Treatign Overweight Children: A 12-week Family-Based Intervention

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INTRODUCTION

- Over the past two and a half decades, the number of overweight and obese Americans has grown at astounding rates. While recent studies show that the rate of obese adults has stabilized, it is still high with 34% of adult Americans classified as obese (Centers for Disease Control & Prevention (CDC), 2007).
- The rate of overweight children continues to rise. Childhood overweight has tripled since 1980, with over sixteen percent of children and teens (ages 6-19) considered overweight (CDC, 2006). Data from NHANES in 2002 show that almost 31% of children are at risk for being overweight and 16% are classified as being overweight (Hedley et al., 2004).
- Once established, obesity is difficult to treat. Therefore prevention should be an essential aspect of any health care plan. Many techniques are suggested for effective prevention programs such as altering food preferences, developing normal and healthful eating habits, reducing television, and increasing physical activity (e.g., Robinson & Killen, 2001; Society for Nutrition Education, 2003).
- Unlike prevention, the purpose of treatment is to modify the behaviors that help maintain obesity. General treatment goals include changing eating behaviors and increasing activity levels (Bosch, Stradmejer, & Seidel, 2004). For an overweight child or obese adult, this often requires multiple lifestyle changes.
- The most successful programs incorporate the entire family. Keeping in mind that obesity is often a chronic condition without a quick-fix, prevention and treatment efforts should be multifaceted and health-focused rather than weight-focused. Parent support and involvement in the program is essential for long-term success.
- The current study examined the effectiveness of a 12-week family-based intervention in decreasing individuals' Body Mass Index (BMI) and self-reported eating and exercise habits.

METHOD

Participants

- 23 families attended a multi-faceted weekly health and wellness clinic aimed at improving overall quality of health.
- Children were referred from two university-based pediatric clinics in a Midwestern city.
- Children were referred based on BMI. Families were able to start the clinic at any point during the 12-week treatment. Due to this allowance, week 1 baseline data was not available for each participant.
- Eleven participants were followed through the entire 12-week course. Average number of sessions attended was 8.
- Children’s ages ranged from four to sixteen years old.
- The sample was 64% female and 36% male.
- 82 percent of the sample were Hispanic and 18% were Caucasian. Other ethnicities were represented in the clinic as well.

RESULTS (continued)

- A significant difference was found for BMI at the initial session and BMI at the final session (t = 3.165, p = .01). The average decrease in BMI was .74.
- A significant difference was found for number of vegetables consumed per day (t = 2.727, p = .029) between the initial and final sessions. Participants reported eating vegetables on an average of 5 days per week at the end of the treatment as compared to 3 days per week at the initial session.
- There were several other positive non-significant changes in behavior between the initial and final sessions including fewer fast food meals per week, less time watching TV, exercising more frequently and longer duration of exercise sessions, and limiting meals to one serving.

REFERENCES

References available upon request.