



**National Guidelines *for*
Community Based Practitioners
on Prevention & Management of
**Childhood Overweight &
Obesity****

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Health Service Executive
Dublin, 14th December 2006**





How did we get here?

Where are we now?

What is next?

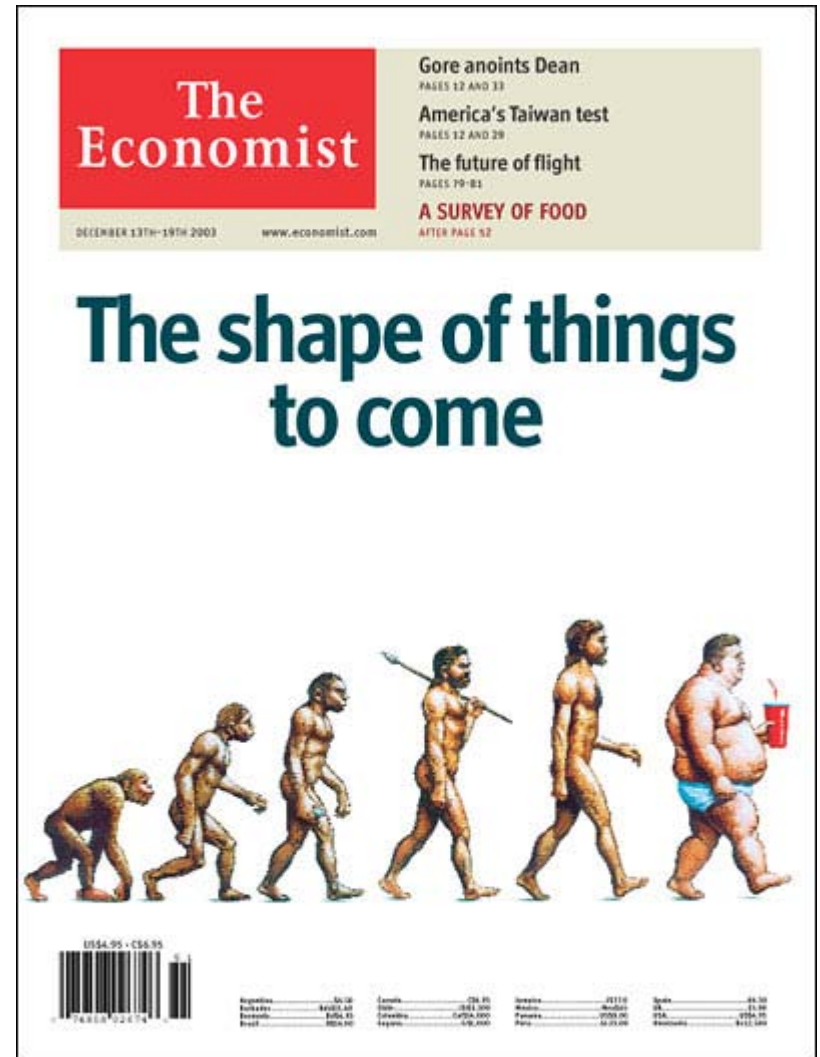
❑ Obesity is one of the main threats to children's health

❑ In Ireland, one in four children and one in two adults are overweight or obese

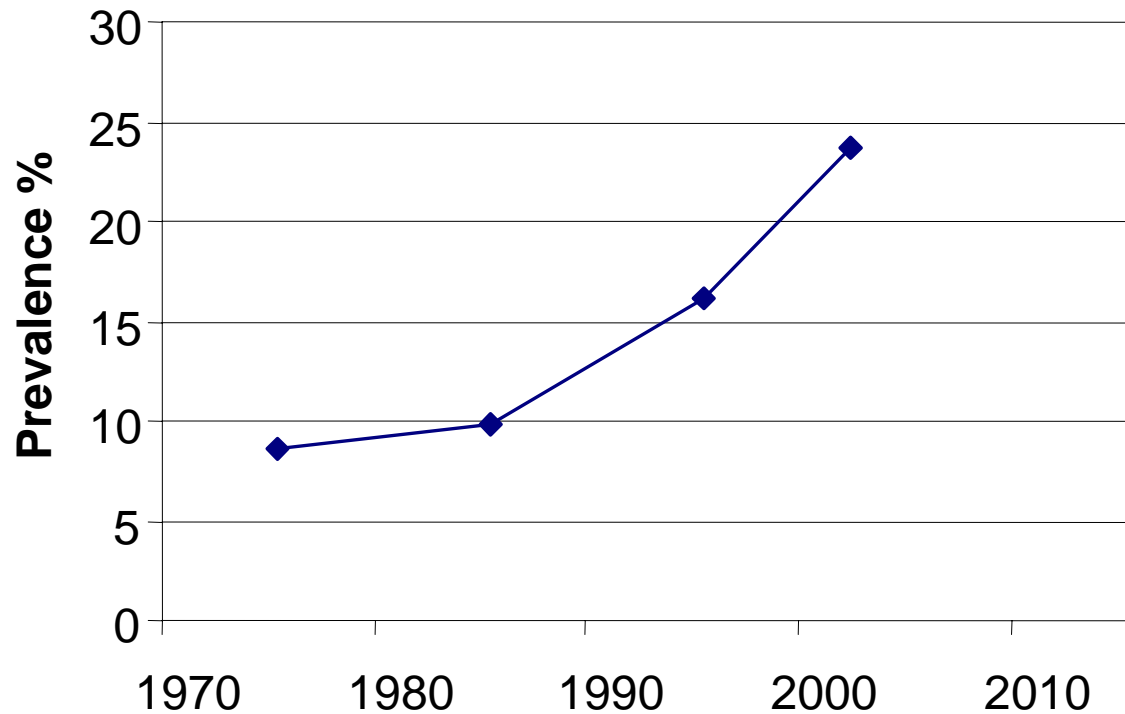
❑ One in two obese children becomes an obese adult

❑ One out of four obese adults was obese as a child

❑ Addressing obesity does not cause anorexia

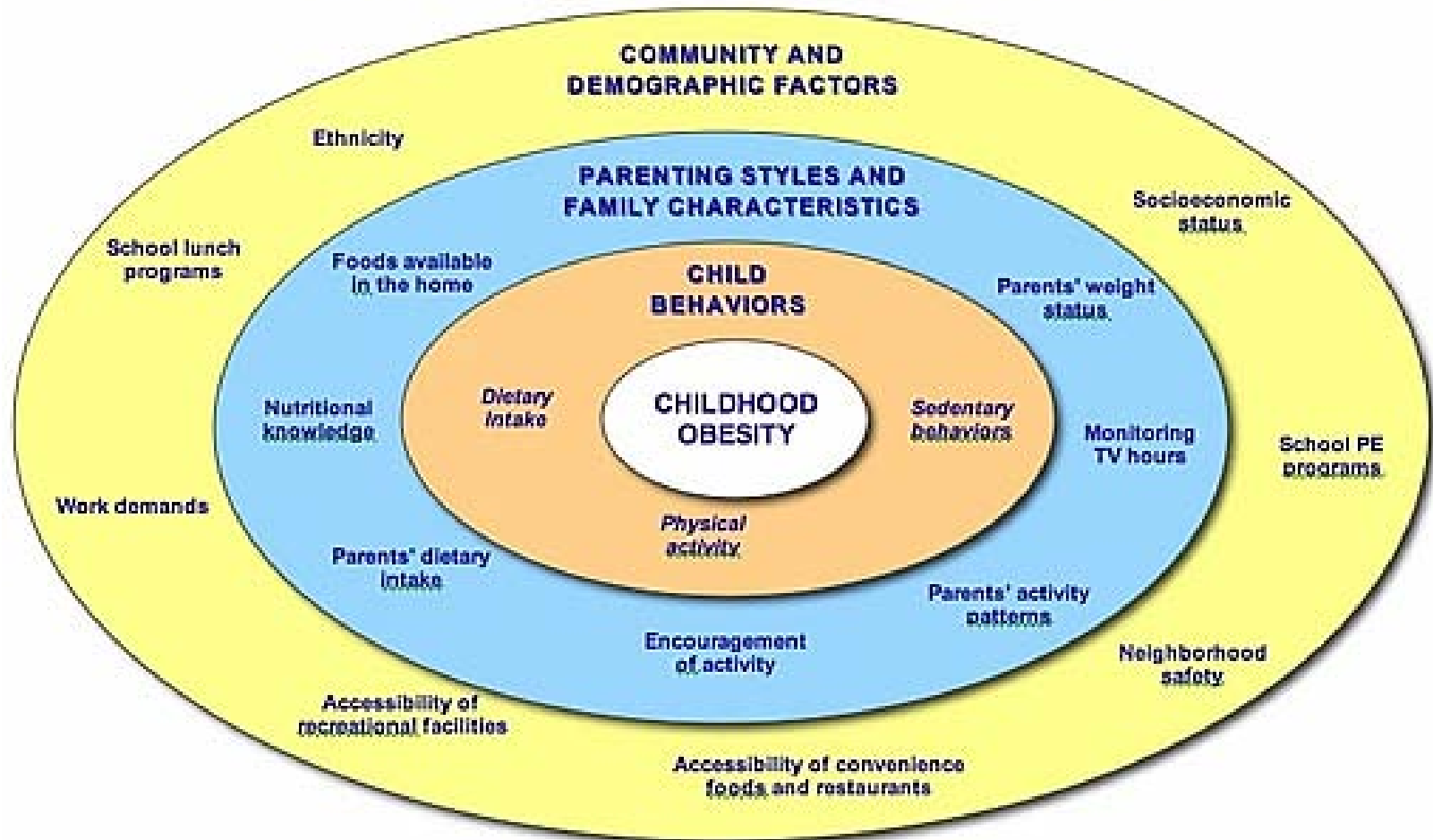


Increasing prevalence of overweight children in Europe



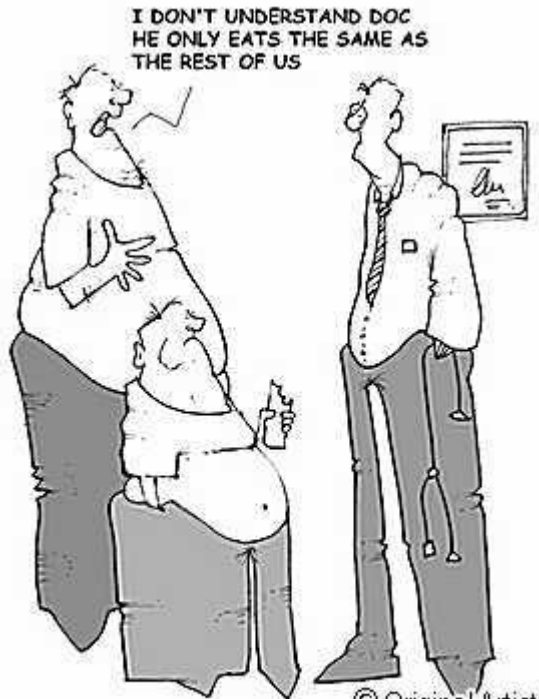
IOTF estimates, **Professor Michael Rigby, Keele University, UK**

Contextual Influences on the Development of Childhood Obesity



Adapted from Davison & Birch (2001), *Obesity Reviews*, 2, 169-171

Risk factors



" TYPE 2 DI. Reproduction rights obtainable from
INCREASED INCIDENCE OF TYPE 2 DI. IN THE US AND OTHER COUNTRIES
www.CartoonStock.com

- ✗ Low birth weight
- ✗ Fast growth in infancy
- ✗ Parental obesity
- ✗ TV viewing
- ✗ Fast foods
- ✗ Fizzy drinks
- ✗ Being poor



SuperSized
Kids

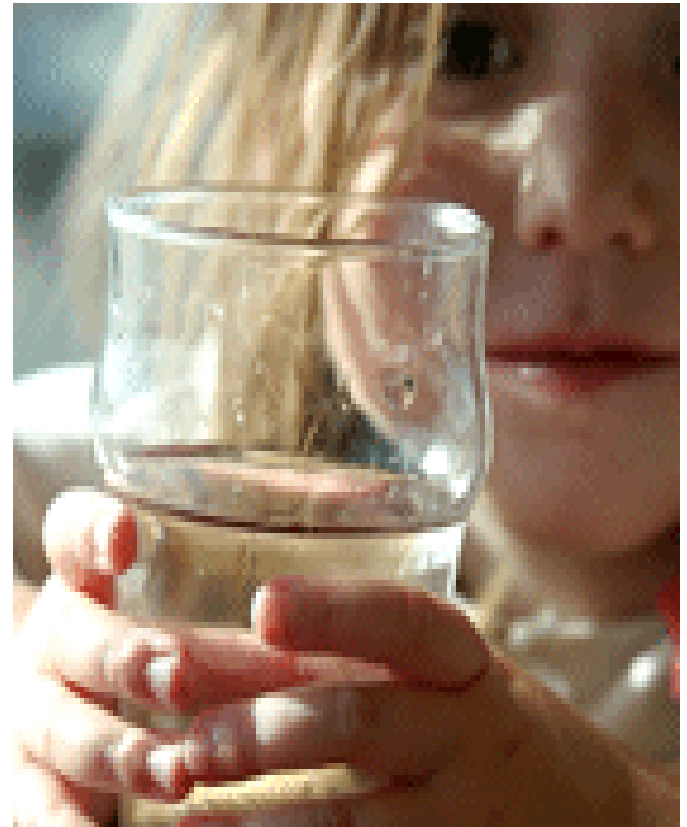
Walt Larimore, MD
Sherri Flynt, MPH, RD, LD
with Steve Halliday

Order Now!

An advertisement for "SuperSized Kids". At the top is a large pile of golden french fries. Below that, the text "SuperSized Kids" is written in a large, red, serif font. To the right of the text is a single red apple. Below the apple is a yellow button with the text "Order Now!". At the bottom left, the names "Walt Larimore, MD", "Sherri Flynt, MPH, RD, LD", and "with Steve Halliday" are listed in a smaller font.

Protective Factors

- ✓ Breastfeeding
- ✓ Regular mealtimes
- ✓ Shared family meals
- ✓ Healthy diet
- ✓ Active lifestyle
- ✓ Drinking water
- ✓ Sports participation



- #Diabetes
- #High blood pressure
- #Stroke
- #Heart disease
- #Arthritis
- #Cancer
- #Sleep disturbance
- #Depression
- #Low income
- #Unhappiness

Consequences



**“Parents could soon
outlive their children”**

Irish Times, October 2002



How did we get here?

National Task Force on Obesity Report, June 2005

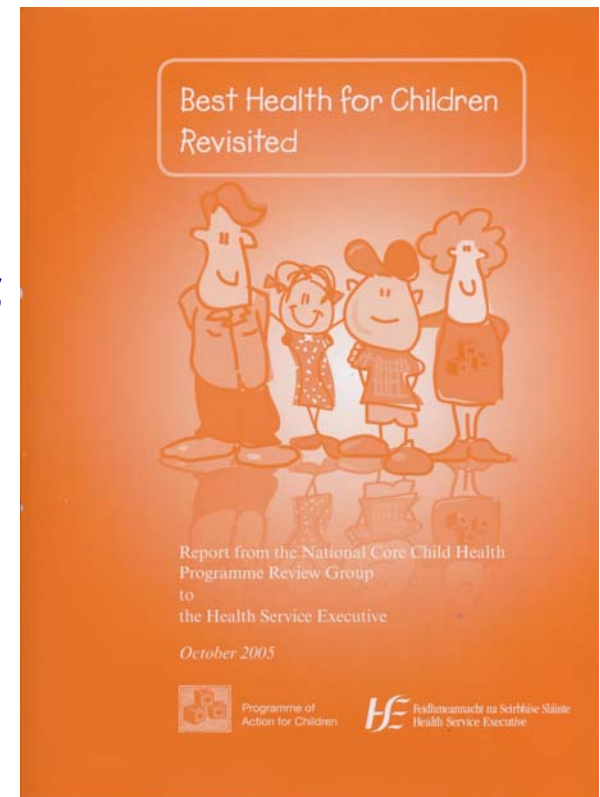
**Childhood overweight and obesity symposium,
Dublin, June 2005**

Principles of good practice, August 2005

Guideline development, October- November 2005

**Consultation with parents and young people,
December 2005- March 2006**

**Consultation with professional and academic
bodies, May - October 2006**



What Young People Say

Encourage parents to buy toys that require use of energy, e.g. trampolines.

Parents, Don't use food as a reward for children

Exercise

Go for a walk, Dancing, Don't be lazy, Be Active!!

Healthy Eating to be incorporated in school health education.

More P.E classes with variety...

Lobby Youth Council & School Council for after school activities.

Reduce the price of healthy foods

Parents get involved in activities with kids e.g. football round the garden, walking the dog etc..



Obesity Conference Letterkenny 2004 & Young Social Innovators, Dublin 2005



Where are we now?

- Definitions and measurement**
- Role of Body Mass Index**
- Growth monitoring**
- Prevention**
- Referral criteria**
- Management**
- Role of professionals**
- Key messages for parents**



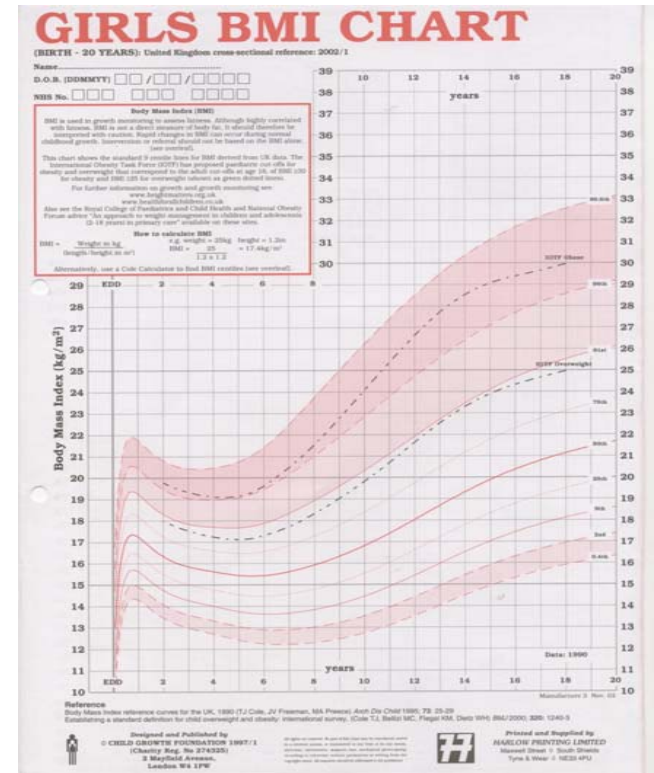
Definitions and Measurement

- Parents are not accurate in their assessment of children's weight status.
- Objective anthropometric measures need to be used.
- Body Mass Index centiles should be used to describe childhood obesity.
- Waist circumference is an emerging concept for determining body fatness still under study.
- Nationally agreed definitions for childhood overweight and obesity in Ireland are needed.
- Any definition of overweight and obesity can be used in epidemiological studies, based on either routine data or surveys.



Role of Body Mass Index

- ❑ **BMI centiles** to describe childhood overweight and obesity
- ❑ Widely accepted, but **crude measure** of body fatness
- ❑ **Adverse health outcomes** in children not yet linked to BMI cut off points
- ❑ **91st centile and 98th centile** on new Irish growth charts close to **overweight and obesity** centiles on IOTF charts (used in the UK for clinical definitions)
- ❑ BMI must be interpreted in light of **body build and pubertal development.**
- ❑ BMI should be **calculated separately** from measurements and **not routinely given to parents.**



$$\text{BMI} = \frac{\text{weight (kg)}}{\text{height (m)}^2}$$

Growth monitoring

- All children to be screened for growth disorders at birth, 6 to 8 weeks of age and at school entry
- Good practice to measure children at routine surveillance checks and immunisations
- Accurate technique, calibrated equipment, regular training to record and interpret results
- Screening for obesity not supported by evidence
- Consider surveys or use of routine data to establish obesity prevalence rates
- Review timing of growth monitoring

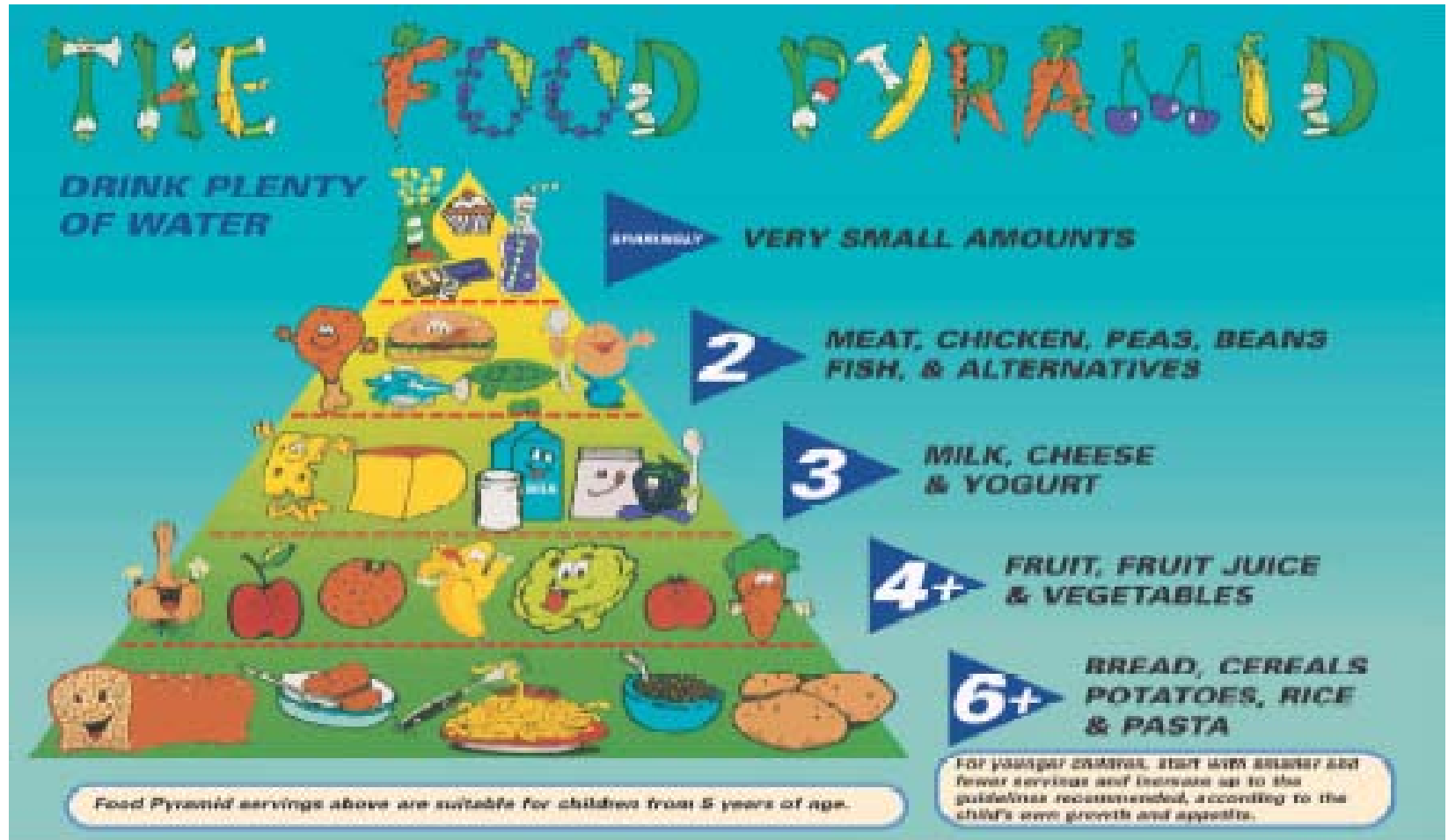


Prevention

- ❑ All children and young people should receive support for healthy lifestyle choices
- ❑ Families, communities and environmental factors determine children's lifestyle choices
- ❑ Parents need early support (antenatal education, baby friendly hospitals, PHN visiting)
- ❑ Access to evidence based information for public and professionals (e.g. PHR, websites)
- ❑ Health promoting schools contribute to prevention and reduction of childhood overweight and obesity
- ❑ Participative approaches to the design of prevention programmes increases acceptability



Food Portion Sizes





Referral

- Children with severe obesity in combination with short stature or developmental delay
- Suspected underlying endocrine and genetic conditions
- Ill health related to overweight and obesity
- Child and family concern
- Clinical judgment



Management

- Multifaceted
 - Multidisciplinary
 - Designated
 - Participative
 - Family based
 - Behavioural management
 - Improved psychosocial well-being
- ... within an enabling environment!**



Public Health Nurses
General Practitioners
Community Medical Officers
Health Promotion Officers
Dieticians
Physical Activity Coordinators
Paediatricians and Therapists
Teachers
Town planners
Food producers
Community Development Workers
Parents
Politicians.....



Role of Health Professionals

Health professional need to be trained in:

- Growth monitoring, its benefits and limitations
- Risk and protective factors for childhood overweight and obesity
- Importance of families, communities and environmental factors
- Change management and brief intervention techniques
- Evidence base for effective prevention and intervention
- Communication with parents
- Lobbying and advocacy...!

Working with Parents

- ❖ **Most children are obese as a result of lifestyle**
- ❖ **Obese children tend to become obese adults**
- ❖ **Obesity is easier to prevent than treat**
- ❖ **Breastfeeding helps to prevent obesity**
- ❖ **Make healthy nutrition and exercise a family affair**
- ❖ **Children do not have to clean their plate**
- ❖ **Use food and drink neither as rewards nor punishment**
- ❖ **Limit TV viewing and other sedentary behaviours**



What is next?

- Childhood obesity training module development and delivery
- Growth monitoring equipment procurement
- Agreement on national definition of childhood overweight and obesity
- Growth chart development, tendering, design, production and dissemination
- Implementation of NOTF recommendations
- Obesity surveillance
- Review of growth monitoring programme and obesity guidelines...



To avoid....



And improve....



Health *of* *Our* Children







