

SEMINAR NOTES

1)

Rational

Obesity in two to four year old children almost doubled from 5% to 9% between 1989 and 1998 and in six to fifteen year olds trebled from 5% to 16% between 1990 and 2001

If the current trend continues 20% of boys and 33% of girls will be obese by 2020 i.e. a prevalence of obesity in children of over 50%

Levels of Obesity are continuing to rise in both adults and children resulting in serious health consequences .Not enough notice is taken of the Psychological Risks, which cannot make for a happy child.

Health Risks of Childhood Obesity

Physical Risks

- Respiratory disorders e.g. Asthma
- Endocrine disorders e.g. type 2 diabetes
- Orthopaedic disorders e.g. joint problems
- Cardio-vascular disorders e.g. High blood pressure and chest conditions
- Inability to be physically active

Psychological Risks

- Stigmatisation
- Poor Self esteem
- Depression
- Poor Social functioning
- Bullying
- Social exclusion

Childhood Obesity can also create knock on health problems in adult life and an increased likelihood of becoming an obese adult.

PCTs are being asked to put in place systems to measure childhood obesity by gaining a record of the weight and height of children in maintained schools in two age groups Reception Year (ages 4-5) and year 6 (ages 10 -11 years) Although the exercise is not for the purpose of screening children for referral the data will make clear which communities which have a high level of obesity.

Those working with this age range are already asking how they can improve their level of support for the overweight child and this seminar will enable us to share experiences, skills and practices which can we can then take away and consider implementing in our own work settings

2)

The Independent 20th August
Taken from
The Obesity Time Bomb Article

Shock Official report says

“An Obesity Crisis with devastating implications for the nation’s health will affect nearly a third of the population. Within four years, 14 million people will be dangerously fat. This forecast means the government is going to miss its targets to halt the rise in obesity in under 11s by 2010

By 2010 22% of girls, 19% of boys, between 2 years old and 15 years old will be chronically overweight.

Female childhood obesity is projected to rise by 35%. While boys from working class homes are putting on more weight more rapidly than those from middle class households

The figures show that there will be 1.7 million obese children by 2010

A Health Department spokesman said people worried about weight should look at food labels in the supermarket and replace processed foods with fresh fruit and vegetables. Tackling obesity is a government wide priority but every individual has a responsibility for their own health, whether it’s eating an extra piece of fruit or walking up the stairs.

Huge progress has been made through the Five a Day campaign, the school fruit scheme and more investment in school food.

The figures are expected to show that girls are becoming obese at a much faster rate than boys. 1/5th boys and ¼ girls will be clinically obese by 2010. Some children are now too heavy for car safety seats

Obesity is an energy imbalance equation. More processed foods and fast foods contain lots of fat and sugar. Fruit and veg are less energy dense. Nutritionists blame parents for reinforcing the abuse of food by using sweets as a reward for good behaviour. Instead of such sedentary leisure activities as sitting in the cinema, families should be flying kites or walking on the beach.

The campaigns the government are financing are aimed at encouraging people to make small but significant lifestyle changes

3).

Weight Management Centre Manual

“Success is a journey not a destination”

“If the obesity epidemic is to be halted we must rely on advances in prevention not treatment. There is no time left for further debate”

Dr Michjael Seeraj. Southbank University London

“A small boy was walking along the beach following a storm which had washed up thousands of starfish that lay dying for as far as the eye could see. He picked up one and gently plopped it back into the water. Then he picked up another and dropped that back also. A passer by observed the young boy and shouted across ‘What are you doing? Its hopeless there are far too many. It won’t make a difference’ ‘It made a difference to those two’ said the little boy.”

Overweight

It is widely agreed that although there is certainly individual (genetic) variability in the susceptibility to obesity, the rapid increase in obesity prevalence over the past two decades cannot be primarily due to biology. There must be behavioural and environmental causes and at the root of this is the belief that individual behaviours leading to energy imbalance (excess energy intake relative to expenditure) are mostly to blame. Furthermore, although most authors conclude that although eating behaviour and energy expenditure are the proximal causes, the more distal causes of the current obesity epidemic are obesogenic factors in our social, physical and cultural environments (Gill 1997; Grundy 1998; Harnack et al 2000; Hill and Peter 1998; Nestle and Jacobson 2000; Popkin et al 1995a, 1995b; Poston & Foreyt, 1999; Prentice & Jebb 1995; World Health Organisation 1998).

In the current political climate and policy environment the development of effective strategies for tackling the underlying causes of obesity are high on both the health and social policy agendas. Fresh concern has been raised in relation to the health and well being of children and young people particularly in the context of rising levels of obesity and it is this that presents one of the most serious challenges to future interventions and the delivery of front line services and initiatives.

Factors linked to the overweight child

1. Watching more than eight hours television a week
2. Sleeping fewer than 10.5 hours each night
3. Above average birth weight
4. Both parents are obese
5. Size in early life
6. Big weight gain in first year
7. Rapid catch up growth between birth and two years
8. Body fat evident in pre-school years – it should not develop until the age 5-6

The main objective is to develop sustainable healthy dietary modifications and increase levels of regular activity in the child, through small yet significant incremental changes. This is also to be encouraged in the wider family environment to ensure continuity and adherence at home.