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Guest Editorial

Paediatric Obesity: A Plea for Family-based Approach in Prevention and Control

Suraj Gupte*

Professor and Head (Emeritus), Postgraduate Department of Paediatrics, MMC and Associated Hospitals, Khammam, Telangana, India

***Corresponding Author:** Suraj Gupte, Professor and Head (Emeritus), Postgraduate Department of Paediatrics, MMC and Associated Hospitals, Khammam, Telangana, India.

Received: January 29, 2021; **Published:** February 27, 2021

Today, obesity has reached a pandemic proportions [1,2]. Globally, out of 2 billion overweight adults, 0.8 billion (800 million) are estimated to be obese. Around 3 million deaths are estimated to result from overweight or obesity. The low-income communities too are facing high risk of obesity and their adverse consequences, i.e. type 2 diabetes, hypertension, ischemic heart disease, etc.

The consistent hike in prevalence of obesity in children and adolescents too is a disturbing trend. The observation that obesity is no longer restricted to elite class and is being increasingly observed even in low-income countries is a matter of yet graver concern. In India, we have nearly 15 million obese children, just a shade lower than in China's 16 million. Over and above its adverse consequences in childhood and adolescence per se, childhood obesity is associated with a multitude of adverse health risks and consequences. It is well known to increases the risk for adult obesity that is invariably accompanied by several morbid conditions sooner or later.

Experience has convincingly demonstrated that treatment of obesity in children is quite cumbersome on quite a few counts. The relative intellectual and psychological immaturity of children compared with adults, and their susceptibility to peer pressure present special challenges and practical difficulties in the successful treatment of childhood obesity.

As a result, it is now being widely appreciated that, in paediatric obesity, spotlight should be on its prevention [1,3,4]. The gateway to obesity prevention is spreading public awareness, with special reference to parents of young children, about the adverse health consequences of obesity in childhood as well as its continuation in adulthood when it may prove more lethal. The governmental agencies as well as nongovernmental agencies (NGOs) should promote the benefits of healthy life style, eating habits, physical activity (including sports and exercise). The emphasis should be on limiting the intake of sugar and high energy snacks and encouraging higher consumption of vegetable- and fruit-based foodstuffs. This includes eating calcium and vitamin and micronutrient-rich high-fibre diet, daily healthy breakfasts and home cooked family meals, smaller portion size, and a curtailment in eating-out. Reducing the duration of "screen time", i.e. engagement with television, computer and mobile, is important. Instead, increasing the level of physical activity are needed for safeguarding against childhood obesity.

Having tested a wide range of interventions to prevent obesity in children, the best appears to be family-based strategy. In the wake of parents' influence and control over children's energy-balance behaviours (EBR), family interventions are an important strategy. In this effort, the thrust needs to be on such issues as diet, physical activity, media use, and sleep. Obviously, preventive interventions need much more encouragement than has so far been provided in order to obtain excellent outcome.

Thr family-based prevention addresses not only parenting practices and supervision, but also the environments to which children are exposed. The transfer of parents' own positive behavioural habits to children needs a particular mention.

Precisely speaking, the prevention of paediatric obesity can be achieved by optimal and healthy food intake and increased physical activity. The proactive participation by the family in this endeavour is vital to achieve the target. Meanwhile, there is a need to focus attention on some "gaps" in this family-based endeavour and rectify them to enhance its practical utility.

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Volume 10 Issue 3 March 2021