OBESE CHILDREN AND ADOLESCENTS: REASONS FOR NON-COMPLIANCE WITH FOLLOW-UP SCHEDULING

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Introduction

Obesity in children and adolescents is a serious public health concern, with increasing prevalence over the past three decades, in developed and developing countries. Non-compliance is a major issue for treatment failure in childhood obesity.

Aim

To identify the barriers of adherence to weight management programs, of obese children and adolescents.

Methods

A descriptive, ongoing study based on phone recorded questionnaires with the use of information from the medical records. The study group consisted of 85 overweight and obese children and adolescents (M/F=46/39) with mean present age 15.5 years (SD=2.6), that failed to complete their weight management programs in a hospital based pediatric outpatient clinic. Interviews were performed with parents and those who did not speak or understand well the Greek language were excluded from the study. Analyses were conducted using SPSS statistical software (version 19.0).

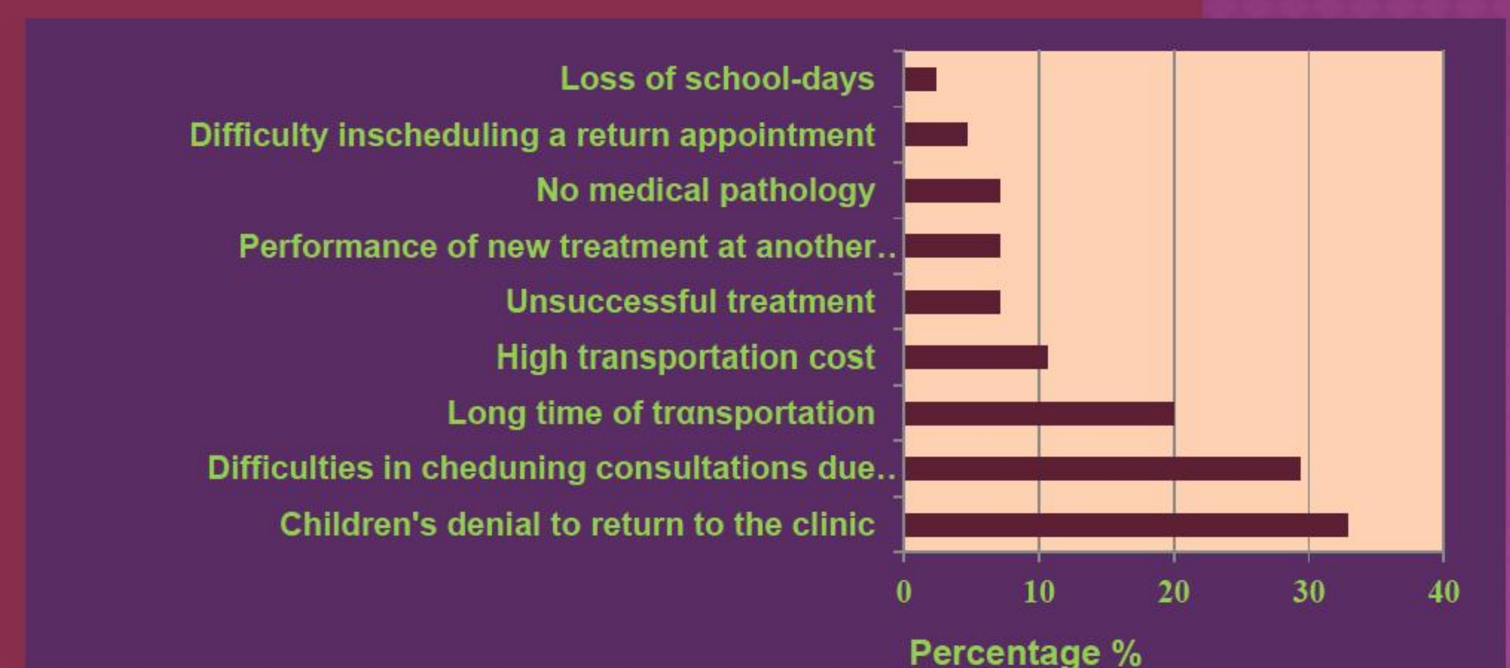
Results

Table 1: Demographic characteristics

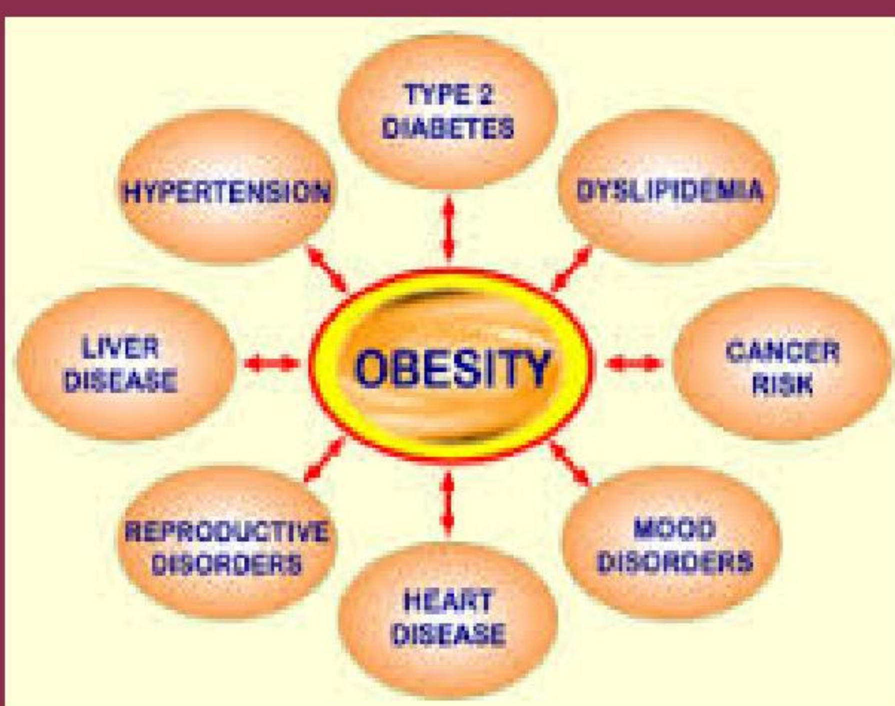
		N	%
Gender	Boys	46	54.1
	Girls	39	45.9
Responding parents sex	Female	62	72.9
	Male	23	27.1
Origin	Distance<50Km	73	85.9
	Distance>50Km	12	14.1
Duration of transportation	<30min	37	43.5
	30min-60min	37	43.5
	>60min	11	12.9
Transportation cost	<5Euro	56	65.9
	5-10Euro	19	22.4
	>10Euro	10	11.8
Age (years), median range ±SD			15.5±2.6
Age (years) of abandonment. median range ±SD			11.58±2.63

- Fifty six percent of the interviewees declared that they first visited the outpatient clinic on parents' initiative and 40% of them after a pediatricians' referral.
- Mean percentage of fat at 1st visit was 38.3.
- Twenty percent attended in order to investigate whether there was any medical pathology, 40% only for nutritional support and consultation and 40% for both.

Most common reasons for treatment abandonment



- Most common reasons for treatment abandonment were children's denial to return to the clinic (32.9%), difficulties in scheduling consultations due to parents and patients activities (29.4%) and long time of transportation (20.0%).
- A positive correlation was found between children's denial to return to the clinic and the coexistence of related disorders (p=0.004).
- Significant interaction effect was found between difficulties in scheduling consultations due to parents and patients activities and the male gender of the children (p=0.033).
- None of the participants mentioned long waiting hours or relationship problems with the staff at the outpatient clinic as reasons for poor response to long term treatment and loss to follow-up.



- In almost half of the cases (50.6%) there was a weight reduction in comparison to the one they had during treatment. However in 71.8% of the cases parents reported that their child is still overweight. None of the parents admitted that his/her child's "present height" was normal.
- In 15/85 of the cases parents declared that obesity raised related disorders with most common being psychological ones and difficulties in getting dressed (10/85 children). Nevertheless 70 (82.4%) parents denied this problem.
- As far as it concerns the knowledge of morbidities related to childhood obesity, 81.3% of respondents knew the association with psychological disorders, 78.1% with obesity in adult life, 75.% with esthetic changes and 57.8 with diabetes.
- 30.6% of the participants started treatment in private practices after they stopped attending the outpatient clinic program and 62.5% of them reported to have a successful result.

Conclusions

In interviews with parents it was verified that time limitations both for the children and parents and practical difficulties are the main reasons for not completing the weight management program. As weight loss occurs in a long time and the results are not immediate, patients may be discouraged, influencing their parents who feel guilty as they do not know how to help their children lose weight.

Pediatric endocrine departments can collaborate with primary care providers and offer obesity clinics or group therapy at a local level in order to assure increased compliance with minimal inconvenience for the family.

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