

Effectiveness of Multidisciplinary Outpatient Approach in the Management of Paediatric Obesity

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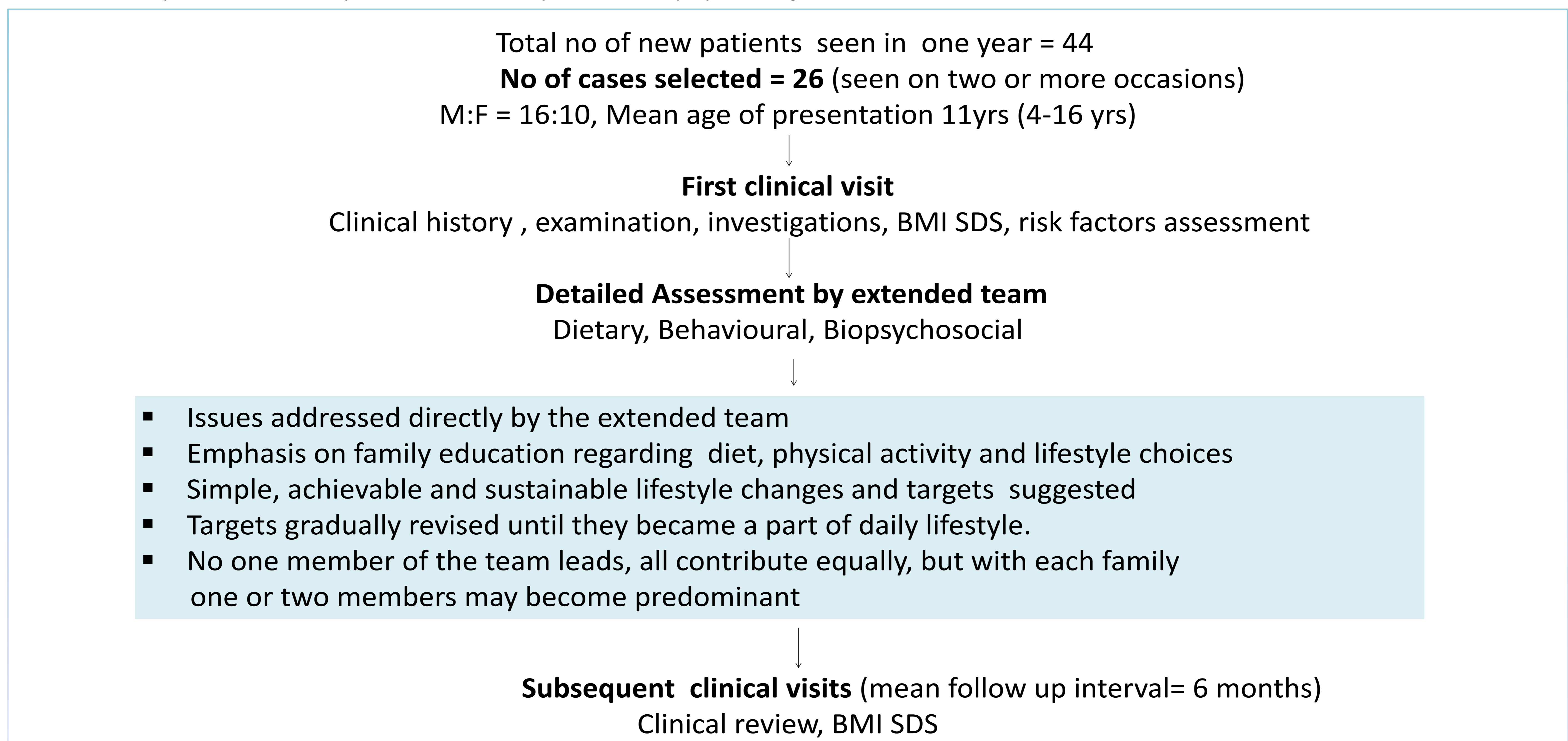
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Background

- A meta-analysis of 39 studies using multicomponent lifestyle interventions compared to standard, minimal or no treatment identified a mean difference in BMI z-score of -0.12 (95% CI -0.17 to -0.06) at 6 months¹
- A minimum BMI-SDS reduction of 0.25 or greater improves metabolic health in overweight children²
- We share our experience at a multidisciplinary Tier 3 paediatric obesity clinic

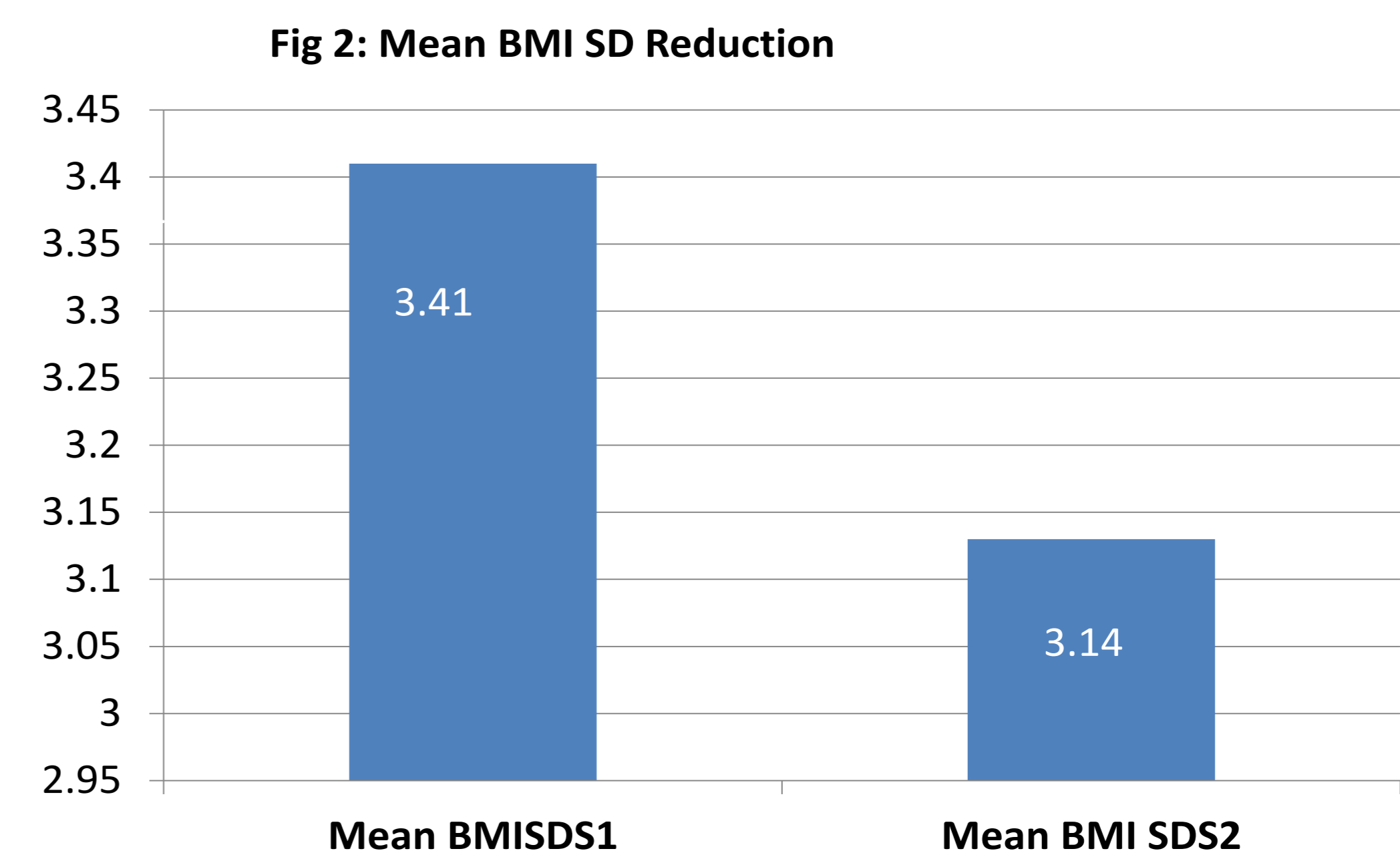
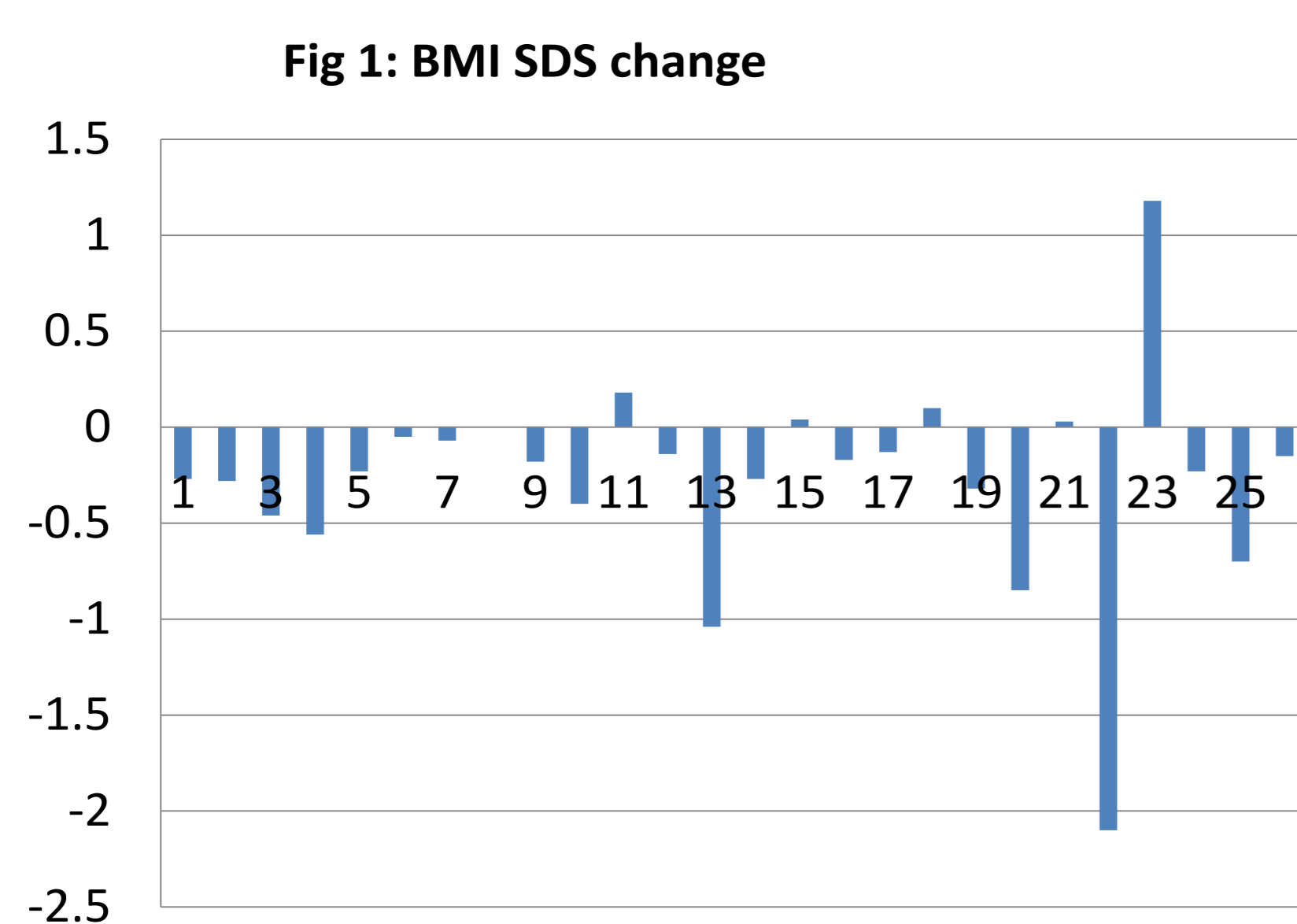
Materials and methods

- Retrospective case record review of new patients seen on two or more occasions in a tier 3 obesity clinic from October 2017 to September 2018.
- The tier 3 set-up included a specialist nurse, paediatric psychologist and social worker in addition to medical staff and dietitian



Results

- The mean BMI SDS on follow-up was 3.14, showing a 0.27 reduction (95% CI -0.478 to -0.064) (Fig2)
- Follow up BMI SDS dropped in 20 children (77%), remained the same in one (4%) and increased in five children (19%) (Fig 1)



Conclusions

- Extra personnel enabling a whole-systems approach to weight management with realistic goal setting achieved a mean BMI SDS improvement of -0.27 at six months, improving on a recent meta-analysis of trials (-0.12)
- Continuing efforts and further innovative strategies need to be identified to further improve and maintain the outcomes

References

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2. Ford A.L., Hunt L.P., Cooper A., Shield J.P. What reduction in BMI-SDS is required in obese adolescents to improve body composition and cardiometabolic health? *Arch. Dis. Child.* 2010;95:256-261