

PHYSICAL AND METABOLIC EVOLUTION OF OBESE CHILDREN AND ADOLESCENTS AFTER THE ATTAINMENT OF INTENSE WEIGHT REDUCTION

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The authors have nothing to disclose

Introduction:

- Despite the lack of drugs approved for the treatment of childhood obesity, conservative treatment can allow for a considerable weight reduction in a percentage of patients.
- However, the influence of the velocity of weight loss on metabolic changes and the evolution of BMI after the attainment of weight reduction in children remain insufficiently characterized.

Objectives:

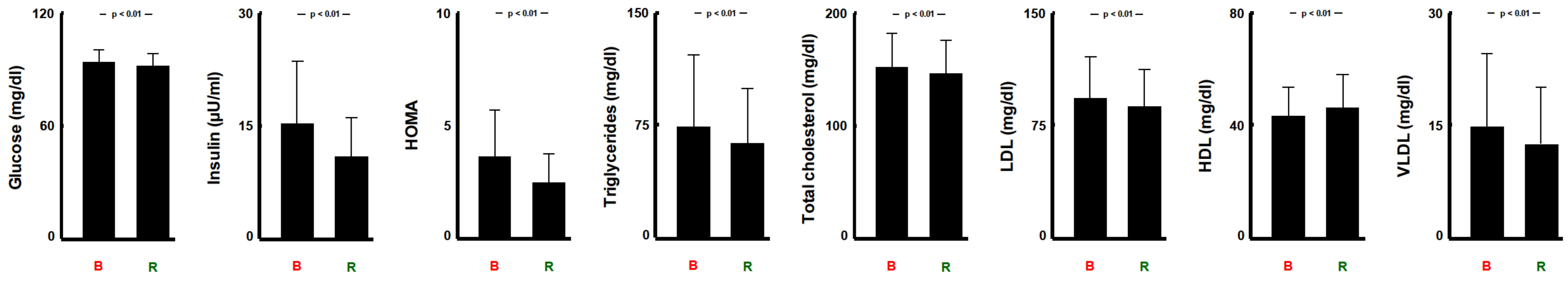
- 1) To evaluate anthropometric and metabolic changes in obese children after intense weight loss.
- 2) To analyze the influence of the amount of weight loss and the time spent to attain it on the observed changes.
- 3) To investigate BMI evolution during the first 3 years after weight reduction.

Patients and methods:

- Out of 1300 obese children/adolescents evaluated, a prospective study was conducted in 132 (11.28 ± 2.83 years; 3.99 ± 1.93 BMI-SDS; 62.1% males; 47.7% prepubertal) all of whom successfully reduced their BMI more than 1.5 SDS (52.1%) and/or their weight over 10% (47.9%).
- **Studied variables:** Glycemia, insulin, HOMA, HbA1c, uric acid, lipid profile, and serum levels of nutritional markers (25-OH-vitamin-D, total proteins, albumin, ferritin).
- Raw weight difference and time gap from baseline (B) to weight reduction (R) were recorded, as well as BMI-SDS at 6 months and yearly up to 3 years after R.

Results:

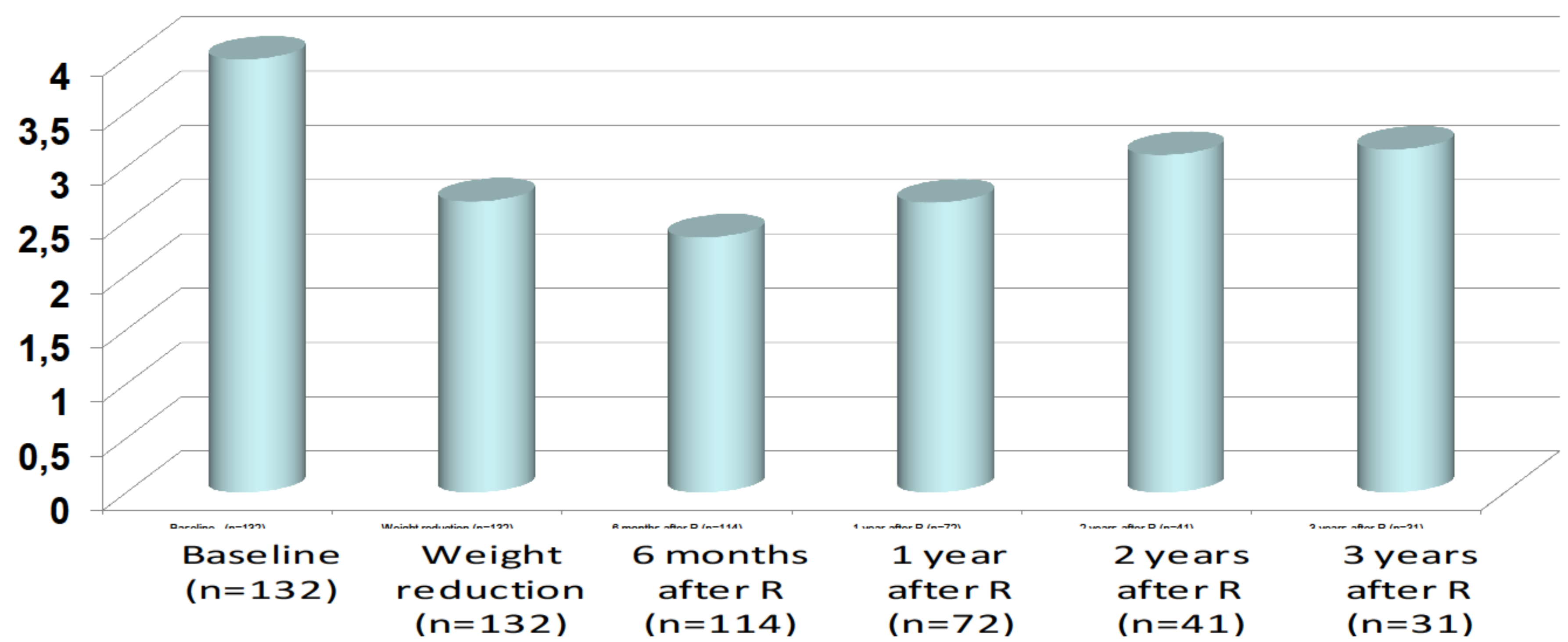
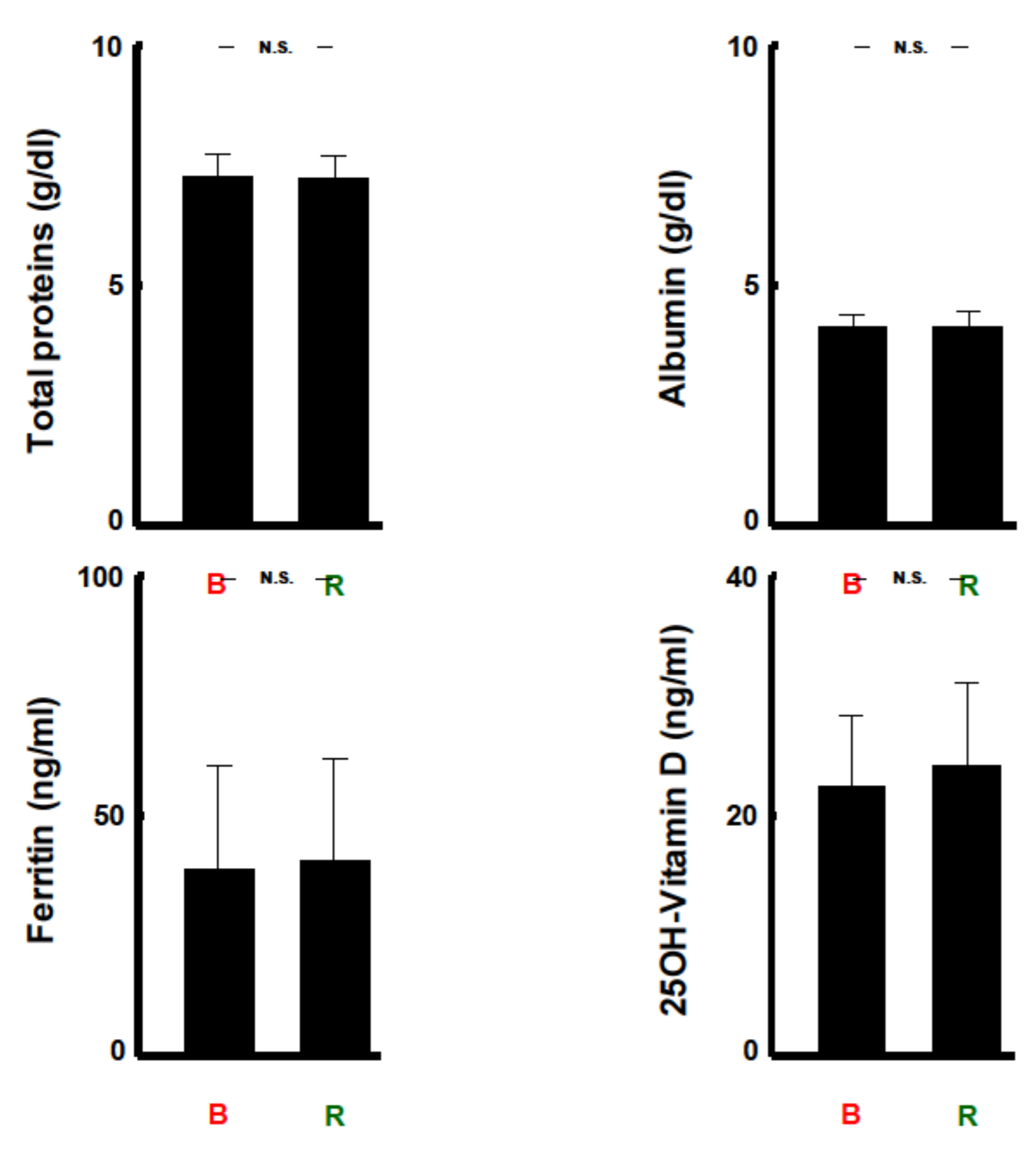
- Mean time spent to attain weight reduction was 0.79 ± 0.60 years (35% patients achieved it in their first 6 months of follow-up and 80.2% in the first year after baseline visit).
- Weight reduction in the whole cohort resulted in an **improvement of metabolic profile** consisting in an increase in mean HDL and a decrease in the serum levels of the remaining studied parameters of the lipid profile (total cholesterol, LDL, VLDL and triglycerides). Weight loss also determined a significant decrease in glycemia, insulinemia and HOMA (all p < 0.01) (Figures below).



- **No significant correlations** were found between the magnitude of the changes in the studied metabolic parameters studied and the amount of weight lost (difference in BMI-SDS from B to R), nor with the time spent to attain weight reduction (time from B to R).

- **No impairment in the nutritional parameters** studied was observed after the attainment of weight loss (Figures below).

- **Mean BMI-SDS remained unchanged** during the first year after R [at B: 3.99 ± 1.93; at R: 2.69 ± 1.21; 6-months after R: 2.35 ± 1.29, (n=114); 1-year after R: 2.67 ± 1.69, (n=72)]. A **partial BMI regain** was observed during the second year [3.11 ± 1.74 BMI-SDS, (n=41)], followed by sustained BMI-SDS in the third year [3.16 ± 2.51 BMI-SDS, (n=31)] (Figure below).



Conclusions:

- 1) Conservative treatment allows for considerable BMI reduction in around 10% obese children/adolescents, resulting in metabolic improvement without impairment of nutritional status, independently of the time spent to achieve weight loss.
- 2) Despite partial recovery, attained weight loss can be sustained up to 3 years after its achievement.

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