

POINTERS ON CHILDHOOD OBESITY

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Childhood obesity has assumed worldwide importance as a silent “epidemic”. It is a problem not only of developed countries but also developing countries. The College is grateful to Health Promotion Board for sponsoring this skills course for family physicians.

Definition and classification

Childhood obesity is defined as excessive fat accumulation which presents a risk to health in a person under 18 years old. To classify childhood obesity, many countries are adopting age- and-sex-specific BMI charts for their paediatric populations. Overweight is defined as a BMI between 85th to 94th percentiles, while obesity is defined as a BMI at or more than 95th percentile for age (Speiser et al, 2005; Yap, 2009)^{1,2}.

Persistence of obesity

The persistence of obesity into adulthood depends on the age at which the child becomes obese, the severity of obesity, and the presence of obesity in at least one parent. Overweight in a child under three years of age does not predict future obesity, unless at least one parent is also obese. (Loke, 2010)³.

Excluding pathological cause for childhood obesity

In the assessment of the child, it is important to first exclude any pathological cause for obesity. Unlike the child with exogenous obesity who usually has increased linear growth, the child with a pathological cause for obesity is usually short with a suboptimal height velocity. (Loke, 2009)³.

Intervention directed at both parents and child

Obesity is associated with multisystem health consequences. Obesity prevention and control is therefore of paramount importance. The long-term effects of a weight control program are significantly improved when the intervention is directed

at both the parents and the child, rather than the child alone. (Loke, 2009)³.

A multi-pronged approach is adopted by the Health Promotion Board (HPB) in combating obesity among the young. The strategies are: building the capacities of children and youth; empowering stakeholders; establishing sustainable collaborations; creating conducive health promoting environments; leveraging on evidence-based practice; and preventive health services. (Wong, 2009)⁴.

Healthy diet and regular physical activity

Healthy diet and regular physical activity are key tenets of healthy living and they contribute towards the achievement of energy balance and the prevention of obesity. Obese children and adolescents should be encouraged to increase their activity level through lifestyle activities and structured exercise. Exercise program should be appropriate for the child’s age and physical capabilities, encourage the development of general fitness and motor skills other than increasing energy expenditure. (Ong, 2009)⁵.

Management of obesity, especially in the young growing child (below 7 years of age) should focus on weight maintenance rather than weight reduction. General practitioners can assist parents in helping to change eating and physical activity patterns amongst their children and aid parents & children in making informed food choices using the principles of the Healthy Diet Pyramid and Dietary Guidelines. With the guidance and support from health care professionals, parents, children and adolescents would be able to make healthy food choices and adopt healthier lifestyle practices, which would confer greater health benefits long-term. (Kunaratnam & Khine, 2009)⁶.

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