

## Comment: The global epidemic of childhood obesity: is there a role for the paediatrician?

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**Keywords:** Child, obesity, paediatrics, world health.

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**obesity** reviews (2004) **5** (Suppl. 1), 1–3

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Is there a role for the paediatrician in the global epidemic of childhood obesity? The answer should be obvious. When parents and the society are concerned about child health, they still turn to health professionals caring for children and adolescents, such as paediatricians, family practitioners, general practitioners or nurses. The report of the International Obesity TaskForce to the World Health Organization in this issue of *Obesity Reviews* (1) estimates that about 10% of young people aged 5–17 years are overweight, among which 2–3% are obese, corresponding for the year 2000 to 155 million overweight children including 30–45 million obese children world-wide. This report also describes how the burden of paediatric obesity is unequally distributed between regions of the world, and even between populations within countries. While paediatric obesity is still a relatively marginal problem in Sub-Saharan Africa and in large parts of the Asia-Pacific region, it is rapidly becoming the most frequent chronic paediatric condition in many countries of the Americas, Europe and the Near/Middle East. Therefore, at least in these regions, the primary health care providers for children can no longer ignore such a frequent problem. Most paediatricians actually are very concerned about obesity in their young patients, and feel that they have to do something about it, anything! But most also feel unprepared, ill-equipped, and frankly ineffective to address the problem (2).

One of the reasons for the paediatrician's awkwardness with the obesity epidemic is that the approach of obese

children and adolescents has almost only focused on weight loss. Pediatricians often do not have the training and the skills for weight management using behaviour modification (2), and such programmes are difficult to implement in the office setting under the classic acute paediatric care model. Most approaches involve a team, including a dietitian, a psychologist, or/and a physical activity specialist, resources that are usually not available in the paediatric office or even in referral centres. Therefore primary care providers are faced with pressing requests to which they are unable to respond alone. Even if they could, in many countries where medicine is not socialized, these efforts are not financially compensated (3), discouraging involvement outside the traditional boundaries of the paediatric practice. Clearly, considering the size of the obesity epidemic, not all obese children will be able to be treated by a specialized team, and creative solutions need to be generated for weight management in the paediatric primary care setting by adapting the care delivery system to this new challenge. One of the solutions may be to involve partners into treatment, such as nurses, teachers, schools, health clubs, and other community resources, as well as the parents and grandparents.

Another reason why paediatricians are uncomfortable with the obesity epidemic is their role in prevention. Some guidelines exist on how to use the paediatric primary care setting for obesity prevention (4), but empirical research in this setting is lacking. In the Cochrane review presented in

the report (1), only 10 controlled trials of paediatric obesity prevention were identified to meet the quality inclusion criteria. None of them took place in the primary care setting, but rather in schools and in the community. Schools are obviously a natural setting for obesity prevention, but so is the paediatric primary care setting. There is a strong culture of prevention in the paediatric community, with immunization, nutrition and screening for developmental delays being the 'bread and butter' of paediatricians. In many settings, paediatric practices are, with families, one of the few institutions to follow children from birth to age 18 years. Fortunately, children spend much more time in school than in their paediatrician office, but usually the same set of educators does not follow children over their entire childhood and adolescence, thus losing the potential for long-term efforts and follow-up.

The miracle pill and gene therapy for obesity are still far away and paediatricians will continue to see many obese children as part of their practice. Already today, in China, one in 13 children is overweight, in Brazil one in seven, in Italy one in three (1). A long and detailed list of obesity complications is given in the report (1). Until now, it was perceived that obesity complications in the paediatric age were limited to psychosocial consequences, with physical health consequences only if obesity persisted in adulthood. The appearance of type 2 diabetes among adolescents in the USA, however, has been an eye-opener for many. In Singapore, 13% of severely obese children had obstructive sleep apnoea (5). In the US population of overweight adolescents, 88% had at least one component of the metabolic syndrome, 56% at least two, and 29% at least three (6). This situation requires a critical shift in paediatric care; in addition to weight management, we have to learn how to optimize the health of obese children. Even though, so far, paediatricians have not frequently been confronted with the complications of obesity, which usually develop in adulthood, or with the precursors of adult diseases, optimization of obese children's health is a role best filled by paediatricians using the chronic care model (7) and includes increases in physical activity and improvement in nutrition. For many other paediatric conditions where a complete cure is unlikely, such as sickle cell disease, AIDS or cystic fibrosis, paediatricians are used to the role of improving the health and quality of life of chronic patients; obesity should be seen the same way. Simple screening and treatment guidelines appropriate for growing children and peri-pubertal adolescents need to be developed for conditions previously limited to adults: insulin resistance, hypertension, dyslipidaemia, sleep apnoea, orthopaedic, hepatic and psychosocial complications of obesity. This work has started with guidelines listed in the report from expert committees in Australia, France, Germany, Italy, Scotland, Serbia, the UK, and the USA (1), but these rec-

ommendations are yet to be widely integrated into the routine of paediatric care. For example, in a survey of paediatric primary care providers in the USA, less than 20% used BMI to assess weight status, while the complete evaluation recommended for obese children was preformed only by about 8% for history and physical examination and by 15% for laboratory (8).

Finally, paediatricians are in a good position to advocate, in the name of children, for the environmental and political changes that will be necessary for effective prevention. The report describes how school and community environments will need to change to reverse the childhood obesity epidemic (1). In the past, the paediatric community has been leading similar efforts in changing health policies. It was through research and advocacy by the paediatric community that immunizations have become an integral part of public health policies in most countries. Our community could play a similar leading role in advocating for the societal changes needed to overcome the global paediatric obesity epidemic, in collaboration with parents and other partners in the community.

In conclusion, whether they like it or not, and even though long-term solutions to the obesity epidemic clearly lie outside of the health system, health professionals who provide primary care for children will be in the centre of the paediatric obesity epidemic. Parents, schools, and society in general will turn to them and they will need to respond. This provides an opportunity to focus the attention placed on obesity on health rather than appearance or normative values. By learning how to optimize the health of obese children and adolescents, by exploring creative ways to help their patients manage their weight, and by integrating obesity prevention and advocacy to their routine practice, paediatricians will offer the beginning of an answer and will take the role they need to have in this global public health priority.

## Acknowledgements

Many thanks to Drs William H. Dietz, Shiriki Kumanyika and Barbara A. Dennison for their critical review and suggestions.

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