BACKGROUND
✴ The majority of treated obese children fail the goals set in the medium-long term or do not show themselves up at the short term follow up
✴ These results pose serious questions on how to make the best use of scarce resources available by the National health system

SUBJECTS
378 children: 215 M +163 F
BMI > 2 DS (national ISPED curves)
age: 6-14 years
period: 2013-2015

METHODS
GROUP A: 143 patients with parents’ sum of BMI-SDS > 4
GROUP B: 234 patients with parents’ sum of BMI-SDS<4

OBJECTIVES
To evaluate:
✴ How many patients in each group were still in follow-up at 6 and 12 months
✴ How many patients achieved and maintained a reduction of at least 1 SDS of BMI 24 months after the first logon

RESULTS

<table>
<thead>
<tr>
<th></th>
<th>GROUP A</th>
<th>GROUP B</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lost at 6 months</td>
<td>90%</td>
<td>8%</td>
<td>&lt;0.05</td>
</tr>
<tr>
<td>Lost at 12 months</td>
<td>80%</td>
<td>44%</td>
<td>&lt;0.05</td>
</tr>
</tbody>
</table>

At 24 months:
In Group A ➔ 29.5%
In Group B ➔ 38.3%
Reduced their BMI at least 1 DS (p < 0.05)

CONCLUSION AND FOLLOW-UP:
✴ Obesity may influence the adherence to lifestyle modification proposals (slightly hypocaloric diet, increased physical activity, practical advice on how to eat and how to do physical activity).
✴ We decided to send to the follow up, after the first visit, only those whose parents, according to the history and the sum of its BMI-SDS, were likely to become less "obesogenic" (cut-off 4 BMI-SDS).
✴ With this selection, we believe we can provide a more adequate support to those who could most potentially promise better results; in this way we believe we employ at best the human and economic resources the Local Health Authority makes available for the treatment of childhood obesity.

Poster Number: P3-P135