OBJECTIVES

Diabetes, acute cardiovascular events and lifelong psychological problems reflect the obesity burden. Nutrition is a key point in prophylaxis and management of overweight and there is important to know the modern trends of nutrition to build an interventional strategies.

METHODS

1021 lean healthy (LH) and 372 obese/ overweight (OW) adolescents aged 10 to 17 y.o. with no gender difference were survived with original questionnaire, which also included social and psychological (by Beck-Youth) determinants.

RESULTS

- Regular planned meals are present in 82 % of lean vs. 59% of overweight.
- 12 % LH and 64% OW skip their breakfasts and 18% and 43%, respectively, lunch.
- The interval between dinner and bedtime is 2.99 ± 0.84 hours in LH and 3.5 ± 0.41 hours in OW (p<0.001). 82% of children without group difference are prone to snacks after dinner.
- The interval between evening snacks (last meal) and bedtime statistically less in OW (2.05 ± 1.15 h. vs. 1.25 ± 0.57 h., p < 0.001). (Fig.1)
- The named style of meals distribution leads to inappropriate energy distribution during the day and overweight respectively (1).

- Overweighs more prone to consume dairy (more than 2 times per day) than meat or fish, less prone to veggies (with exclusion potato) and prefer to consume fruits instead of meals (p<0.01) and bakery for snacks (p = 0.033). (Fig. 2)
- No one respondent answer positive at the question concerning portion size control, which is a cornerstone for the healthy weight (2).

- Average fluid consumption is 1.74 l in LH vs. 1.88 l in OW (p=0.03) with preferences to tea or coffee in 50.4 %, juices or soda in 48.6%, water in 1% with no difference in groups. This style of hydration associated both with high sugar intake (3) and risk of dehydration (4). (Fig3)

- Just 19.5 % of children were able to impact the choice of meal and only 8.51 % of parents are prone to support their children with healthy eating. At the same time, in studies, vast majority or parents have inappropriate opinion about portion size and food choice (5) and level of parental education is associated with a quality of their child nutrition (6).

- Irregular meals revealed association with anxiety level (r=0.53) and low self-esteem (r=-0.67).

CONCLUSIONS

1. Style of nutrition of modern population of Eastern Ukrainian children reflects a tendency to overweight and dehydration due to imbalanced diet, not planned meals and insufficient support of healthy eating by parents.
2. There is a tendency to social disadaptation due to hyperdominant parental behaviour. So, social strategies together with family oriented psychological interventions are necessary for the healthy lifestyle promotion at the population level to prevent risks and improve social adaptation.

References

2. Limiting portion sizes to reduce the risk of childhood overweight and obesity. WHO technical report. September 2014.