

COMPLIANCE OF OBESE CHILDREN AND THEIR FAMILY TO THE DIRECTIONS OF A PEDIATRIC ENDOCRINOLOGICAL MEDICAL OFFICE

Sotiria Giannopoulou¹, Maria Eliopoulou¹, Charalampos Gogos²

¹ Endocrinological unit, Pediatric Department, Karamandanio Children's Hospital of Patras, Greece

² Internal Medicine Department, University of Patras, University Hospital of Patras, Greece

Introduction

Childhood obesity constitutes one of the most serious public health concerns currently since its prevalence is increased rapidly worldwide and triggers raised morbidity and mortality in childhood and adulthood. Plenty of programs have developed to prevent childhood obesity and complications that obesity provokes.

Objectives and hypotheses

The present study is a prospective cohort survey which aim is to find risk factors of young children and their parents' denial to compliant to the directions of a pediatric endocrinological medical office.

Method

A total of 106 obese Greek children were enrolled in this study. The age of the children ranged from 5 to 14 years.

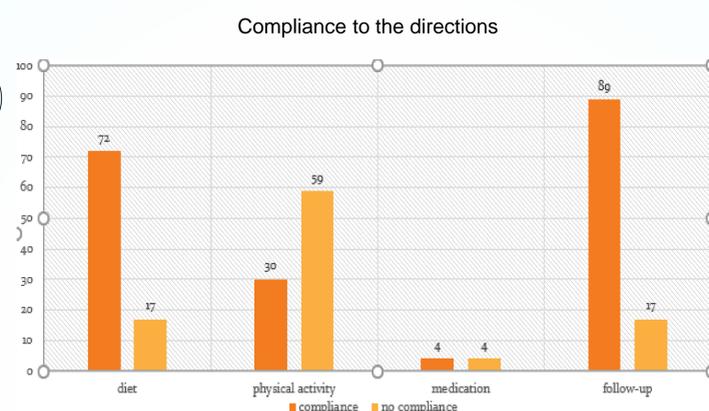
Family and medical history was obtained and demographic information was collected. Anthropometric measurements were obtained, including height, weight, and waist circumference at two programmed meetings and the scores were compared.

References

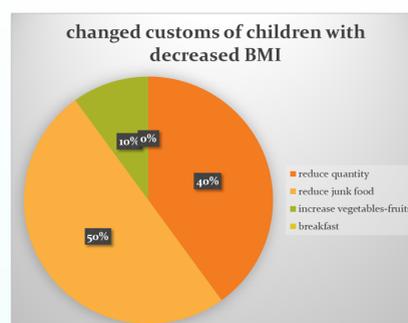
1. Wilkie HJ et al., Multiple lifestyle behaviours and overweight and obesity among children aged 9–11 years: results from the UK site of the International Study of Childhood Obesity, Lifestyle and the Environment, *BMJ Open* 2016;6:e010677
2. Neslihan Koyuncuoğlu Güngör, Overweight and Obesity in Children and Adolescents, *J Clin Res Pediatr Endocrinol* 2014;6(3):129-143
3. Silvana Lima et Guimarães França, Adherence to nutritional therapy in obese adolescents; a review, *Nutr Hosp.* 2013;28(4):988-998

Results

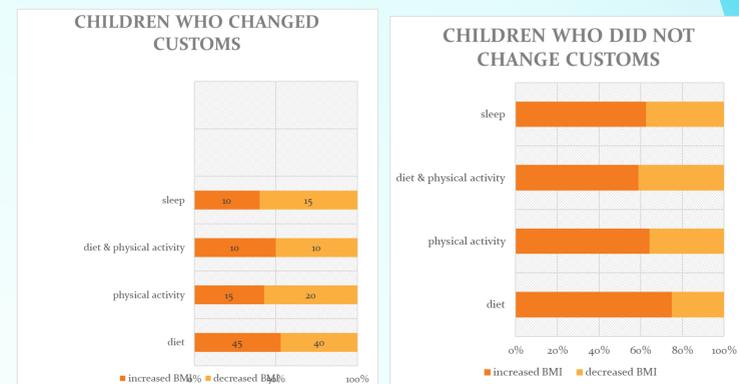
84% of children were consistent to the next appointment and 16% did not showed up. Among them who came, 57% had raised their BMI and 43% had decreased BMI. 81% of children changed their diet customs, among them 53% had raised BMI at the second measurement and 47% had decreased BMI.



From those who had improved BMI 53% had reduced the quantity of consuming food, 63% had reduced consuming junk food and 12% had increased the consumption of fruits and vegetables.



34% of children started or intensified their physical activity, among them 43% had raised BMI at the second measurement and 57% had decreased BMI. 19% of the children changed both their diet customs and physical activity, among them 47% had raised BMI at the second measurement and 53% had decreased BMI.



24% of the children increased sleeping time, among them 40% had raised BMI at the second measurement and 60% had decreased BMI.

50% of the children who started medical treatment with metformin (n=8) stopped receiving it because of the side effects.

43% of boys decreased BMI and 57% increased BMI and 45% of girls decreased BMI and 55% increased BMI.

62% of the children who reside at urban area decreased BMI and 38% increased BMI while 30% of those who live at city decreased BMI and 70% increased BMI.

Conclusions

Low financial incomes and lack of time prevent consistence to the appointments, improving diet and starting a sport activity.

The harder part of compliance is starting physical activity.

Physical activity, reducing quantity of food consumption and junk food are the most effective interventions of decreasing weight. Sufficient time of sleep assists the decrease of BMI.

Urban residence supports the effort of children to lose weight.

Conflict of interest

No potential conflicts of interest were disclosed.