

Treating childhood obesity: A family affair

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May 1, 2012 – With nearly one-third of American children being overweight or obese, doctors agree that there is an acute need for more effective treatments. In many weight management programs, the dropout rate can be as high as 73 percent, and even in successful programs, the benefits are usually short term.

Although family-based approaches to pediatric [obesity](#) are considered the gold standard of treatment, theories of the family and how it functions have not been incorporated into effective interventions, according to a study published in the May issue of the International Journal of Obesity by researchers at Wake Forest Baptist Medical Center.

"The field of family studies provides an innovative approach to the difficult problem of pediatric obesity, building on the long-established approach of family-based treatment," said Joseph Skelton, M.D., assistant professor of pediatrics and director of the Brenner FIT (Families in Training) Program at Wake Forest Baptist, and lead author of the study.

Skelton and his research team reviewed medical literature published between 1990 and 2011 to identify the use of prominent family theories in pediatric obesity research. Of the 76 manuscripts found, 13 were selected for the study.

Wake Forest Baptist researchers found limited use of family theories in the study of pediatric obesity, particularly in weight management

treatments. Family behavioral theories can provide valuable insight into the complexities of families, and increased use of these theories in both research and practice may help in the development of more effective treatments for childhood obesity, the study found.

"Traditionally doctors looked at the patient as the one in the family to focus on, but now we have to look at the entire family as the patient," Skelton said.

"One of the problems we found was that there wasn't even a clear definition of family in the literature. A two-parent household with a stay-at-home mother and working father is no longer the norm. Inability to define the family makes it difficult to apply a straightforward model of family function to child health and weight management."

In the clinic setting, families are often represented by a child and a parent, typically the mother. However, this often does not accurately reflect family complexity and it doesn't define which family members should be included in treatment, Skelton said.

A common theme in the field of family studies is that families are a system, made up of interdependent units. Intervening with one unit, such as a mother and a child, will influence other units. These interpersonal relationships influence the health behaviors of the child and the family as a whole, according to the study.

"The challenge is to find ways to incorporate the entire family in the process, while allowing for different schedules and different age kids with different health needs," Skelton said. "If we don't find more effective treatments and this epidemic continues, these children will likely go on to become obese adults, resulting in an entire generation with lower life expectancies than their parents' generation."

Skelton and his team at Brenner FIT have begun incorporating theories of the family into their research and in their treatment approach, and are finding ways to engage more members of the family in treatment.

Provided by Wake Forest University Baptist Medical Center

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