

Pediatricians say advice to obese kids and families falls on deaf ears

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Pediatricians who talk to obese patients and their families about losing weight feel their conversation makes little difference in encouraging a lifestyle change, a small Saint Louis University study finds.

“Pediatricians feel as if their efforts are futile,” says Sarah Barlow, M.D., the lead author of the study who also is an associate professor of pediatrics at Saint Louis University School of Medicine and pediatric obesity specialist at SSM Cardinal Glennon Children’s Medical Center.

“Despite their best efforts to provide families with good advice, doctors find families lack the motivation or are so overwhelmed with the stresses of daily life that they don’t attempt to attack weight problems by eating healthier and exercising more.”

Findings were based on face-to-face interviews with eight St. Louis area pediatricians from diverse backgrounds and practice settings.

Those families who changed what they ate and how much they exercised typically came to appointments with a desire to lose weight and already were motivated to change their behavior.

“Doctors believe successful patients are motivated before they come to the door,” Dr. Barlow says.

“If clinicians can build on media attention and work to create motivation ahead of the visit and if they are prepared to provide answers to the

families' questions about healthy eating and activity practices, then clinicians may see more behavior change. Office visits need to get away from doctors saying 'Here's the problem, here's what you need to do, goodbye until next year.'"

It's difficult to change patterns of behavior, Dr. Barlow acknowledges.

"The pediatricians recognized that parents and children lack time for food preparation and physical activity. Low-income patients have many pressing needs. Other members of large households may undermine the parent's control over the child's food, and families may not have access to healthy food in their neighborhoods," Dr. Barlow says.

"In addition to poor home environments in many families, doctors described low family commitment."

Doctors identified obese children using standard height and weight charts instead of body mass index (BMI), which is a mathematically computed height/weight ratio that correlates with their amount of body fat.

"Doctors don't think they need to calculate BMI because they can recognize the kids who are very obese," Dr. Barlow says.

However, she says, doctors fail to diagnose children who may be starting to develop a weight problem and miss the chance to encourage families to make little lifestyle changes that are not so overwhelming.

"It's a missed opportunity for these doctors to help address weight problems early on," Dr. Barlow says. "If they're going to have any effect at all, it's going to be in encouraging small changes early."

Source: Saint Louis University

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