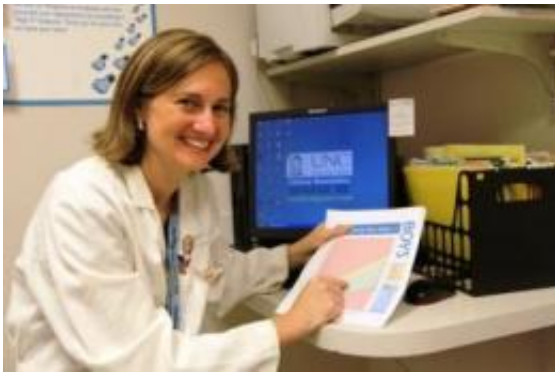


Simple tools help parents understand a child's risk of obesity, make positive changes

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Lead study author Eliana Perrin, M.D., M.P.H., explains one of the tools that is included in the toolkit. Credit: Photo by Tom Hughes/UNC Medical Center News Office

Some simple interventions used by pediatricians were enough to change a parent's perspective about a child's being overweight or obese, and change the parent's behaviors at home to reduce those risks.

According to a study performed in North Carolina Children's Hospital, researchers confirmed previous reports that parents of overweight or obese children do not recognize their child's weight problem. But this time, by arming pediatricians with a "toolkit," an easily used chart and a series of questions and suggestions, the researchers addressed several problems.

"Doctors often don't have time to discuss overweight; they don't have the tools to do it; and many aren't confident that they're going to make a difference in their patients' lives," said Eliana Perrin, MD, MPH, assistant professor of pediatrics at the University of North Carolina at Chapel Hill School of Medicine and lead author of the study, published in the July-August issue of *Academic Pediatrics*.

"Also, parents don't recognize weight problems or don't know how to make things better, and even if they do, there are often barriers to healthier eating or more activity for these families," says Perrin.

As First Lady Michelle Obama's "Let's Move!" campaign aims to reduce childhood obesity - almost one-third of young people are overweight - two leading questions are how to affect that change and if it can be successful.

Perrin's study is likely the first evidence that a parent's assessment of their child's weight can be changed. Her study also showed improved dietary behaviors in children and reduced time playing video games or watching television, called "screen time."

"We found something we can do to help stem the [obesity epidemic](#)," says Perrin, whose previous research in [childhood obesity](#) has shown that using a [body mass index](#), or BMI, chart color-coded like a traffic light helps parents understand the often confounding measurement.

Perrin's research group trained pediatric resident physicians on how to use the color-coded BMI chart and a revision of a questionnaire called "Starting the Conversation," originally designed by Alice Ammerman, DrPh, director of the Health Promotion and Disease Prevention program in the UNC Gillings School of Global Public Health and a co-author on the study. The STC gives health care providers a snapshot of potential red flags to help counsel patients as well as tips to implement change.

Parents were asked about their children's weight status and discussions about weight in the doctor's office. The Starting the Conversation form used in this study was revised by Perrin and asked parents about non-healthy eating habits - frequency of sugary snacks, sugar-sweetened beverages and eating out at restaurants, as well as activity and screen time. It also asked about the parent's readiness to change. The pediatrics residents were instructed to show parents their children's weight status in a color-coded BMI chart and were taught to use the parents' responses to the questionnaire to engage the parents in discussions about healthier eating behaviors and activities.

Researchers enrolled 115 children ages 4 to 12 who were covered by Medicaid or the State Health Insurance Program and repeated the Starting the Conversation questionnaire as well as questions about weight status at one-month and three-month follow-up appointments.

The study showed the most significant improvement in dietary changes among children who were overweight. At follow up, they were more likely than healthy-weight children to drink lower-fat milk and showed the largest reduction in the frequency of eating out. But overall, children improved fruit and vegetable consumption, decreased sweetened beverages and unhealthy snacks, drank lower-fat milk more and reduced screen time.

In the initial visit, all of the parents of healthy-weight children accurately perceived their child's weight. However, only 57 percent of overweight children's parents did so at baseline. That improved significantly to 74 percent at three month follow up.

BMI was measured and tracked and a few children became more overweight, while more reached healthier weights but no significant improvements in weight status were noted in this short study, Perrin says. "The research has to be replicated and expanded, and it must

determine if improvements in parental perception of children's weight motivates families to improve behavior and, ultimately, leads to healthier weight over time," she says.

"Everyone's talking about BMI and we have a lot of studies to show that parents do not see their overweight children as overweight. That often does not sink in with parents," Perrin says. "This is the first time we've seen a changed perspective from parents. We hope that parents who know their children are overweight will be empowered to help them achieve healthier lifestyles that can last a lifetime."

Provided by University of North Carolina School of Medicine

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