

# CHILDHOOD FATS

Experts have constantly touched on the issue of rising number of obese children and adolescents. Consumption of fast food, lack of exercise and a sedentary lifestyle rank as the prominent causes of this frustrating medical condition. Dr VIVEK SHARMA tells you the ways to bid adieu to obesity and regain your confidence

Outside every fat man there was an even fatter man trying to close in.

— One Fat Englishman by Kingsley Amis

Fitness or obesity is now the most common disorder affecting children and adolescents, reflecting the current epidemic. It is associated with a constellation of immediate and late adverse effects.

Childhood obesity is a multi-faceted challenging problem that is escalating at an alarming rate. Obesity affects between 20-27 per cent of all children and adolescents. Approximately 13 per cent of children (age 6-11) and 14 per cent of adolescents (12-19 years) are obese. Obesity in adolescence is a well-established risk factor for obesity in adulthood: 80 per cent of obese adolescents are expected to remain obese as adults (the phenomenon of tracking).

## MANAGING IT

Childhood obesity is a great challenge to manage. Successful management requires sustained changes in lifestyle, with healthier eating and increased physical activity.

**Diet:** Educating parents and children about proper nutrition is important especially about avoiding energy-dense, high fat, high calorie, snacks (chips, kurkure, cream biscuits, *et al*), fast foods (pizza, burger, pastries, patties) and non-nutritive sweetened drinks (colas) in the diet. Weight loss can be achieved in most children by avoiding high-energy foods.

**Exercise:** Lack of exercise and a sedentary lifestyle contributes more to weight gain in children than in adults. Activities like walking, cycling, aerobics, tennis, cricket, volleyball, basketball and badminton are enjoyed by children and they are more likely to participate in them. Rigorous exercises and monotonous activities are bound to annoy and frustrate them with a negative impact on final outcome. After-school academic activities should be limited in favour of physical activities, play time and family time.

**Appetite suppressants:** Not recommended in children and adolescents. Surgery is suggested only when obesity and its medical sequence is life threatening.

## BEHAVIOURAL CHANGES

- Develop daily exercise routine
- Maintain diet diary and exercise log
- Involve the entire family and set realistic goals
- Counsel on a regular basis with



plenty of positive reinforcement

- Limit TV watching, computer time
- Build self-confidence and self-esteem
- Encourage and reward for good performance by the child
- Educate regarding the calories and nutritive values of foods
- Help families and friends to have a sensitive and positive attitude towards the programme.

## THINGS TO KNOW

- Obesity in children is becoming more common
- It is due to an imbalance between energy consumption and energy expenditure. Obese children do not have low energy needs. In fact, they need high energy to support their body weight

- Obesity is a health concern which increases the risk of other serious health problems such as high blood pressure, diabetes and psychological distress
- An obese child tends to become an obese adult
- There is no evidence that any drug treatment is effective in treating obesity in children
- Most children are not obese because of an underlying medical problem but as a result of their lifestyle.

Obesity is a challenging and frustrating medical problem and prevention is the only hope to decrease the incidence in the comorbidities associated with this problem.

(The writer is consultant paediatrician at Rungta Hospital, Jaipur)

## Socially ridiculed

Dr SAMIR PARIKH tells you about the psychological problems related to obesity

The basic concern around obesity comes from the social perception about it, and the brunt children have to face due to the stereotypical society. Films, media, comedy shows, have a tendency of mocking at obesity. They are stereotyped, peers ridicule them, don't make friends with them, and adults reprimand and scold them for being overweight; not realising that the issue needs special attention since obesity is a medical concern.

Being overweight has negative effects on the psyche. Childhood obesity is complex and many people cannot handle it. Obesity depends on the family structure and background as well as the genetic make-up. Children are also different because of parenting style and family dysfunction. All these factors result in different strategies to cope obesity.

Overweight children are labeled as immature when they behave normally for their age as they appear three years older. Parents may be perceived as fussy, over-protective for their children. Thus, obese children feel outcast, by



not just adults but also by their peers, who makes them feel isolated which affects their self-esteem and social skills. Such children are prone to depression and anxiety disorders.

We need schools to educate children about lifestyle, weight and eating disorders. Social programmes should be a part of mainstream schools so that children can have a healthy behavioural and emotional development. Medical evaluation and management need to be given to children with weight concerns, and regular counseling should be provided so that their self esteem is not impaired.

(The writer is chief psychiatrist, Max Healthcare)