

# Good prognosis for children with obesity treated in primary care

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Children treated for obesity in primary or outpatient care have a relatively good chance of fending off weight problems over the next few years as well, a study published in *Acta Paediatrica* shows.

"There's an attitude that [obesity](#) is so terribly difficult to get rid of that you have to send the [child](#) to a specialist clinic, sometimes many tens of kilometers away. But the skills are often available closer at hand, and then there's a greater chance of the treatment taking place," says Staffan Mårild, Associate Professor of Pediatrics at Sahlgrenska Academy, University of Gothenburg, Sweden, and a pediatrician at Sahlgrenska University Hospital.

The study comprises 64 [children](#) aged eight to 13 who received treatment for obesity in primary or [outpatient care](#) clinics in their home area following a referral by the school health services. The participating health centers were in Alingsås, Gothenburg, Skövde, and Vänersborg.

The program undergone by the children and their legal guardians included one year's regular advice on diet, [physical activity](#), and sleep. What is now reported is how much the children weighed after going a further three years without treatment.

## **Three in 10 changed weight category**

The follow-up included 56 of the 64 children, which is considered a high proportion. The results show that approximately three in 10 children were in a lower weight category than before. Thus, they had gone from severe obesity to obesity, from obesity to overweight, or from obesity or overweight to normal weight.

The study lacks a real control group. No such group could be created since, at the time, the children with obesity had been left without treatment for four years. On the other hand, the results were compared with a group of 34 children who were of normal weight when the study began. After four years, five of these children had overweight.

"It's not as if the study's [weight](#) results are all that impressive. However,

they're at about the same levels as those achieved by the major research clinics. A big advantage here is that the effects persist after four years," Mårild says.

## **Simplicity and proximity**

The year-long program comprised traditional lifestyle treatment. On 12 occasions, the children and legal guardians met a nurse, a dietician, and in some cases a physiotherapist. Between meetings, health workers called to ask how things were going.

The dietary advice given was detailed, and meal routines were also covered. In parallel, physical activity was encouraged: Walking or cycling to school, physical activity with the family, and organized sports with children of the same age. Good sleep was also an important factor.

Mårild emphasizes the advantages of [primary care](#) when children with obesity are treated. Its simplicity and proximity to their home mean that more of them are reachable, while also reducing the risk of treatment interruptions.

"I think pediatric clinics and general medical centers should venture to take on these cases to a greater extent. Then, if it doesn't work, the children can be sent elsewhere in a second phase."

**More information:** Christer Forsell et al. Four-year outcome of randomly assigned lifestyle treatments in primary care of children with obesity, *Acta Paediatrica* (2018). [DOI: 10.1111/apa.14583](https://doi.org/10.1111/apa.14583)

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