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Saturday, August 10, 2019 (Room 3)

14:00 - 14:55 WS #110: Lifestyle and Behavioural Interventions: Benefits, Expectations and Outcomes

15:05 - 16:00 WS #120: Lifestyle and Behavioural Interventions: Benefits, Expectations and Outcomes (Repeated)

Lifestyle & behavioural interventions: child & adolescent considerations

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South GP CME General Practice Conference & Medical Exhibition

Disclosures

- No disclosures to report

Key healthy habits

See also resources at:
pro.healthykids.nsw.gov.au

Available also in Arabic, Burmese, Chinese Simplified, Chinese Traditional, Farsi, French, Hindi, Karen, Swahili, Vietnamese

NSW GOVERNMENT Health

healthy kids eat well, get active | MAKE HEALTHY NORMAL

On the one hand….

… many studies show that child/ adolescent obesity treatment can be effective

→ → →

But on the other hand….

…real-life implementation of obesity treatment can be very challenging

Starting right: setting expectations

- **What are potentially achievable outcomes?**
  - **Weight loss – typically relatively modest**
  - **Improvements in cardio-metabolic risk – achieved with rel. modest weight changes**
  - **Improvements in self-esteem, quality of life, psychological well-being – achieved with rel. modest weight loss**
- **Both short-term & longer-term (maintenance) support needed**

Wilfley DE et al. JAMA 2007; 298:1661-1673

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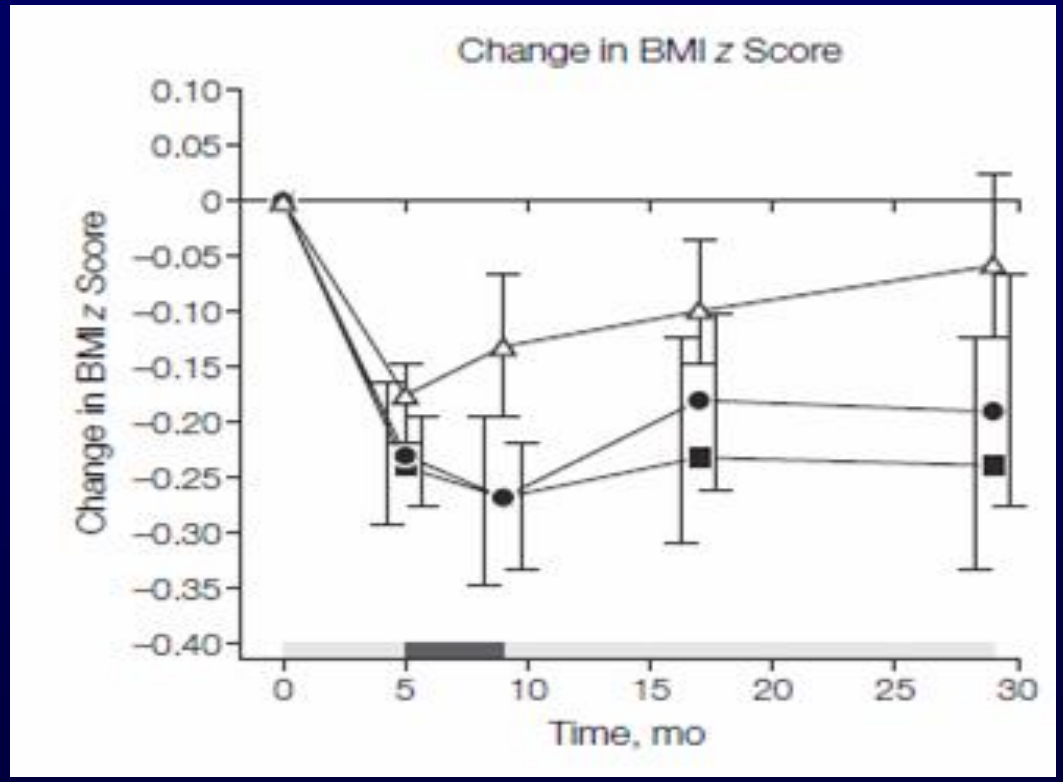


204 7-12 year olds

5 month family-based weight loss intervention followed by 1 of 3 maintenance conditions

Intervention
△ Control
● Behavioral skills maintenance
■ Social facilitation maintenance

Wilfley DE et al. JAMA 2007; 298:1661-1673

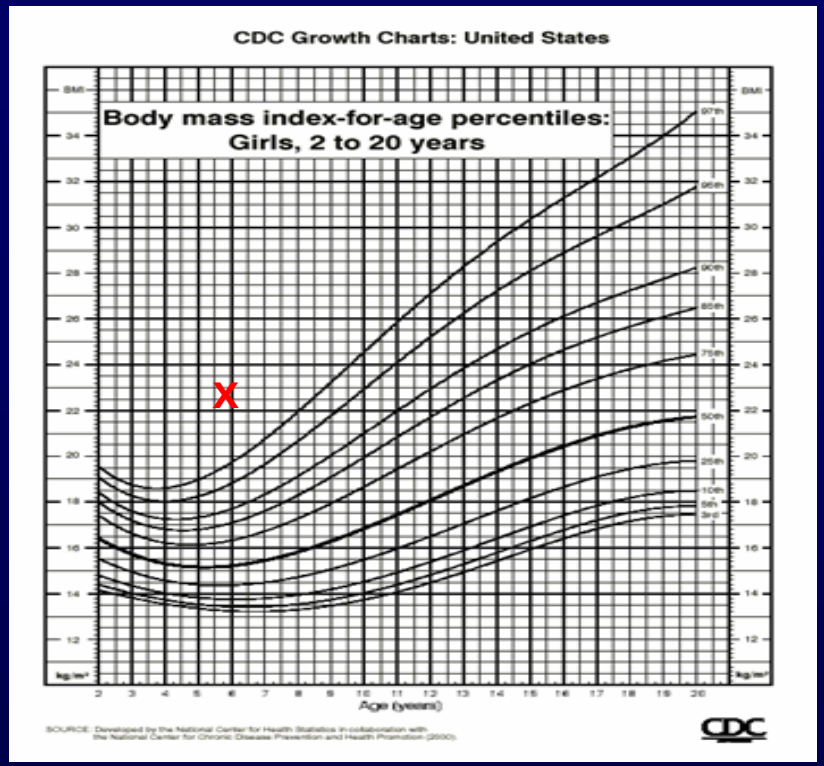
Challenge 1: Raising the issue with a patient who is being seen for another reason

- You are seeing a patient for an apparently unrelated reason (asthma, RTI …) and note that she/he has obesity
- How do you raise the issue?

- Clinical practice guidelines recommend ….
- → Routinely measuring height & weight, calculating BMI, and plotting on growth chart
- Discussing growth chart sensitively with parent/young person

2003 Australian NHMRC Clinical Practice Guidelines for the Management of Overweight & Obesity
Barlow SE and the Expert Committee of the AAP. Pediatr 2007; 120:S164-S192

- *"I've plotted weight adjusted for height here on the growth chart…. You can see that it's above the healthy range for age…. Does that surprise you? …. Would you like to discuss it?*
- **Then recommend a further consultation to start addressing the weight issue**
- **Could the primary reason for the consultation be related to weight? (eg asthma, enuresis, fracture, lower limb pain…) If so, then highlight its importance**



- **Are there existing problems associated with excess weight? Start to explore or investigate these**

Why might families or young people be reluctant to raise the issue of excess weight with their doctor or other health professional?

- A fear of being further stigmatised through the process of clinical assessment and management
- A belief that this is a non-medical issue i.e. not something that doctors manage
- A belief that “nothing can be done”, or “it’s my fault – I have to deal with it”
- Implications for practice:
  - Ensure that clinic staff use supportive, non-stigmatising language
  - Include weight, food, physical activity issues as part of the routine assessment of all patients

Shrewsbury V, et al. Int J Behav Nutr Phys Activity 2010, 7:16; King L et al. British Journal of General Practice. 2007; 57:124-129; Pont SJ, Puhl R, Cook SR, Slusser W. Pediatrics 2017; 49: e20173034

Challenge 2: The family appear chaotic, often missing appointments and finding it hard to engage in the treatment plan

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- Are the family aware of the seriousness of the health problem?
  - Meet with the family to reinforce this – growth charts, blood tests ...
- Help families to remember to come to consultations:
  - Can you book more than one appointment in a row?
  - SMS reminders
  - All family members welcome
- Which key family members should be engaged?
  - Who is in charge of the food buying and cooking, or family routines around TV, sleep and physical activity?
- Is the family chaos part of the reason for the obesity? (lack of routines around food, TV, activity, sleep etc)
- Does the family have a sense of hopelessness/ helplessness about the problem?

Challenge 3: The parent of an adolescent is concerned about the young person's weight, but the young person is unwilling to seek treatment

- The mother of a 13 year old contacts you to say her son weighs 100 kg and she is very worried about his health and well-being. He won't go to see the doctor.
- What can be done? What are your suggestions?

- Speak with/see the mother
  - Why is the young person reluctant to see a doctor?
  - What other health issues concern the young person?
  - What is the family discourse about weight?
  - Is it possible to have whole-of-family lifestyle change happening?
- Will the adolescent see the doctor about *another* health issue?
- Is there a health professional or school counsellor the adolescent will see?

Challenge 4: The family come to clinic/ see the practice nurse or dietitian etc, but no weight change is occurring

- Explore the family's understanding of the seriousness of the health issue and its causes, and the barriers to weight loss
- Encourage and review regular self-monitoring at home:
  - Food diary
  - Pedometer counts
  - Weekly weighing
- Have the family been offered frequent regular clinic appointments in the past?
- Is it possible to offer between-clinic phone support/ coaching
- Explore options for shared care with other therapists
- Agree on specific weight loss goals eg 2 kg in the next 4 weeks

Challenge 5: There is a “silent saboteur” at home

- *“Oh, my husband has to have soft drinks at home, and he can only unwind after work by watching TV. We can’t make those changes at home”*
- *“The kids go to my Mum after school and she likes to give them a good meal and some extra treats. They watch TV there as well”*

- **At the time of setting up the first appointment, extend an invitation to <u>all</u> carers of the child (eg parents, grandparents, step-parents)**
- **Explore health literacy, ways of communicating risk/ lifestyle change to extended family**
- **Is information provided in family-friendly language**
- **Do the key carers understand the seriousness of the situation, and can they be engaged in developing solutions?**

Challenge 6: The family is in crisis OR there is an untreated psychiatric disorder

- You become aware that a major problem has arisen eg domestic violence, family death

OR

- You become aware that the mother (father), or the young person, has a psychiatric disorder that means they can't engage in treatment

- Engagement of additional support services eg
  - child protection or social work
  - mental health treatment & support services
- Crisis intervention
- Case management until the situation has stabilised
- Re-engage around the weight issue only when the family is able to focus on weight management

Other challenges

Barrier	Potential intervention strategy
Poverty	Focus on low-cost food alternatives Provision of low cost physical activity alternatives
Culturally & linguistically diverse patients	Culturally sensitive weight management advice
Learning disabilities & developmental disorders	Greater family involvement Intensive practical interventions Involvement of specialist support services
Illiteracy	Minimise/eliminate written material Simple key messages Frequent phone support

Minshall GA, Davies F, Baur LA. Behavioral management of pediatric obesity. In: Ferry RJ Jr (Ed). Management of Pediatric Obesity and Diabetes. New York: Humana Press; 2011

Final comments

- Family-based lifestyle change can be very challenging
- And, of course, there are relatively few secondary or tertiary level care services available
- → highlights the need for flexibility and sensitivity in service delivery

See also resources at:
pro.healthykids.nsw.gov.au

Thank you