EDITORIAL

A Feasible and Effective Lifestyle Counseling Program for Obese Children and Adolescents

Childhood obesity is now an epidemic problem worldwide. A combination of decreased physical activity, increased sedentary behavior, and consumption of excessive calories, has resulted in the increasing prevalence of childhood obesity. In Taiwan, according to Nutrition and Health Survey in Taiwan Elementary School Children (NAHSIT Children, 2001–2002), 15.5% of boys and 14.4% of girls between the ages of 6 and 12 years are overweight (≥ the 85th percentile value of body mass index), and 14.7% of boys and 9.1% of girls are obese (≥ the 95th percentile value of body mass index).1

As with adults, childhood obesity can cause serious comorbidities, such as type 2 diabetes,2 cardiovascular complications,3 nonalcoholic fatty liver disease,4 etc. Of particular concern, obesity is associated with insulin resistance and increases the risk of metabolic syndrome in children and adolescents.5 In view of the obesity epidemic and its related comorbidities, it is important for primary care pediatricians to take action to prevent, assess and treat childhood obesity.

According to the recommendations from the American Academy of Pediatrics (AAP), a staged approach to weight management for children and adolescents is suggested. The four stages of treatment include: (1) Prevention Plus (healthy lifestyle changes); (2) structured weight management; (3) comprehensive multidisciplinary intervention; and (4) tertiary care intervention. The first two stages can be implemented in the primary care office.6 However, the required staff, cost, and frequency of follow-up limit the applicability of such obesity-related health services to primary care settings.

Childhood obesity is now a prevailing issue in pediatricians’ offices. However, primary care pediatricians often fail to diagnose or treat childhood obesity, due to time constraint, lack of financial reimbursement, lack of access to a nutritionist, as well as perceived low confidence and efficacy in managing obese children and adolescents. Furthermore, obese children and their parents are usually not motivated to change their diet or lifestyle.

It is important to identify at-risk obese children who may benefit from lifestyle changes. Body mass index screening should become a standard practice at every clinic visit. Obesity related comorbidities should be identified early. Ideally, there are referral centers that provide comprehensive multidisciplinary weight management programs. However, without these, in practice, primary care pediatricians can support the family of obese children in their efforts and encourage them to adopt healthy lifestyle behaviors.

In this issue of Pediatrics and Neonatology, Kelishadi et al7 demonstrate the effectiveness and feasibility of a simple office-based program for encouraging a healthy lifestyle. The authors wanted to determine whether motivational lifestyle counseling in the primary care environment can control excess weight and associated cardio-metabolic risk factors. They studied 457 obese children and adolescents who were seen at the Isfahan Cardiovascular Research Center, Iran, between 2007 and 2008. The results suggested that motivational office-based counseling for a period of 6 months can be effective in reducing body mass index, waist circumference, and associated cardio-metabolic risk factors. The prevalence of the metabolic syndrome decreased from 20.8% to 1.8%. This report promisingly showed that obese children and adolescents can achieve health benefits with a simple and feasible primary care-based clinical program.

Some limitations exist in this study. Firstly, it is a non-randomized trial without a control. The differences of cardio-metabolic risk factors before and after intervention can be attributed by other confounding factors rather than the intervention itself. Secondly, the study subjects are heterogeneous, as the age varies widely from 2 to 18 years. The effectiveness of the intervention may depend on the age of the patients. In summary, this study may highlight a plausible office-based obesity management for general pediatricians.

Yu-Cheng Lin
Department of Pediatrics, Far Eastern Memorial Hospital, Number 21, Section 2, Nanya S. Road, Banqiao District, New Taipei City 220, Taiwan
E-mail address: q92421006@ntu.edu.tw
References


