Management of childhood obesity in primary care

GPs are ideally placed to tackle the ‘pandemic’ of childhood obesity, write Mairead Nic an Fhaili, Mark McClean and Caroline Duggan

Childhood obesity has been described by the World Health Organization as a ‘global pandemic’. It is one of the fastest growing public health problems in Irish society. In 2005 over 300,000 Irish children were overweight or obese (as defined by a BMI of greater than 25 and 30 respectively) and figures have since risen.

In spite of increasing prevalence and much media attention, obesity in childhood remains one of the most overlooked conditions facing healthcare professionals today. The investigation and management of obesity in children has not been specifically assigned to any healthcare group and as a result, it is a problem that is being dealt with principally at primary care level.

The aim of this study was to identify: the extent to which childhood obesity and its related problems contribute to the workload of GPs; the strategies used at primary level for the management of obesity; the resources available for the management of obese children; and how the healthcare system might be improved so that a coherent plan of action is devised to deal with the effective prevention and management of weight problems in the paediatric population.

Materials and methods

A three-part questionnaire was issued to 20 general practices across the southeast of Ireland; 15 GPs completed the questionnaire on behalf of their practice. The survey was distributed evenly between urban and rural practices. Only three practices were managed by lone practitioners.

Section A was aimed at identifying the prevalence and nature of obesity-related problems encountered in primary care. GPs were asked to estimate practice numbers and attendance relating to obesity. They were requested to outline the nature of the presenting complaints related to obesity and the most frequently encountered obesity related problems, specifically in children. For the purpose of this study, a child was defined as anyone under the age of 16 years.

Section B sought to illustrate the prime causes and predisposing factors for obesity in children as identified by GPs in the community. Ranking scales were used to rate the significance of causative and contributing factors.

Section C focused on the management strategies currently in use at primary care level for management of paediatric obesity.

Results

Of the 15 general practices represented in the survey, 10 had more than 200 children on their register, three had between 100 and 200 children on their registers, and the remaining two quoted less than 100 children.

Seven practices reported presentation of children requiring management of health problems secondary to obesity over the past year.

What problems do GPs encounter with overweight children?

Respondents to the questionnaire were asked to comment on the most frequently encountered problems relating to increased BMI in children:

- 11 GPs reported psychological/cosmetic problems in their overweight patients, particularly in young female patients, and noted increased BMI was a significant contributor to depression and eating disorders in the young
- 10 GPs quoted respiratory problems, predominantly asthma, as a leading cause of morbidity in overweight children
- Three GPs reported gastrointestinal problems
- Three GPs reported endocrine problems.

Why is the problem growing?

In terms of causative factors, the respondents were asked to estimate the number of overweight/obese children who had at least one overweight/obese parent. The results for this section were quite varied.

Three GPs estimated at least one overweight parent in the majority of their overweight paediatric patients. Ten GPs
estimated that only half of their overweight/obese paediatric patients had an overweight parent.\(^2\)

When surveyed regarding the exercise habits of their overweight paediatric patients, 12 GPs reported that almost all of these children engaged in little or no sporting activity on a regular basis.

All 15 GPs considered increased dietary intake and sedentary lifestyle the principal causative factors of childhood obesity.

12 GPs rated increased dietary intake as the most significant cause of increased BMI, while three GPs rated sedentary lifestyle top of the list.

Genetic factors were estimated as the third biggest contributor to childhood obesity by the majority of GPs.

Psychological factors, including depression, were recognised as a cause (as opposed to a result) of childhood obesity by all GPs.

There was considerable variation however, among GPs in the significance attributed to psychological factors in the aetiology of childhood obesity. Secondary factors contributing to obesity were ranked in order of decreasing significance as follows:

- Lack of parental control over children’s eating and exercise patterns
- Lack of parental awareness regarding causes of obesity
- Increased availability/advertising of high calorie/processed foods
- Lack of structured physical education programmes for children
- Lack of education directed at children about the causes and complications of obesity
- Lack of dietary restrictions for children at school.

How is obesity currently managed in primary care?

Four GPs surveyed had personal strategies for dealing with childhood obesity. Two of these review their obese paediatric patients monthly while the other two report scheduled consultations on a three-monthly basis. Their management strategies involve review of the child’s daily caloric intake and exercise, subsequent recommendations for lifestyle modification, regular weigh-ins and education of parent and child regarding the norms for intake and exercise in children.

Ten GPs surveyed had referred overweight paediatric patients elsewhere for further management. These referrals were to paediatric outpatient clinics and/or a dietitian.

Despite these figures, 13 GPs felt that the primary care setting was the most appropriate environment for management of children with weight problems, but were concerned regarding the lack of resources available to them in order to facilitate management programmes.

None of the GPs questioned received any formal guidelines from the Department of Health or other recognised institutions on the management of obesity in either the adult or paediatric population.

All GPs surveyed believe that the problem of childhood obesity is not being optimally managed in Ireland at present.

Discussion

The problem of childhood obesity in Ireland is escalating. In 2005, over 300,000 Irish children were overweight or obese and the National Task Force on Obesity predicted an increase in that figure of approximately 10,000 per annum.

Recent data shows that 19% of nine-year-olds in Ireland are overweight and 7% are obese. This means that one in every four nine-year-old children in Ireland has a raised BMI.\(^2\)

Despite a rapid rise in obesity however, our study suggests that Irish parents are slow to recognise and seek attention for the their overweight children. While we know that approximately 20-25% of Irish children now have a BMI in the overweight/obese range, few GPs report early presentation of children for weight management and only seven of our 15 GPs reported having had any children present for management of health problems secondary to obesity.

This in itself is a concern considering the spectrum of health problems that affects overweight children in their childhood years and in adult life.

It is now understood that overweight children have up to 70% risk of going on to become overweight adults.\(^3\)

Childhood obesity is also a recognised factor in: the early development of psychosocial problems; psychiatric disorders, including depression and eating disorders; type 2 diabetes; heart disease; and other chronic illnesses. This is reflected in the health problems identified by GPs in this study of their overweight paediatric patients.

The observation by GPs in the south east that increased dietary intake and sedentary lifestyle are the predominant causes of childhood obesity is also reflective of international data\(^4\) and suggests that much of our management should be focused on primary prevention.

While two-thirds of GPs surveyed referred elsewhere for management of weight problems, almost all felt that childhood obesity should ideally be managed in primary care and this is an important consideration in future national planning.

Conclusion

The results of our study suggest that:

- A public health campaign is necessary to increase awareness of childhood obesity and its related problems
- There is a clear need for a new national strategy to tackle the problem and facilitate diagnosis and management in primary care
- GPs would be the most appropriate group for development of management strategies
- The focus of management of childhood obesity should be on lifestyle modification and education.

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References