

# Group treatment may help children achieve healthier weights

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Group-based treatment programs may effectively combat childhood obesity in rural communities, according to a new University of Florida study. Children who participated in one of two group programs — family-based or parent-only — were less overweight compared with children in a control group. The findings appear in the December issue of *Archives of Pediatric and Adolescent Medicine*.

The UF study is the first to assess the effectiveness of a child weight-management program in a real-world, community-based setting for families in rural areas.

"Given the scope and seriousness of obesity in America and the limited access to services for children in rural settings, there is a pressing need for programs that help rural families adopt healthy dietary habits and increase physical activity," said David Janicke, Ph.D., lead investigator and an assistant professor in the UF College of Public Health and Health Professions' department of clinical and health psychology.

More than 16 percent of rural children are obese compared with 14 percent of urban children. Factors contributing to the disparity include greater rates of poverty in rural areas and geographical barriers that limit access to medical care, healthy foods and facilities for physical activity.

The study involved 93 children and their parents from four rural counties in Florida. The children were between the ages of 8 and 14 and had a body mass index, or BMI, above the 85th percentile for age and

sex, based on growth charts from the Centers for Disease Control and Prevention. Children with BMI scores above the 85th percentile are considered overweight or obese. Families were randomly assigned to one of three four-month treatment groups: family-based, parent-only or a control group made up of families on the treatment wait list.

On average, children in the weight-management programs experienced greater decreases in BMI scores compared with children in the control group six months after treatment. Compared with their pre-treatment levels, children in weight-management groups were 4 percent less overweight, and children in the control group were about 3 percent more overweight at the end of the six-month period.

Although the weight changes may appear modest, they are in line with the researchers' goal of helping children make gradual changes to their diet and lifestyles. In addition, the children's weight loss approached the amount necessary for improvements in lipid and blood sugar levels, according to previous research.

"When working with children it's important to introduce lifestyle changes slowly and make it fun, otherwise they may become resistant," Janicke said. "Making big changes in their diets could lead to unhealthy habits like skipping meals, eating disorders or weight gain."

The weight control programs were conducted at Cooperative Extension Service offices. Participants received instruction on healthy diet choices and children were given pedometers and encouraged to gradually increase their daily steps. Families and group leaders worked together to set individualized dietary goals based on the children's progress and preferences.

In the parent-only treatment group, parents received training on nutrition, exercise and behavior management strategies for their

children. In the family-based group, parents and children met separately but in simultaneous groups. While the parents received instruction, the children reviewed their progress, participated in a physical activity and learned how to prepare a healthy snack.

"In the group setting families can talk with each other about barriers to making changes, offer suggestions and hold each other accountable," Janicke said.

While the parent-only and family-based groups were effective, the parent-only format offers potential cost benefits, the researchers say. Parent-only programs require fewer resources, such as staff, space and materials. Parents may also take more responsibility for teaching healthier lifestyle habits and implementing the changes at home. In addition, children can avoid a possible stigma among their peers associated with attending weight-management programs and it may be easier for parents to attend the sessions without their children. Participants in the parent-only group attended 74 percent of the sessions compared with 63 percent attendance in the family-based group.

The UF study also has implications for the delivery of community-based treatment programs for children, particularly the use of Cooperative Extension Service offices, which exist in nearly every county in the United States, Janicke said.

"The Cooperative Extension Service network offers a unique setting in that it provides the infrastructure and stature within rural communities to support preventive services for families," he said.

Child weight-management studies in real-world settings like the one led by Janicke are extremely valuable and much too rare, writes Thomas Robinson, M.D., the Irving Schulman, M.D. endowed professor in child health at Stanford University, in an editorial accompanying the article on

the UF study.

"We need to focus new energy on finding solutions to childhood obesity, not just documenting the problem," Robinson wrote. "This is the most direct way to generate the high-quality data needed to establish an evidence base for effectively and efficiently managing pediatric obesity."

Source: University of Florida

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