

OCW – CHILDHOOD OBESITY 5th MARCH 2021

DISCUSSION POINTS

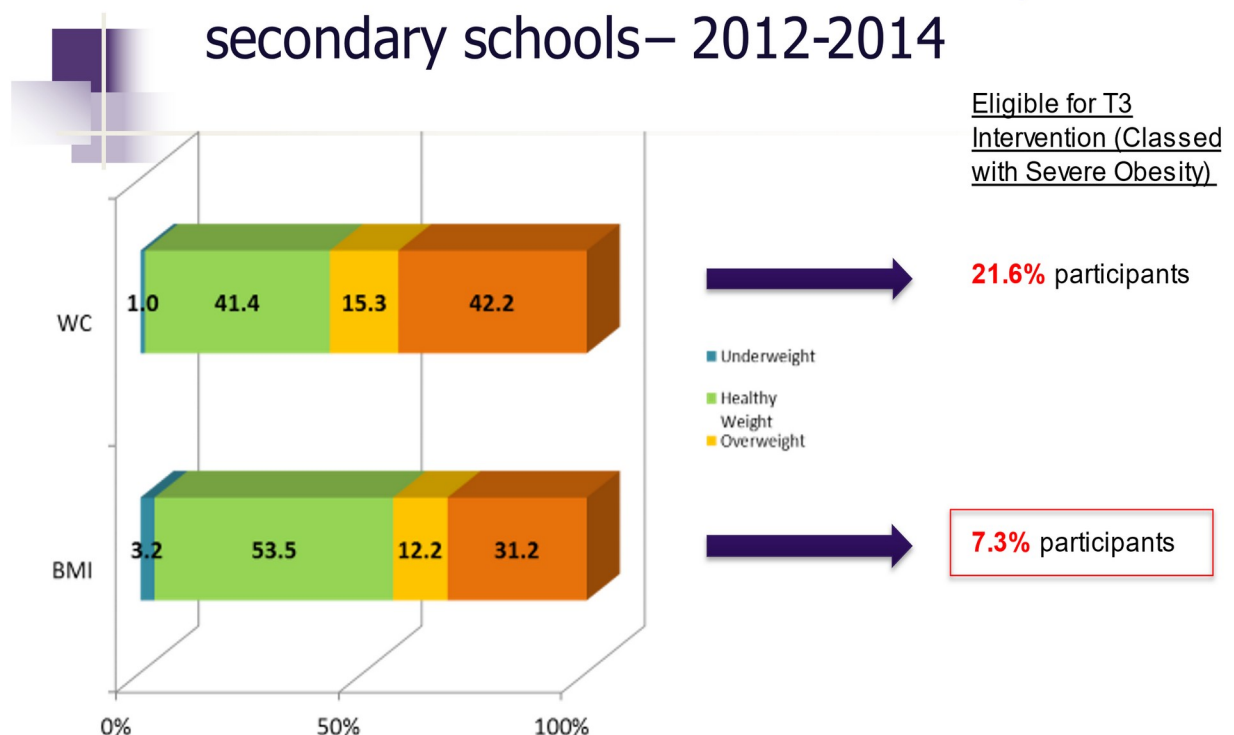
Very lively discussion and debate today - thank you for your contributions. The conversations around narratives of those who have experienced their own weight loss journey was very powerful, as was the video of the young people sharing their own experiences with a strong message 'A letter to the professionals'. The link to the DVD is on the last slide.

There were some interesting questions around the National Child Measurement Programme (NCMP).

Q. Are we missing valuable data around adolescent obesity? We have no legitimate measures after Y6. How can we manage what we don't know?

It has been a long-standing problem that we are lacking this information. Back in 2014 we at SHINE, measured around 1,000 adolescents across 13 schools in Sheffield and the results were shocking with 43.4% measuring as overweight or obese. I suspect that these figures will have got much worse since then, especially over this last year with restrictions due to the pandemic. This could have far-reaching impact on education, employment and health as these young people progress through to adulthood.

Prevalence Statistics Sheffield– 13/26 secondary schools– 2012-2014



Overweight and Obesity in Secondary School Children by Waist Circumference (WC) and Body Mass Index (BMI): Standardised Values = 922

Note: Unpublished, preliminary results

Q. Is BMI the best indicator for assessing levels of obesity?

While it is a very helpful measure there are differences in relation to BMI and body fat %. So someone may have a very high BMI but have lean mass which wouldn't pose the same health risks. For us, a better measure of health is waist circumference. There is plenty of research around this, as it is a good indicator of visceral fat around major abdominal organs which can lead to type 2 diabetes, fatty liver and polycystic ovaries. There is a really simple activity you can do to get an idea of this. Your waist should be maximum of half the measure of your height - [link](#).

Q. When the letters go out to parents/carers re: results of NCMP should we be more proactive in relation to follow up? For example, we now have measures for those in the 'severe obesity' category and we know this can lead to a range of potential health risks, so should there be a national approach to follow up?

I personally feel we have a duty of care to do so but there are problems around this. We know parents have a poor perception of their child's weight and could feel judged or blamed for their child reaching this level. Professionals may not be skilled in giving this news and handling the situation sensitively, and may need more education around communication skills. There are also limited specialist services across the country to meet this demand and even when services are available uptake is very low. In Sheffield's last NCMP report (2019/20), 520 reception and 1,050 Y6 children were recorded as 'severely obese' and yet we only see about 100 families a year. We need to increase awareness and perhaps get the digital data into schools where there is a more established bond between teachers and families and more trust in those relationships.

Q. The video the young people made was really powerful and emotive. How sad they feel so misunderstood. How do we raise awareness about the complexities of children and young people living with obesity and move away from traditional 'eat less and exercise more' models to incorporate more person-centred approaches?

This needs a complete shift in attitudes and movement away from purely medical models to more holistic models but any new developments in this direction will take time to implement. As prevalence of obesity increases and gets more recognition perhaps changes are starting to occur. We remain hopeful.

Q. Should obesity be classified as a medical condition?

Very interesting question. There are moves to define obesity as a medical condition with more comprehensive guidelines, care pathways and, potentially, funding, which could lead to increased understanding about how to care for people living with obesity, reducing the weight bias culture. Honest recall from a GP gave a medical perspective that their priority is to treat physical morbidities such as reducing blood pressure and cholesterol levels rather than managing psychosocial complexities. The fact that obesity is preventable, whereas some other diseases are not, aroused good discussions around whether a 'disease label' would diminish personal responsibility or create a 'so I can't do anything about it attitude'. There was acknowledgement that new research and genomic studies were proving really interesting and resulting in new treatment strands such as the Semaglutide pilots that are looking promising.

[Semaglutide weight loss effects revealed in new study on obesity - Diabetes](#)

Q. What about bariatric surgery for young people?

There have been extreme cases when due to ill health some of our young people have been offered bariatric surgery, but this is a last resort when every other avenue has been explored. Surgery does result in rapid weight loss and, as such, has positive outcomes. However, there was reference to the Bristol Childhood Obesity Webinars (which have been excellent) where Mr Dimitri Pournaras gave an overview of bariatric surgery for children and he acknowledged that surgery doesn't always make people happy or solve their problems. For young people body image is a big issue and, with no NHS funding for skin removal, the physical and psychological consequences of surgery need to be considered. The NICE guidelines report that those seeking bariatric surgery should attend a Tier 3 service for at least a year to try other interventions first, but with only 9% of LA/CCG funding Tier 3 services for children and young people, how can this happen?