

ECOG VICE-PRESIDENT DANIEL WEGHUBER SPOKE TO PEN ABOUT THE IMPORTANCE OF RAISING AWARENESS OF CHILDHOOD OBESITY IN ORDER TO AID ITS PREVENTION

Preventing childhood obesity

Childhood obesity is regarded by many as one of the most serious global public health challenges for the 21st Century. Obese children and adolescents are at an increased risk of developing various health problems and are also more likely to become obese adults. Overweight and obese children are likely to remain obese into adulthood and more likely to develop non-communicable diseases like diabetes and cardiovascular diseases at a younger age.

Overweight and obesity, as well as their related diseases, are largely preventable. The prevention of childhood obesity, therefore, requires high priority. The vice-president of the European Childhood Obesity Group (ECOG), Daniel Weghuber, spoke to PEN about the importance of raising awareness around childhood obesity in order to aid its prevention.

What factors are thought to be responsible for the increase in childhood obesity in recent years?

There are two main aspects. The first is in respect of the child/adolescent – the individual; then, there are environmental factors. Of course, genetics also have a role to play, but the main driving factors for the obesity epidemic are environmental. The association and interplay between the individual and the environment is essential. What has changed during the last few decades is not genetics, it is the environment: the macro-environment, the meso-environment (schools/kindergarten) and the micro-environment (the family). These have changed a lot.

What are the health consequences of obesity in children, and what are the major impacts of this on the healthcare system?

Many comorbidities can already be seen during childhood, and these track into adulthood, causing a significant burden both on the individual and at the socioeconomic level. Firstly, there are the metabolic comorbidities. Here there is evidence to show that children have increased lipids and increased blood pressure; they are developing liver disease and signs of cardiovascular disease at an early age. These symptoms progress and their condition deteriorates as they progress into adulthood. We are also seeing children with Type 2 diabetes and pre-diabetes in numbers that are unprecedented.

There is a very strong social component to this. There are psychological comorbidities that are highly relevant, the consequences of which are poor self-esteem, anxiety, depression and an overall decrease in health-related quality of life. We must understand that a morbidly obese child/adolescent has a quality of life equivalent to that of a child with cancer, so that plays a major role – as does bullying and discrimination, which happen frequently. This impacts on the



Daniel Weghuber

development of the child; the psychosocial aspects are a second group of comorbidities.

There are others, too, such as musculoskeletal comorbidities. We know, for example, that if the lower limbs are bending under weight, this results in a degenerative process of the knees called gonarthrosis. Eventually, the only treatment available is a knee replacement and the use of a prosthetic. However, if this is caught early enough it can have a major impact on the individual at both the socioeconomic and musculoskeletal level.

In economic terms, there are direct costs involved in treating obese children and adults. On the one hand, they cannot go to work, meaning that there is a reduction in gross income and so a loss to society, which is highly relevant. Obesity costs our society an enormous amount, and this is something that needs to be kept in mind. Every cent invested in evidence-based prevention is worth it.

How can childhood obesity be prevented? Do you think that it is possible to reverse the trend from a psychosocial point of view?

There is clear indication that it is indeed possible. We cannot go on simply telling people how bad the situation is; we need to offer a solution, and there are some such solutions on the horizon. For example, there is an agreement that we need to treat children as early as possible (treatment before the age of five is much more efficient than at the age of 10-15 or during adulthood, for instance); and prevention is possible if it is started early enough – during pregnancy, during childhood/infancy and in the core setting of kindergarten.

If we intervene early enough, we can make a difference, but this is on the micro-level of family. We also need to target the meso-level – and, again, there are prevention initiatives that have been proven to be efficient. But we cannot forget that there are so many different

environmental factors having an impact. The strategy that we call 'Health in All Policies (HiAP)' can make the real difference here. If the different stakeholders, at different levels, are all involved, it will be possible to reverse the trend.

There is a town in Finland called Seinäjoki that has around 60,000 inhabitants who decided to apply HiAP strategies. This means that every single decision at the community level associated with nutrition and physical activity was tested to see whether or not it needed to be changed. By doing so, this Finnish town was successful in halving the prevalence of obesity in ten-year-olds.

We need to look at models like that employed in Seinäjoki to see what they are doing differently and where they are successful. There are clear plans published by the WHO called 'Ending childhood obesity', as well as others by the EU, where factors that are relevant and tasks to undertake are clearly delineated.

Finally, we need to take obesity seriously and focus on the different levels (governmental, non-governmental, local) and implement strategies that have been effective in other settings. Seinäjoki is an example of a success story, but it cannot be 'copied and pasted' to other settings.

What are your thoughts on the surgical treatment of paediatric obesity? Should such equipment as gastric bands etc. be considered?

We need to recognise that right now for those who are morbidly obese there is hardly any conservative treatment that we can interpret as being successful. For some there might be help with in-patient residential treatment, but this is hardly available on a large scale.

Globally, there are 42 million obese children under the age of five and thousands of morbidly obese children in European countries. We need to offer treatment to those in extreme situations and who are threatened by diabetes and other associated comorbidities.

For some individuals, where the conservative treatment has proven unsuccessful, surgery is a potential solution. However, it has to be decided on an individual level and it can only be offered in centres that are experienced and well equipped. These centres need to provide pre-surgical and, most importantly, post-surgery follow-up. So yes, there is a place for surgery, but it needs to be decided very



Globally, there are 42 million obese children under the age of five

carefully and it needs to be done by those who know what they are doing. We do not know what the long-term consequences are of procedures such as the gastric bypass; we just do not have the data.

What is happening at ECOG to help tackle the issue, and what are its hopes for the future?

ECOG is a scientific group of people who have a high level of interdisciplinary expertise and who have tasked themselves with sharing their knowledge; we want to spread information and train people and contribute to a higher level of knowledge.

However, knowledge is not enough on its own; we need to train people who know what to do hands-on, and this is what distinguishes ECOG from other scientists: we share our experience in our daily practices amongst ourselves.

Two years ago, we launched an e-book, and within a year we gained hundreds of thousands of downloads. By providing this information, which is very clear in its message, to those in the field, we not only increase awareness but also provide necessary training.

We want to continue to provide knowledge and training, but we also want to influence political stakeholders in a way that allows them to decide what would be a necessary course of action. We need to provide stakeholders with clear messages, too; we must tell them what has to be done. This is a huge task, but it is what ECOG and other alliances in the field are aiming to achieve.

We need to realise that the problem is huge, but there are solutions emerging, and we need to acknowledge that there are plans and strategies out there that need to be applied.

References

1 <http://www.who.int/end-childhood-obesity/en/>

Daniel Weghuber
Vice-President (Austria)
European Childhood Obesity Group (ECOG)

<http://www.ecog-obesity.eu/index.php/Board>