Effects of a brief Physician delivered counseling on childhood obesity

Introduction Dietary habits play a significant role in exogenous obesity in chIldhood. Multiple studies have confirmed the short and intermediate beneficial effects of modification of eating patterns and dietary constituents on childhood obesity but inclusion of caregivers in the intervention strategy is very important.[1,2]
In the resource constrained setting of a general endocrine clinic, a brief counseling session was offered to all overweight children .

Material: In the period 1996 – 2017, 2364 patients with obesity between the ages 5 and 18 years were seen. All gave consent for their data to be analysed. Patients with syndromic obesity or with a secondary cause for obesity were excluded.

Methods: The caregiver, usually a parent was instructed to never serve food to the child. The child was instructed to serve himself or herself, never take a second helping and spend at least 20 minutes over a meal. The child was asked to eat in a fixed designated place, at fixed times and not to use a TV or mobile phone while eating. No anti obesity pharmacotherapy was given, but coexisting problems,if any,were treated. Follow up visits were scheduled every 6 months. BMI was calculated at each visit.
Setting: A prospective observational study in a secondary referral centre in Kolkata, India.

Results : A total of 2364 patients (1447 males and 917 females) were seen. Of these, 85% did not revisit. The reason for drop out was lack of an obvious efficacy, ascertained through random phone calls. There was a significant fall of BMI in almost all the children who returned for follow up. However,over the next 5 years,all the responders had regained weight. The first 30 responders were chosen for further study. The BMI of these patients at baseline was paired with the BMI obtained on their next visit. Wilcoxon's ranked sum test was used to compare the pairs. The fall in BMI between the first visit and the second (median 25.2 kg/m^2 to 24.2 kg/m^2), is statistically significant ($p < 0.001$). Longer term follow-up of the patients, some over 5 years, showed that in every instance the BMI increased.

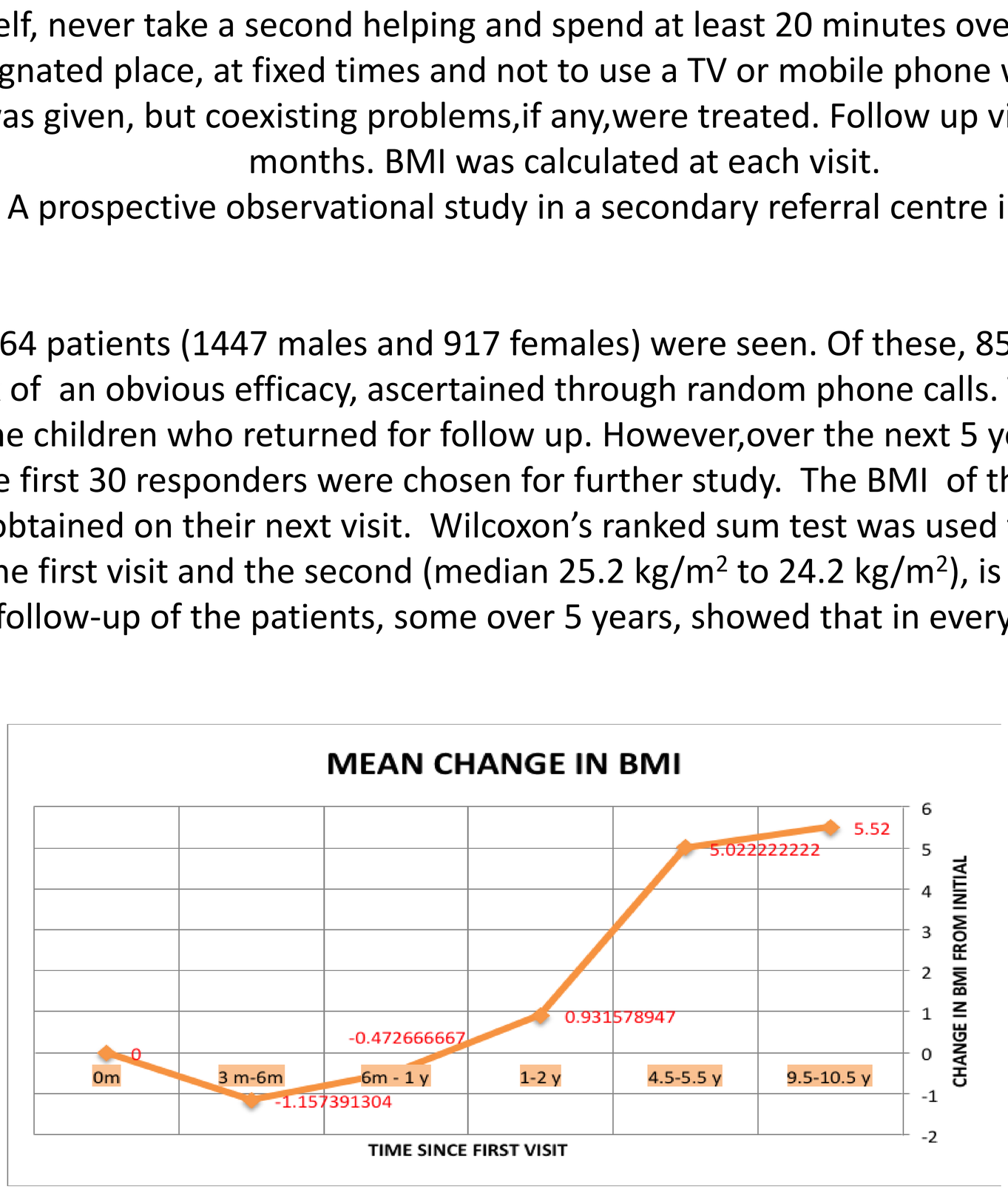

Fig 1 -Mean change in BMI at each visit Standard Deviation(SD) values are not included since the data is non-parametric.

Conclusions: A small subset (15%) of children appear to lose weight after physician led counseling. Although the weight loss is not sustained, these children are motivated to attend on follow up visits. When there is no initial weight loss, there is no motivation to return for follow up. Thus the twin challenges are to produce an initial weight loss after counseling and then later, to sustain it.

REFERENCES:
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2. Birch LL, Ventura AK. Preventing childhood obesity: what works?. International journal of obesity. 2009 Apr 13;33(S1):S74