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## 70 – Building the food pyramid since early infancy

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*Aim:* To design some food pyramids (FP) useful to families and paediatricians since baby's first year of life, in order to improve infant's feeding culture and knowledge, and to help preventing obesity since early infancy.

*Introduction:* Since 1978, many different FP have been produced all around the world. Presently, many different types of FP exist with special focus on specific people categories or age groups. However, childhood benefits of various and different FP, infancy does not.

*Method:* Two different FP, based on Italian weaning culture and nutritionally accurate, were produced, to be used by mothers, care takers, paediatricians, at two steps of infant's life: when weaning is started, then when two meals are complementing breast-feeding. The FP are printed on small dimension (1/2-A4) sheets, in blocks to be delivered to specialists, who can give the first and

second sheet to every family in two different moments (before the 6th, after the 7th month). Sheets' content is not branded in any way. Each FP, albeit graphically very clear, is completed with several explications: doses and quality of different foods, practical examples, etc. The two FP have both a daily and a weekly side, meant to be particularly useful for the second weaning step. A link to [www.piramideitaliana.it](http://www.piramideitaliana.it) (website with updated nutritional information and FP for both adults and children) completes the front-site. Sheet's back-site is partly pre-printed for basic infant's data (age, weight, length, head circumference) and with extra-information about baby-foods in general, and partly blank, for paediatrician's suggestions/prescriptions.

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## 71 – In form: a project to fight adiposity in children and adolescents

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*Introduction:* Depending on region and age, up to one-third of children and young adults are overweight or suffer from obesity. A local project in Villach is adopting an innovative and interdisciplinary method and combines this with a preventive approach in the meso-system.

*Method:* A team of people from various disciplines, e.g., doctors, psychologists, nutritionists, dietitians, sports scientists and pedagogues have been working with more than eighty-four children and adolescents between 5 and 17 years of age since spring 2008. For a period of 2 years, the children and adolescents were offered two exercise units per week, and alternating psychological counselling or dietary information, as well as cooking courses. To be able to offer individual concepts tailored to the needs and requirements of the individual children, the groups were formed based on the first medical examination, the interdisciplinary Ad-EVA test system and the first psychological consultation. In medical terms, children

qualified for the project when they were in the top weight percentile. In the framework of the examination, all relevant personal and family data of the children were recorded, and any additionally required checks were carried out (including endocrinological checks, ultrasound, OGTT, etc. according to AGA guidelines). The trainers had received instruction and training in a specific obesity trainer workshop in 2007. Several events in schools and kindergardens, at the Teacher-Training College and in other areas of the meso- and macro-system were organised.

*Results:* Changes were evaluated when the first half of the project period was concluded. At that time, some 35% of the children and parents still were with the programme. Pre- and post-medical data and results of a physical fitness test of twenty-two children of the sports programme were evaluated, as well as questionnaires dealing with psychology, motivation to do sports and

preferred food that were filled in by ten children and twenty-two parents. Measurements of body composition and medical checkups were similar to those of numerous international studies of the past few years and show that a long-term change of weight is impossible to achieve by conservative means. Most of the data recorded during the 2 years remained the same and did not change. The BMI SDS in reference to age and gender did not change either,

which is to be seen as a success. The active body cell mass of the children increased over the project period; as did the body fat and the extra-cellular water ratio.

*Conclusions:* The satisfaction of the participants with the project was very high. Twenty-five per cent of the drop outs joined a local sport club. The InForm project underlines the necessity of local multidisciplinary projects with the involvement of the families and the respective schools.

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## 72 – e-Health tools to promote healthy eating habits

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*Introduction:* Unhealthy diets are one of the greatest public health challenges of the 21st century. The environment of children has drastically changed in the Balearic Island during the last few decades as reflected in unhealthy dietary habits and low physical activity. Ninety per cent of the students eat breakfast regularly but only 38% of them met the nutrient recommendations.

*Method:* A self-administered online questionnaire has been developed in order to assess student's breakfast habits. They answer it at the school as a part of their school curricula. A personal risk score is estimated and personal recommendations are provided depending on their answers. Moreover, a overall risk profile is calculated by class and by school. Subsequently each overall

school's risk is georeferenced on a map in order to help the policy makers to implement interventions addressed to these greatest risk schools.

*Results:* In the subsequent 4 months the online tool has assessed a total of 5429 students between the ages of 7 and 18 years old from forty-five schools. Approximately 50% of schools were classified as being at high nutritional risk.

*Discussion:* e-Health tools help to assess the individual risk as well as the school risk. The detection of highest risk schools might help to policy makers to plan more effective interventions to improve the healthy eating habits in these schools and the quality of the public health services and reduce health inequalities.

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## 73 – Promotion of healthy lifestyles to prevent obesity in children and adolescents in Tuscany

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*Introduction:* Recently, with the Italian Program 'Gaining Health', Tuscany has an opportunity to develop surveillance system, to lead actions and to disseminate knowledge for obesity prevention in childhood and adolescence. Objective of this presentation is to synthetically describe the systematic efforts of the Tuscany Region (Italy) in activating health promotion and disease prevention programmes at the population level. The main project developed are: 'Good

practices for healthy feeding and proper physical activity in a preschool age children (0–5 years)', with the strong collaboration of family paediatricians; 'National project *Okkio alla salute*', nutritional surveillance project with the purpose to promote the healthy growth of the primary-school children (8/9 years); 'Health Behaviour in School-aged Children (HBSC)', with the aim to collect data on the lifestyles and the health behaviours of the 11–13–15-year-old-age