

# Best to be straightforward with parents of overweight and obese kids

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University of Otago research into how best to engage parents of overweight and obese children has found motivational interviewing (MI) offers no real advantages over usual care—that of simply giving feedback in a straightforward and non-judgemental way.

The Health Research Council-funded study, led by Associate Professor Rachael Taylor of the University's Edgar National Centre for Diabetes and Obesity Research, stems from the 'B4 School Check' for four year-olds in which vision, hearing and other aspects of health and development are checked.

Height and weight measurements were added to the school check in

2008. Associate Professor Taylor says this provides an opportunity to identify [overweight children](#) at a stage where it is believed that if you get in and make the changes you can have more success because [behavioural factors](#) that may be promoting weight gain haven't been around long.

"We became interested in that because up to about 80 per cent of parents of children of this age don't realise or don't recognise that their child is [overweight](#), so it's unexpected news for a lot of parents."

"We know from doctors and other health professionals that they are quite reluctant to talk about [overweight and obesity](#) with parents because it's a pretty sensitive, emotive issue. How do you bring it up? If we are going to do this in all our four year-olds we need to have a pretty good way of informing parents."

Associate Professor Taylor says motivational interviewing was initially developed for drug and alcohol rehabilitation counselling and is a bit different to normal GP to patient advice.

"That's what people expect in the main. Tell me what's wrong with me and tell me what I should do about it. Motivational interviewing (MI) is much more about working with the client, or parent in this instance, to see what they think about the issue and really letting them come to terms with it. The impetus for behaviour change should come from the person, not the doctor," she says.

'Why it intrigued us was that it might be quite a user-friendly way of telling parents, who mostly don't know that their child is overweight, but in a friendly, easy manner rather than just coming straight out with it.'

The research, much of which was coordinated by PhD student Anna Dawson, was run as a screening initiative involving children aged 4 to 8 from 1093 families. The programme identified 271 overweight children.

Parents of the overweight children were randomised and either given the feedback via the usual care environment or through motivational interviewing.

"At the end of the day we didn't find any great advantages in this motivational interviewing over usual care," says Associate Professor Taylor.

That is good news, she says, because MI is a hard technique to learn and difficult for health practitioners to do within their practice.

"It's good that the usual care feedback was just as good as MI because usual care – giving feedback in a straight-forward, non-judgemental and empathetic way – is obviously going to be much easier for health practitioners."

They also gave the parents the BMI of their child in a traffic light concept (green for normal weight, orange for overweight and red for obese) and a graph showing where their child sat in those traffic light ranges.

"They really understood the traffic light concept and how that could be applied to weight."

Associate Professor Taylor says 80 per cent of their sample found the weight feedback good and non-judgmental. Two-thirds accepted that their child was overweight and that this was a problem for their health.

An intervention package, designed to be run within the primary care environment, is now being tested in a randomised trial involving 203 families with an overweight or obese child.

Half of the group will receive usual generic public health advice about

limiting screen time and the intake of sugary drinks, and increasing the intake of fruits and vegetables. The other group will received a tailored package with a one-off multidisciplinary session where an exercise specialist, a dietician and a psychologist will help them come up with their own plan for improving their health.

"We had mentors, essentially the nurses, who kept in touch with the families for the first year and three monthly in year two. The key things were that it was frequent but relatively short contact."

That study will finish in August and, if successful, a package will be developed that can be rolled out in general practice.

Provided by University of Otago

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