

# New research identifies GP and parental reluctance to address childhood obesity

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One in five 11-year-old children is currently defined as obese, and the country faces a potentially huge burden of increased obesity-associated morbidity and early mortality. New research by the University of Bristol has found that despite the health implications of childhood obesity, many GPs remain reluctant to discuss the topic with parents or to refer overweight children to weight reduction services.

The study, led by Dr Jonathan Banks from the University's School of Social and Community Medicine and published in the *British Journal of General Practice*, has found that when families were presented with an opportunity to discuss their child's weight with their GP, fewer than one in six families engaged in a weight-related discussion with their GP, and fewer than one in 11 were referred for any weight-management service.

The National Institute for Health and [Clinical Excellence](#) (NICE) identifies [primary care](#) as a key site in the management of [childhood obesity](#), but recent research has shown that primary care practitioners have reservations about managing this complex condition. The results of this study, which is funded by the National Institute for [Health Research](#) (NIHR) under its Research for Patient Benefit programme, reaffirm a degree of uncertainty about whether primary care is the right setting for the management of child obesity.

The researchers studied a sample of 285 families with children and adolescents between the ages of 5 and 16 years with an 'obese' [BMI](#) recorded in the last 2 years. Parents were then sent a letter explaining

that the practice records showed their child had a high BMI, and inviting them to consult their GP, who might be able to refer them to the Care of Childhood Obesity (COCO) clinic and study for specialist support. Their consultation and referral data were subsequently collected to evaluate the proportion of children who consulted their GP about weight and were referred to the COCO clinic or alternative weight-management programmes.

The results show that under half of the parents sent letters consulted their GP (47 per cent). However, only 42 (14.7 per cent) had a record in the GP notes of their child's weight following receipt of the invitation letter. Only 19 patients (6.7 per cent) received referral to the COCO clinic with a further six (2.1 per cent) referred to alternative weight management programmes.

Dr Banks said: "Previous research has found that parents of [overweight children](#) find it difficult to seek help from a health professional and that many do not recognise overweight or obesity in their children. The data from this study resonate with these findings. It might be expected that parents who were unsure about how to deal with their child's weight would be prompted by the letter, but the very low take-up suggests resistance to addressing the issue.

"The cornerstone of the study data is the letter sent by the general practices to families of children with high BMIs; the response to the letter provides valuable data on the relationship between [child obesity](#), primary care, and the patient community.

"The study strategy to contact families of children with BMIs in the obese range was not successful. While it is recognised that there is a need for high-quality research into methods of weight management for children, the experience of this study shows that there is an accompanying need to explore how to engage parents, children, and

primary healthcare professionals in recognising obesity and the need to actively manage the condition."

Provided by University of Bristol

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