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Evaluation of a 5-year multidisciplinary approach for the treatment of childhood obesity

Véronique Beauloye

Professor – «Chef de Clinique Associée» in the Division of Paediatric Endocrinology at the Catholic University of Louvain

Introduction: Childhood obesity prevalence is increasing almost universally with little evidence to support any specific treatment. Information on long-term outcome of obesity treatment in children and adolescents is needed.

Objective: To examine the efficacy of our multidisciplinary approach for treating obesity in childhood.

Method: In 2000, we set up a multidisciplinary programme for overweight children and adolescents consisting in joint consultations, where each young and his family (all adults taking care of the child) were seen by both a psychologist and a paediatric endocrinologist. Then, the young and his family went to the dietitian. Before each session, we summarized the situation of each patient. A letter including our common decision was sent to the patient and his family within the month following the consultation. Our approach is an individually adapted (specific for each patient) family-targeted behavioural lifestyle interventions program. We emphasized on the importance of physical exercise in daily life. Physical activity is also enhanced through inscription in sport clubs or physiotherapy. No special diets were prescribed. Psychosocial determinants such as self-esteem, ethnic and economic factors, family's capacity to change behaviour were also taken into account in the global management of the patients. In the present study, we reviewed all the patients followed between 2002 and 2007, whom have had almost two multidisciplinary consultations and at least a one-year follow-up.

Results: In all, 144 children (59 boys, 85 girls; mean age 10.5 (SD 3.1) years; mean BMI-SDS 2.73 (SD 0.63)) out of the 428 children seen during 2002–2007 met the inclusion criteria. At the second consultation (approximately after 3–6 months), BMI-SDS was decreased in 53% of the patients, remained unchanged in 31% and was increased in 16%. Mean follow-up was 2.2 years (range 1.0–6.7 years) with an average of 3 ± 1 visits per year. Assiduity to follow-up did not depend of the weight change at the second consultation ($P=0.33$, NS). We showed a decrease in BMI-SDS by 3.3% after 3 months, 5.0% after 6 months, 6.7% after 9–24 months and 7.7% after 27–42 months of follow-up with a mean BMI-SDS (2.51 (SD 0.06)) at the end of follow-up. At the latest consultation, BMI-SDS was decreased, unchanged or increased, respectively, in 67%, 10% and 23% of the patients. Initial BMI-SDS, age at the first evaluation, sex and number of consultations per year did not influence our results ($P=0.31$, $P=0.42$, $P=0.36$, $P=0.89$, respectively). Weight loss was mainly observed during the first 6 months of treatment and was sustained at long term. The weight changes observed between the first and second consultation were predictive of the results at the end of follow-up.

Conclusions: We showed that our family-based combined approach provide a short- and long-term decrease in overweight in both children and adolescents.

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Residential management

Ann Tanghe

Zeepreventorium VZW, De Haan, Belgium

Most children confronted to obesity remain overweight when they enter adulthood. Evidence today demonstrates that continued obesity leads to serious health problems as adult obesity is known to be very resistant to treatment. Hence, since 1994 the Zeepreventorium in De Haan attempts to offer a multidisciplinary treatment and coaching in residential care to severely obese children.

Although inpatient treatment is a drastic intervention for obese children and youngsters, a lot of them are interested in following this long-term treatment programme, which they (and their parents) often consider as their last remaining option.

Admission criteria: Severely obese children and adolescents from 5 up to 18 years are admitted to this