



ORIGINAL ARTICLE

Clinical interventions in overweight and obesity: A systematic literature review 2009–2014[☆]

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KEYWORDS

Primary care;
Multicomponent
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Paediatric;
Systematic review;
Overweight

Abstract

Objective: To update the literature review on the effectiveness of clinical interventions on childhood obesity, proposed in Clinical Practice Guidelines, excluding prevention and pharmacological and surgical treatments.

Method: A systematic review was carried out in electronic databases of the Cochrane Database of Systematic Reviews (The Cochrane Library), MEDLINE, and SCOPUS, replicating the search for the Clinical Practice Guidelines, from 2009 to 2014. The Clinical Practice Guidelines of National Institutes for Health and Care Excellence were taken as a reference. Systematic reviews were given priority, and the quality of the studies was assessed.

Results: Out of a total of 3.703 documents initially identified, 48 were finally included. Studies showed great heterogeneity in the type and duration of interventions, and in outcome measures. Adherence to treatment was, in general, low. Multi-component interventions including diet, physical activity, sedentary lifestyle, and behaviour changes, involving the family, and starting at early ages, were the most effective for reducing body mass index. There is no consensus on criteria for referral to specialised care.

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PALABRAS CLAVE

Atención primaria;
Intervención
multicomponente;
Obesidad;
Pediatria;
Revisión sistemática;
Sobrepeso

Conclusions: It is recommended to implement multi-component programs conducted by professionals with previous training, involving the family, and addressing behavioural, individual and socio-demographic aspects. Lack of adherence is one of the reasons for failure of interventions. Diagnostic and referral criteria, the outcome measures, and the type and duration of interventions need to be improved and standardised.

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Intervenciones clínicas en sobrepeso y obesidad: revisión sistemática de la literatura 2009-2014

Resumen

Objetivo: Actualizar la revisión bibliográfica sobre la efectividad de las intervenciones clínicas en obesidad infantil propuestas en una Guía de Práctica Clínica, excluyendo los tratamientos farmacológicos y quirúrgicos y el abordaje de la prevención.

Método: Revisión sistemática de las bases de datos electrónicas *Cochrane Database of Systematic Reviews (The Cochrane Library)*, MEDLINE y SCOPUS replicando la búsqueda de la Guía de Práctica Clínica, desde el año 2010 a 2014. Se tuvieron en cuenta las Guías de Práctica Clínica del *National Institute for Health and Care Excellence*. Se priorizaron las revisiones sistemáticas. Se llevó a cabo un análisis de la calidad de los estudios.

Resultados: De 3.703 documentos identificados se incluyeron 48 en la revisión. Los estudios mostraron gran heterogeneidad en cuanto al tipo y duración de la intervención, y a la medida de los resultados. En general, la adherencia a los tratamientos ha sido baja. Las intervenciones multicomponentes que incluyen alimentación, actividad física, sedentarismo y cambios de conducta, que implican a la familia y comienzan en edades precoces, son las más efectivas en la reducción del índice de masa corporal. No existe consenso en los criterios de derivación a la atención especializada.

Conclusiones: Se recomienda implementar programas multicomponentes llevados a cabo por profesionales con formación previa, con participación de la familia, y que aborde aspectos conductuales, individuales y sociodemográficos. La falta de adherencia es uno de los motivos de fracaso de las intervenciones. Sería necesario mejorar y homogeneizar los criterios de diagnóstico, las medidas de resultados y los criterios de derivación.

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Introduction

The World Health Organization defines overweight and obesity as abnormal or excessive fat accumulation that may impair health and manifesting with excess weight and increased body volume.¹ It has been labelled a XXI century epidemic on account of its impact on morbidity and mortality, quality of life and health care costs. Childhood obesity is a risk factor, given its frequent association with comorbidities both in childhood and adulthood. Thus, it is associated with type 2 diabetes mellitus, high blood pressure, dyslipidaemia, fatty liver disease, psychiatric disorders and others in the paediatric age group. Furthermore, obesity in adolescence is associated with a higher risk of obesity and increased morbidity and mortality in adulthood associated with stroke, ischaemic heart disease, tumours, etc.² In addition, we have been witnessing an alarming increase in the prevalence of overweight and obesity in the past few decades, with a cohort effect in the epidemic, that is, obesity in younger generations is more

prevalent and has earlier onset. In Spain, this phenomenon has been particularly pronounced, with prevalences that exceed those of most other European countries. The extent of the problem is considerably smaller in Anglo-Saxon and Scandinavian countries compared to Mediterranean countries. The ALADINO³ study found a prevalence of overweight of 14–26% in boys and 13–25% in girls, depending on the cut-off point applied, while the prevalence of obesity was 11–20% in boys and 11–15% in girls. According to the 2014 Health Survey of Catalonia, based on data reported by parents, the prevalence of overweight in children aged 6–12 years was 18.7%, the same for both sexes, and the prevalence of obesity was 11.7% (13.5% in boys and 9.9% in girls).⁴ These results are consistent with those of previous studies that had already found an increased prevalence of childhood obesity, such as the EnKid study.⁵

In this context, any preventive measures or interventions aimed at reducing overweight and obesity at early ages become critically important.

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