

Current national primary care policies for childhood obesity need to be improved

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Current primary care policies aimed at reducing obesity and increasing physical activity in children do not work and are very costly to run, according to research published on BMJ.com today.

Family doctor screening and brief counselling is part of national policy to tackle childhood obesity in a number of countries including the UK, US and Australia. While the programmes do not harm children, research led by the Murdoch Childrens Research Institute in Melbourne, Australia, questions whether resources would be better spent on prevention and improving treatment for obesity.

The global long-term physical, emotional, social, reproductive and economic consequences of childhood obesity are likely to be extremely serious, says the study. This has led many countries to endorse screening and counselling programmes aimed at children. However, say the authors, very little evidence exists to show this kind of intervention works.

Lead author, Professor Melissa Wake of the Royal Children's Hospital and Murdoch Childrens Research Institute in Melbourne carried out a large trial (LEAP 2) that tracked the effectiveness of this anti-obesity approach in overweight and obese children.

Wake and her team surveyed almost 4000 children who visited their GP between May 2005 and July 2006. Over 250 overweight or mildly obese children were then selected to be part of the trial, 139 were entered into

the intervention group and 119 into the control group. Participants in the intervention group received counselling over a 12-week period and their families were helped to set goals that focussed on changing eating habits and increasing physical activity.

While parents reported that children in the intervention group drank fewer [soft drinks](#), there were no significant differences in the amounts of fruit, vegetables, fat or water consumed. There were no major differences in [body mass index \(BMI\)](#), overall nutrition and physical activity.

The authors conclude that "brief, physician-led primary care intervention produced no long-term improvement in children's BMI, [physical activity](#) or nutrition" and they add that "resources may be better divided between primary prevention at the community and population levels, and enhancement of clinical treatment options for [children](#) with established obesity."

Source: British Medical Journal ([news](#) : [web](#))

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