Treatment of childhood obesity – lessons and challenges

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Treatment and Prevention of Obesity
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Possible strategies

- Prevention
  - Pedagogical techniques
- A professional conversation
  - A conversation where you know where you are heading
- Future strategies
  - Drug therapy
  - Surgery
  - Pedagogical and conversational treatments combined
  - Sports society

A professional conversation

- How do you do it?
- Is it effective?
- Is it cost-effective?
- Is it safe?

Childhood Obesity Unit

- A knowledge and treatment centre for obese children in the Region Skåne was started in 2001
  - To treat obese children
  - To inform about the disease
  - To spread an evidence based model
  - To start a dialog with health care providers
- The unit was approved as a state financed centre in 2004

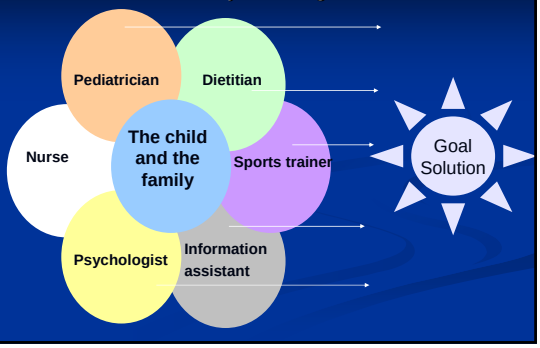
Multi-disciplinary approach

- Medical (pediatric)
- Nutrition
- Physical activity
- Psychological/social

➢Co-operation within a team is necessary to offer a treatment specially designed for the family

Multidisciplinary team

at Childhood Obesity Unit Region Skåne



Treatment models

- Single family treatment:

First visit includes
– Full team
– Investigation
– Evaluation
– Goals for this family

Follow-up is done using smaller teams

Nowicka, *International Journal of Obesity*, 2004, Vol 28, Suppl 1

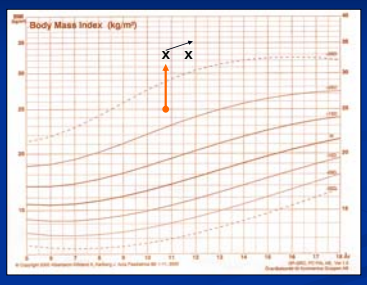
Evaluation of the SOFT model

- 233 children were recruited during 18 months
- 44 children had been treated more then 6 months
- 26 boys, 18 girls , age 10.9 years (mean; range 6-16)
- BMI 32,1 (mean)
- 33 children had been treated more than 1 year
- All children were recruited for follow-up. 81% participation rate
- Change in BMI

– 3.4% (-14% - +17%) for the whole group
  – 5.5% for younger children (-15% - +6%)
  – 37/44 (84%) were successful (e.g. did not increase BMI)

Int J Obese 2004:28; S193

BMI **for the average patient**



The reasons for this model

- Psychoanalytic therapy
- Behavioral therapy
  - Using behavioral performance based procedures to induce changes in behavior (re-learning)
- Cognitive behavioral therapy
  - Using behavioral performance based procedures and cognitive interventions to produce changes in thinking, feeling and behavior

Psychological models cont

- Family (systems) therapy
  - Using the encounter with a family to improve the members health by observing and analyzing interactions between family members but also with the therapists and improving the family's ability to use their own resources
- Group therapy
- Review
  - Flodmark CE. Childhood Obesity.
    - Clinical Child Psychology and Psychiatry 1997;2: 283-295

Family weight school

- Multiple family treatment 12-19 years of age
- 72 families were treated for one year
- BMI 34,6 (27,6-50,4) unchanged in the treatment group
- The control group increased 34,5-35,8 (p<0,02)
- Quality of life lower after 14-19 years of age

Nowicka, *Obesity Research*, Vol 13, September 2005
Nowicka, *International Journal of Obesity*, Vol 29, September 2005

Cost effectiveness

- Cost-benefit
  - Braet (Belgium) 30 visits per patient for one year
  - Epstein (USA) 14 visits
  - SOFT model 3.8 – 6 visits
- Conclusion
  - A multi disciplinary team is not necessarily requiring many visits
  - Does not increase eating disorders

The SOFT model

- One visit every third month
- 600 patients in active treatment
- 2000 GBP per family per yeat
- Family weight school 725 GBP per family
- Four visits in one year

Reflexions

- Non-blaming approach showing respect (requires training)
- Realistic goals (biological knowledge)
- Small steps
- Age adjusted strategies (requires understanding of psychological development)

Obesity and eating disorders

- No support in empirical studies for dieting inducing eating disorders in adults
  - National Task Force on the Prevention and Treatment of Obesity. Arch Intern Med 2000;160:2581-9.
- Binge eating disorder good prognosis
  - Fairburn C, Arch Gen Psychiatry. 2000 Jul;57(7):659-65

A professional conversation

- How do you do it?
- Is it effective?
- Is it cost-effective?
- Is it safe?

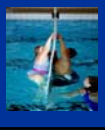
- Use psychological based treatments
- Better long-term results than in adults
- The method chosen might be important
- No indication of increased eating disorders

Tools in Teenagers

- Quality of life
  - The effect of a health condition on daily activities, physical symptoms, social interactions and emotional well being (S Friedlander, 2003).
- Self-esteem
  - Reality-based attainments relative to one's goals or aspirations (William James, 1890) or the self as a social object (Cooley, 1902, SA French, 1995).

To be a patient or a person

- Patient perspective
  - Health related quality of life in obesity is similar as in cancer (JB Schwimmer 2003)
    - 106 children aged 5-18 years



To be a patient or a person (cont.)

- Population perspective
  - Self-esteem and peer acceptance only different in subscales for athletic competence and physical appearance (RG Phillips, 1998)
    - 313 children aged 9-11
  - Self-esteem only different in the subscale for physical characteristics (C Renman, 1999)
    - 6319 children aged 14-18
  - Quality of life decreased in physical and social functioning but not emotional and school functioning (J Williams, 2005)
    - 1256 children, aged 9-12

The SOFT model

- The global scale was improved from low to normal (4.1-5.3)
- Physical characteristics were improved (3.0-4.1)
- Psychological well-being was improved from low to normal (3.6-4,7)
- Relations to others were improved (5.0-5.9)
- A tendency towards normalization for other subscales
  - Relation to parents and the family (5.0-5.2)
  - Talents and skills (5.8-6.5)

Conclusions

- Obese patients have lower quality of life
- In the population obese children have normal quality of life but subscales for physical characteristics are lower
- Parents regard children's quality of life as low
- Quality of life is lower in older children
- Socioeconomic status is important

Reflexions

- Obese children are happy as normal children
- Obese patients are unhappy
- Parents becomes unhappy before the obese child does
- What will happen if the therapist becomes unhappy and depressed?

More information

The web page for Childhood Obesity Unit Region Skåne:

www.bravikt.info