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## 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

	GROUP A	GROUP B	P
Lost at 6 months	90%	8%	<0.05
Lost at 12 months	80%	44%	<0.05

At 24 months:  
In Group A → 29.5% } reduced their BMI  
In Group B → 38.3% } 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.

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