

Review Article

Scientific evidence on preventive interventions in childhood obesity[☆]



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ABSTRACT

Introduction: The increasing prevalence of obesity or overweight at all ages, their associated morbidity and mortality associated, and the increased perception of the problem by the society have generated several hypotheses in response to the scientific and the international community.

Objective: Investigate the preventive interventions in childhood obesity so far.

Methods: Integrative review during the study period from April 2013 to November 2014. The MEDLINE international database was used, including PubMed, the Cochrane Library (Issue 4 2002), the national database Isooc (CSIC) national database, as well as the Internet. The review included health articles published in Spanish and English between 1990 and 2014 that focused on or included education, prevention, diagnostic, and treatment of obesity interventions.

Results: Of the 726 articles identified, 34 of most relevant (peer reviewed) were selected. It was noted that there is limited generalisable evidence on interventions that could be implemented in Primary Care or referral services available, although numerous studies suggest that improvements in the overweight are possible.

Conclusions: Despite the abundant literature and that many institutions place childhood obesity as one of the priorities of Public Health, we face the paradox that the evidence on cost-effectiveness of prevention interventions is sparse. Knowing these gaps in knowledge should lead to filling them with rigorous and well-designed studies.

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Evidencia científica sobre intervenciones preventivas en obesidad infantil

R E S U M E N

Palabras clave:

Obesidad psicosocial

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Introducción: El incremento en la prevalencia de obesidad y/o sobrepeso en todas las edades, la morbimortalidad asociada a dichas situaciones y la mayor percepción del problema en la sociedad han generado distintas hipótesis de respuesta científica y de la comunidad internacional.

Objetivo: Investigar las intervenciones preventivas realizadas en obesidad infantil hasta el momento.

Métodos: Revisión integradora de la literatura durante el periodo de estudio: abril de 2013 a noviembre de 2014. Se utilizó la base de datos internacional MEDLINE, a través de PubMed, The Cochrane Library (número 4 de 2002) y la base de datos nacional Isooc (CSIC) e internet. Se incluyeron en la revisión los trabajos de salud desarrollados entre 1990 y 2014, que se centraban o incluían intervenciones de educación, prevención, diagnóstico y tratamiento de la obesidad (en idiomas inglés y español).

Resultados: Se seleccionaron los 34 registros más relevantes (*peer review*) de 726 artículos identificados. Se constata que hay poca evidencia generalizable sobre intervención que pueda llevarse a cabo en atención primaria o en los servicios de referencia disponibles, aunque numerosos estudios indican que las mejoras en el sobrepeso son posibles.

Conclusiones: A pesar de la abundante literatura y de que numerosas instituciones sitúan la obesidad infantil como una de las prioridades de salud pública, nos enfrentamos a la paradoja de que el coste-efectividad de las intervenciones preventivas es escaso. Constatar estas lagunas en el conocimiento debe llevar a completarlas con estudios rigurosos y bien diseñados.

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Introduction

Obesity is considered to be the disease of the 21st century due to the growing size of the problem over the past 20 to 30 years and the impact on morbidity and mortality rates, quality of life and healthcare expenditure.^{1,2} There is also concern for the medical, psychological and social problems it causes in Spain. According to the World Health Organisation (WHO), obesity is defined as a body mass index (BMI) ≥ 30 ; calculated by body mass (kg) divided by the square of the body height (metres).^{1,3-5} Obesity is characterised by an excessive accumulation of body fat or general hypertrophy of adipose tissue. The causes of obesity are multifactorial and include dysmorphic syndromes with genetic abnormalities, such as Bardet-Biedl, Laurence-Moon or Prader-Willi, and psychobiological, behavioural and cultural factors.⁶⁻⁸ However, the most common cause is exogenous. The psychological repercussions of social discrimination against obese children need to be highlighted, with many having serious self-esteem problems.^{1-3,6,9}

The excessive and growing availability of high-calorie foods, the increase in saturated fats and refined sugars in the diet and the decrease in physical activity have all contributed to the dramatic rise in this problem.^{5,6} There is a tendency nowadays to consume high-calorie precooked dishes and/or eat unbalanced diets due to lack of time for cooking, and this has led to a shift from the Mediterranean diet to a fast-food one.^{3,10} There has also been

an increase in sedentary behaviour among children, with preference for playing video games, surfing the Internet or watching television for over 3 h a day and neglecting daily exercise.^{6,11-13}

In industrialised countries, childhood obesity has increased alarmingly in recent years^{5,14,15} and has become a serious public health problem; it is a chronic disease of multifactorial origin that begins during childhood and adolescence. The prevalence among children in Spain is estimated to be around 12.7%. The increase in the prevalence of obesity and overweight, the associated morbidity and mortality, and the greater perception of the problem by society have led scientists and the international community to respond with different hypotheses.^{1,3,10}

First of all, the publication of articles on the subject has increased notably in the past ten years. Second, many health science institutes have drawn up documents in recent years which, as part of public health plans and policies, are aimed at the general population and seek an integrative approach for different initiatives.^{10,11,16} Lastly, scientific interventions to evaluate their effectiveness have recently been published in a number of different journals.¹⁷ An analysis of these shows shortcomings, such as the fact that there are few quality studies, they are very heterogeneous in terms of design, target population and outcome, making it impossible to combine results with statistical methods,^{10,18,19} and they have other limitations such as poor power, small sample size, being limited to a certain socioeconomic level, lacking in cost analysis, etc.^{18,19}

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