in two ways in the HBSC questionnaire: one asking about the number of days in which adolescents did a total of 60 min of PA in the past week and the other examining extracurricular sports participation [referred to as vigorous physical activity (VPA) by Melkevik *et al.*²¹]. Regarding VPA questions, Pate *et al.*²² stated that individuals tend to include the whole time spent doing PA rather than the actual time being vigorously active. In light of this possible confusion, we decided to use the item asking about the frequency of sports participation as a proxy for PA. Answers were divided as follows: 'every day', '4-6 times a week', '2-3 times a week' and ' \leq once a week' (the latter regrouping all answers equal to or lower than 'once a week' due to low numbers for the remaining possibilities). PA guidelines were considered to be met when participants answered 'every day'.

To assess concomitant levels of adherence, individuals were attributed one point for each of the three guidelines achieved using the aforementioned cutoffs.

Several factors described in the literature as associated with overweight were used as potential confounding factors in the analyses. Breakfast frequency²³ was measured by means of a score created by adding the reported frequency on weekends and schooldays. Socio-economic status²⁴ was controlled for by means of the Family Affluence Scale.²⁵ Due to very few individuals in the 'low' class ($n=194$, 2.3%), it was

included in the 'medium' category. For tobacco smoking,²⁶ individuals who reported any consumption over the last 30 days were classified as 'smokers'. Self-related health²⁷ was dichotomized into 'high' ('excellent' or 'good') and 'poor' ('average' or 'bad'). Family structure²⁴ was coded according to having both parents living together or not. Finally, we also included age.

All analyses were conducted separately by gender, as differences regarding the amount of screen time,¹⁴ levels of PA²⁸ and eating patterns¹³ have been reported.

Statistical analysis

Bivariate analyses were carried out to compare both overweight and normal-weight participants. Exploratory multivariate analyses were performed for each guideline separately. As results were not significantly different in comparison to the all-inclusive model, only data from the latter are presented. Results are given as adjusted odds ratios (AORs) using normal-weight individuals as the reference category and controlling for the aforementioned confounding factors.

We used STATA 11.1 (StataCorp LP, College Station, TX, USA) for all calculations to take into account the cluster sampling design of the HBSC study. Significance level was set at $P < 0.05$. Given results are aggregated from all five imputation data sets.

Results

Regardless of gender, more than half of our sample reported not meeting a single recommendation, whereas a third complied with only one. Moreover, <2% met all three guidelines at the same time (tables 1 and 2).

Boys

As shown in table 1, overweight boys were significantly less likely than their normal-weight counterparts to follow the recommended guidelines and more likely to be sedentary and to spend more screen time, while no differences were noted for nutritional guidelines. Overweight boys were significantly older, less likely to have breakfast frequently and more likely to smoke, to report being in poor health, to live in a non-intact family and to have a high socio-economic status.

At the multivariate level, overweight boys were significantly more likely to be sedentary, and the likelihood increased as the amount of PA decreased (to a maximum AOR of 2.10 for less than once a week). Similarly, they were also more likely to spend time in front of a screen for any reported value higher than 2 h of screen time to an AOR of 1.83 for 6 h/day or more. No differences were found for the nutritional score (table 1).

Girls

Overweight girls were also significantly less likely to follow the recommended guidelines and more likely to be sedentary or to spend time in front of a screen. As it was the case for boys, there were no differences for nutritional recommendations. Overweight girls were less likely to have breakfast regularly and more likely to report poor health and to be in the upper part of the affluence scale (table 2).

When controlling for potential confounders, the only significant difference between overweight and normal-weight girls was that the former were less likely (AOR = 0.54) to follow 0–2 nutritional recommendations (table 2).

Discussion

Our hypothesis that higher levels of adherence to guidelines would translate into lower rates of overweight was only partially supported by this study. In addition, our results confirm that gender differences exist regarding the association with overweight. For girls, overweight seems to be more associated to nutrition, while for boys the association appears to be mediated through PA and screen time.

With regard to total screen time, a low level of adherence was found throughout our sample, predominantly among boys. Our results parallel

Table 1 Boys' characteristics by weight status

	Normal weight (n = 3571), % (95% CI)	Overweight (n = 597), % (95% CI)	P ^a	AOR ^b
Concomitant guidelines adherence				
3 guidelines	1.6 (1.2–2.0)	0.5 (0.0–1.1)	<0.001	
2 guidelines	9.8 (8.9–10.8)	5.0 (3.3–6.8)		
1 guideline	34.7 (33.1–36.2)	26.9 (23.4–30.5)		
0 guideline	53.9 (52.3–55.6)	67.5 (63.7–71.2)		
Physical activity				
Every day	24.7 (23.3–26.1)	14.9 (12.1–17.8)	<0.001	1
4–6 times a week	27.3 (25.8–28.7)	26.2 (22.7–29.8)		1.68 (1.24–2.26)
2–3 times a week	32.0 (30.5–33.6)	37.4 (33.5–41.2)		1.87 (1.43–2.45)
≤once a week	16.0 (14.8–17.2)	21.5 (18.2–24.8)		2.10 (1.53–2.89)
Total screen time (h/day)				
≤2 h	21.1 (19.8–22.5)	13.3 (10.6–16.1)	<0.001	1
>2–4 h	32.9 (31.3–34.4)	30.1 (26.4–33.7)		1.39 (1.05–1.83)
>4–6 h	21.5 (20.1–22.8)	22.6 (19.2–25.9)		1.48 (1.09–2.02)
>6 h	24.6 (23.2–26.0)	34.0 (30.2–37.8)		1.83 (1.35–2.49)
Nutritional score				
6–9 recommendations	13.3 (12.2–14.4)	10.4 (8.0–12.9)	0.16	1
3–5 recommendations	69.0 (67.5–70.5)	71.4 (67.7–75.0)		1.03 (0.77–1.39)
0–2 recommendations	17.8 (16.5–19.0)	18.2 (15.1–21.3)		0.86 (0.60–1.25)
Age, mean (95% CI) (years)	13.0 (12.9–13.1)	13.2 (13.0–13.3)	0.001	
Breakfast frequency (days/week)	5.0 (5.0–5.1)	4.4 (4.2–4.6)	<0.001	
Smoking status (smoker)	11.1 (10.1–12.1)	16.1 (13.2–19.1)	0.001	
Self-rated health (poor)	5.5 (4.7–6.2)	11.0 (8.5–13.5)	<0.001	
Family structure (parents not together)	19.3 (18.0–20.6)	24.2 (20.7–27.6)	0.005	
Family Affluence Scale (high)	36.5 (35.0–38.1)	47.6 (43.6–51.6)	<0.001	

a: P-value of the bivariate analysis comparing normal weight and overweight boys

b: AOR = adjusted odds ratio using the normal-weight group as the reference. Adjusted for age, breakfast frequency, smoking status, self-rated health, family structure and Family Affluence Scale

Table 2 Girls' characteristics by weight status

	Normal weight (n = 3644), % (95% CI)	Overweight (n = 318), % (95% CI)	P ^a	AOR ^b
Concomitant guidelines adherence				
3 guidelines	1.1 (0.8–1.5)	1.3 (0.1–2.6)	0.04	
2 guidelines	9.8 (8.8–10.8)	5.7 (3.1–8.2)		
1 guideline	32.5 (31.0–34.0)	31.4 (26.3–36.5)		
0 guideline	56.6 (55.0–58.2)	61.6 (56.3–67.0)		
Physical activity				
Every day	9.4 (8.5–10.4)	7.5 (4.6–10.4)	0.009	1
4–6 times a week	16.3 (15.1–17.5)	10.7 (7.3–14.1)		0.85 (0.50–1.47)
2–3 times a week	36.5 (35.0–38.1)	37.7 (32.4–43.0)		1.30 (0.82–2.07)
≤once a week	37.7 (36.2–39.3)	44.1 (38.7–49.6)		1.40 (0.88–2.22)
Total screen time (h/day)				
≤2 h	31.0 (29.5–32.5)	25.4 (20.6–30.1)	0.02	1
>2–4 h	36.1 (34.5–37.7)	35.8 (30.5–41.1)		1.17 (0.84–1.62)
>4–6 h	18.6 (17.4–19.9)	22.0 (17.5–26.6)		1.29 (0.90–1.86)
>6 h	14.2 (13.1–15.4)	16.8 (12.7–20.9)		1.28 (0.86–1.92)
Nutritional score				
6–9 recommendations	15.1 (13.9–16.2)	13.8 (10.1–17.6)	0.37	1
3–5 recommendations	71.3 (69.8–72.8)	76.5 (71.9–81.2)		1.00 (0.70–1.43)
0–2 recommendations	13.6 (12.5–14.8)	9.6 (6.4–12.9)		0.54 (0.31–0.94)
Age, mean (95% CI) (years)	13.1 (13.0–13.2)	13.0 (12.9–13.2)	0.79	
Breakfast frequency (days/week)	4.7 (4.6–4.8)	4.0 (3.7–4.3)	<0.001	
Smoking status (smoker)	12.8 (11.7–13.9)	14.0 (10.2–17.9)	0.56	
Self-rated health (poor)	9.4 (8.4–10.3)	15.7 (11.7–19.7)	<0.001	
Family structure (parents not together)	21.2 (19.9–22.6)	25.6 (20.8–30.4)	0.11	
Family Affluence Scale (high)	43.6 (42.0–45.2)	51.9 (46.4–57.4)	0.005	

a: P-value of the bivariate analysis comparing normal-weight and overweight girls

b: AOR = adjusted odds ratio using the normal-weight group as the reference. Adjusted for age, breakfast frequency, smoking status, self-rated health, family structure and Family Affluence Scale

previous reports with regard to this gender difference and the low guideline adherence.²⁹ The direct association with overweight for boys is in agreement with other publications.¹⁴ Our results indicate that exceeding current recommendations is associated with increased odds of being overweight, which continue to grow as more time is spent in such activity. For girls, the lack of association might be due to the low

number reporting high usage, as girls tend to spend less time on screen-based activities than boys.³⁰ Therefore, it could be speculated that girls spend more time in other sedentary activities, which are not screen based, as Marshall *et al.*⁶ stated.

Along the same lines, we found low levels of adherence to PA, with more boys than girls meeting recommendations. For boys, the direct

association with overweight found for any amount of PA below what is recommended parallels findings in a longitudinal study in younger children where only high levels of PA resulted in a lower BMI in early adolescence.⁷ For girls, the lack of association might be explained by the low number of girls reporting high sports participation.²⁸

Rodriguez *et al.*³¹ reported that nutrition has been inconsistently related to overweight, which is in line with the lack of association found for boys. For girls, the negative relationship found for the lowest category might be explained by a possible report bias. Overweight individuals have been described to underreport their daily energy intake,³² and underreporting has been associated with specific food groups (commonly considered as 'unhealthy'),³³ which would result in biased answers towards healthier eating patterns. Alternatively, overweight individuals might adhere to the recommended frequency but consume increased quantities, as it was found that portion sizes, among other things, were directly associated with BMI for girls.³⁴

Although not an objective of our study, the finding that >50% of the adolescents reported not meeting a single guideline and <2% met all three guidelines, deserves further discussion of current guidelines, mainly those regarding screen time and nutrition.

In 2001, 20% of the Swiss students declared frequently using computers within the school setting.³⁵ Furthermore, another report described that school computer usage increased³⁶ between 2003 and 2006. In light of this evidence, it is likely that the proportion of students frequently using computers at school has grown, adding to leisure screen time and inflating the total amount. Given this context, it is understandable that current guidelines (no more than 2 h/day) are becoming increasingly difficult to comply with when the total amount is considered. Moreover, evidence speaks in favour of a lack of significant relationship between overweight and the academic use of computers.³⁷ Therefore, current recommendations should distinguish between academic and recreational screen time and not take the former into account when limiting daily screen time.

Globally, even with a loose interpretation of the recommendations, adherence to nutritional guidelines was found to be extremely low. Had we applied more stringent cutoffs, or been able to take the quantity criterion into account, the rates would have probably been even lower. In view of these results, the achievability of current nutritional guidelines is questionable, which warrants further research on how to adapt them to adolescents to increase adherence, as mentioned by Meier *et al.*¹³

In their recent review of treatment interventions in obese children (aiming for the most part at an increase of PA and/or better dietary habits), Whitlock *et al.*³⁸ concluded to a significant but modest effect of behavioural interventions on excess weight. Combined with the low levels of adherence to the above-mentioned guidelines found in our sample, promoting them should be encouraged in overweight and obese individuals. However, Summerbell *et al.*³⁹ concluded to an absence of significant effect on excess weight when reviewing interventions in the general paediatric population. In light of this discrepancy and with the findings that very few individuals do follow current guidelines, other factors must be considered.

The main strengths of this study are that it is based on a large nationally representative sample of youths and it analyses the effect of all three guidelines at the same time. Nevertheless, several limitations need to be taken into account. First, our results are based on cross-sectional data, therefore, preventing the identification of any cause-effect relationship. Secondly, BMI values were based on self-reported height and weight which has been shown to underestimate the prevalence of overweight and obesity.⁴⁰ This could explain the slightly lower prevalence rate found in our research when compared with other Swiss studies,⁴¹ although it is in the average range of the HBSC international study.¹⁵ Thirdly, the score created to assess nutritional adherence is not comprehensive, as it did not examine the quantity criterion. Therefore, nutritional adherence might have been overestimated.

In the present study, meeting screen time, PA and nutritional guidelines have been partially associated with reduced odds of being overweight. Their adherence should therefore be encouraged.

The finding that more than half of the adolescents do not comply with a single guideline raises the question of their achievability, especially for nutritional guidelines, which warrants their review to better adapt them to adolescents' lifestyles.

Acknowledgements

The Swiss participation was conducted by the Research Institute of Addiction Info Switzerland (formerly the Swiss Institute for the Prevention of Alcohol and Drug Problems, SIPA). Part of Dr Bélanger's participation was possible through scholarships from the McLaughlin program (Université Laval), the Centre Hospitalier Universitaire de Québec and the Royal College of Surgeons and Physicians of Canada.

Funding

The Swiss participation in the 2006 HBSC survey was funded by the Federal Office of Public Health (grant no. 04.001776/2.24.02.-64) and the Swiss Cantons.

Conflict of interest: None declared.

Key points

- There are gender differences regarding the association with overweight.
- Meeting nutritional, PA and screen time guidelines should be encouraged among adolescents.
- However, as very few youths follow all guidelines, their achievability needs to be reviewed.

References

- 1 Schneider H, Venetz W, Gallani Berardo C. Overweight and obesity in Switzerland. Part 2: Overweight and obesity trends in children. Basel, 23 March 2009. Available at: http://www.sge-ssn.ch/fileadmin/pdf/500-fuer_experten/40-grundlagendokumente/5-uebergewicht/Overweight_and_obesity_in_Switzerland_part_2_trends_in_children.pdf (9 July 2010, date last accessed).
- 2 Must A. Morbidity and mortality associated with elevated body weight in children and adolescents. *Am J Clin Nutr* 1996;63(3 Suppl):445S-7S.
- 3 Bouchard C. Gene-environment interactions in the etiology of obesity: defining the fundamentals. *Obesity (Silver Spring)* 2008;16(Suppl 3):S5-S10.
- 4 Biro FM, Wien M. Childhood obesity and adult morbidities. *Am J Clin Nutr* 2010;91:1499S-505S.
- 5 Gillis LJ, Kennedy LC, Gillis AM, Bar-Or O. Relationship between juvenile obesity, dietary energy and fat intake and physical activity. *Int J Obes Relat Metab Disord* 2002;26:458-63.
- 6 Marshall SJ, Biddle SJ, Gorely T, et al. Relationships between media use, body fatness and physical activity in children and youth: a meta-analysis. *Int J Obes Relat Metab Disord* 2004;28:1238-46.
- 7 Moore LL, Gao D, Bradlee ML, et al. Does early physical activity predict body fat change throughout childhood? *Prev Med* 2003;37:10-7.
- 8 Motl RW, McAuley E, Birnbaum AS, Lytle LA. Naturally occurring changes in time spent watching television are inversely related to frequency of physical activity during early adolescence. *J Adolesc* 2006;29:19-32.
- 9 Halford JC, Gillespie J, Brown V, et al. Effect of television advertisements for foods on food consumption in children. *Appetite* 2004;42:221-5.
- 10 Pellaud M. [The proper use of television and computer]. *Paediatrica : Bulletin der Schweizerischen Gesellschaft für Pädiatrie (SGP) = Bulletin de la Société suisse de pédiatrie (SSP)* 2007;18:57.
- 11 Office Fédéral du Sport (OFSP), Office Fédéral de la Santé Publique (OFSP), Promotion Santé Suisse, Réseau suisse Santé et activité physique (hepa.ch). [Physical Activity and Children and Adolescent Health]. 2007. 2532 Macolin, OFSP.
- 12 Bernet C. Schweizerische Gesellschaft für Ernährung SGE. [Child Nutrition]. Schweizerische Gesellschaft für Ernährung SGE, editor. 2008. 3001 Bern, Schweizerische Gesellschaft für Ernährung SGE.

- 13 Meier M, Berchtold A, Akre C, et al. Who eats healthily? A population-based study among young Swiss residents. *Public Health Nutr* 2010;4:1–8.
- 14 Marshall SJ, Gorely T, Biddle SJ. A descriptive epidemiology of screen-based media use in youth: a review and critique. *J Adolesc* 2006;29:333–49.
- 15 Currie C, Gabhainn S, Godeau E, et al, editors. Inequalities in young people's health: international report from the HBSC 2006/06 survey (Health Policy for Children and Adolescents, No. 5). Edinburgh: Child and Adolescent Health Research Unit (CAHRU), 2008.
- 16 Sanchez A, Norman GJ, Sallis JF, et al. Patterns and correlates of physical activity and nutrition behaviors in adolescents. *Am J Prev Med* 2007;32:124–30.
- 17 Delgrande Jordan M, Annaheim B. [Eating behavior and physical activity among students aged 11–15 years in Switzerland. Situation in 2006 and recent evolution. Results of the international survey Health Behaviour in School-aged Children (HBSC)]. Lausanne: Institut suisse de prévention de l'alcoolisme et autres toxicomanies (ISPA), 2009.
- 18 Horton NJ, Kleinman KP. Much ado about nothing: a comparison of missing data methods and software to fit incomplete data regression models. *Am Stat* 2007;61:79–90.
- 19 Royston P. Multiple imputation of missing values: further update of ice, with an emphasis on categorical variables. *Stata J* 2009;9:466–77.
- 20 Cole TJ, Bellizzi MC, Flegal KM, Dietz WH. Establishing a standard definition for child overweight and obesity worldwide: international survey. *BMJ* 2000;320:1240–3.
- 21 Melkevik O, Torsheim T, Iannotti RJ, Wold B. Is spending time in screen-based sedentary behaviors associated with less physical activity: a cross national investigation. *Int J Behav Nutr Phys Act* 2010;7:46.
- 22 Pate RR, Freedson PS, Sallis JF, et al. Compliance with physical activity guidelines: prevalence in a population of children and youth. *Ann Epidemiol* 2002;12:303–8.
- 23 Timlin MT, Pereira MA, Story M, Neumark-Sztainer D. Breakfast eating and weight change in a 5-year prospective analysis of adolescents: Project EAT (Eating Among Teens). *Pediatrics* 2008;121:e638–e645.
- 24 Gibson LY, Byrne SM, Davis EA, et al. The role of family and maternal factors in childhood obesity. *Med J Aust* 2007;186:591–5.
- 25 Boyce W, Torsheim T, Currie C, Zambon A. The Family Affluence Scale as a measure of national wealth: validation of an adolescent self-report measure. *Soc Indic Res* 2006;78:473–87.
- 26 Farhat T, Iannotti RJ, Simons-Morton BG. Overweight, obesity, youth, and health-risk behaviors. *Am J Prev Med* 2010;38:258–67.
- 27 Guallar-Castillon P, Lopez GE, Lozano PL, et al. The relationship of overweight and obesity with subjective health and use of health-care services among Spanish women. *Int J Obes Relat Metab Disord* 2002;26:247–52.
- 28 Suris JC, Michaud PA, Chossis I, Jeannin A. Towards a sedentary society: trends in adolescent sport practice in Switzerland (1993–2002). *J Adolesc Health* 2006;39:132–4.
- 29 Hardy LL, Denney-Wilson E, Thrift AP, et al. Screen time and metabolic risk factors among adolescents. *Arch Pediatr Adolesc Med* 2010;164:643–9.
- 30 Brodersen NH, Steptoe A, Boniface DR, Wardle J. Trends in physical activity and sedentary behaviour in adolescence: ethnic and socioeconomic differences. *Br J Sports Med* 2007;41:140–4.
- 31 Rodriguez G, Moreno LA. Is dietary intake able to explain differences in body fatness in children and adolescents? *Nutr Metab Cardiovasc Dis* 2006;16:294–301.
- 32 Bandini LG, Schoeller DA, Cyr HN, Dietz WH. Validity of reported energy intake in obese and nonobese adolescents. *Am J Clin Nutr* 1990;52:421–5.
- 33 Lafay L, Mennen L, Basdevant A, et al. Does energy intake underreporting involve all kinds of food or only specific food items? Results from the Fleurbaix Laventie Ville Sante (FLVS) study. *Int J Obes Relat Metab Disord* 2000;24:1500–6.
- 34 Huang TT, Howarth NC, Lin BH, et al. Energy intake and meal portions: associations with BMI percentile in U.S. children. *Obes Res* 2004;12:1875–85.
- 35 Niederer R, Greiwe S, Pakoci D, Aegerter V. Fachhochschule Solothurn Nordwestschweiz IfiWuSI. Informations- und Kommunikationstechnologien an den Volksschulen der Schweiz. Neuchâtel, 2002.
- 36 Office Fédéral de la Statistique (OFS-BFS-UST). Indicateur 30404: Utilisation des TIC à l'école. Office Fédérale de la Statistique OFS, 2009.
- 37 Attewell P, Suazo-Garcia B, Battle J. Computers and Young Children: Social Benefit or Social Problem? *Soc Forces* 2003;82:277–96.
- 38 Whitlock EP, O'Connor EA, Williams SB, et al. Effectiveness of weight management interventions in children: a targeted systematic review for the USPSTF. *Pediatrics* 2010;125:e396–e418.
- 39 Summerbell CD, Waters E, Edmunds L, et al. Interventions for preventing obesity in children. *Cochrane Database Syst Rev* 2005: CD001871.
- 40 Elgar FJ, Roberts C, Tudor-Smith C, Moore L. Validity of self-reported height and weight and predictors of bias in adolescents. *J Adolesc Health* 2005;37:371–5.
- 41 Lasserre AM, Chiolero A, Cachat F, et al. Overweight in Swiss children and associations with children's and parents' characteristics. *Obesity* 2007;15:2912–9.