Childhood obesity

Introduction

The World Health Organization has identified childhood obesity as one of the most serious public health challenges of this century. Levels of obesity are increasing across the UK. It is estimated that by 2050 approximately 25% of children in the UK will be obese and 40% overweight. The long-term cost of childhood obesity is estimated to be as high as £700 million each year. However, reducing obesity amongst children and young people by 1% could save the NHS £1 billion each year on long-term health problems and the need for health treatment.

Obese children can experience health-related limitations and require more medical care than their peers who are of normal weight. The most important consequence of childhood obesity is its persistence into adulthood, leading to a higher risk of morbidity, disability and premature mortality in adult life (see Adult obesity section in Section 9.4). There are a number of increased long term health risks associated with child and adolescent obesity:

- Mental health problems.
- Musculoskeletal problems.
- Type 2 diabetes.
- Cardiovascular risk and damage.
- Asthma (obese children have a 40-50% increased risk compared with normal weight children).
- Sleep apnoea.

Risk factors and vulnerable groups

The underlying causes of obesity are complex. There are a number of risk factors that increase the likelihood of child obesity, for example, socioeconomic status, ethnicity and child disability, specifically:

- Children born to obese mothers are more likely to become overweight or obese.
- A lower incidence of obesity at 5 years old in breast-fed babies compared with those bottle-fed, women from higher socioeconomic groups are more likely to breast-feed.
- Higher levels of obesity for children in both Reception and Year 6 in more deprived areas.
- Children who have a disability (especially a learning disability) are more likely to be obese or overweight (or underweight), (40% of children aged under 8 years old with a limiting illness and learning disability are obese or overweight compared with 22.4% of children who have neither condition).

In addition, obese children are more likely to experience episodes of illness, health related limitations and require more medical care than normal weight children and as a consequence have more school absence leading to difficulty keeping up with the curriculum. This can on adverse impact on their educational attainment.
What is the evidence base?

Obesity is a complex problem for which there is no simple solution. It cannot be addressed through single interventions undertaken in isolation. NICE has produced a local authority briefing on preventing obesity and helping people to manage their weight. Broad actions are covered in the adult obesity section. However, specific actions for parents, carers and everyone in regular contact with children and young people are to:

- Encourage and support children to be active at every opportunity (such as active play, travel, sport or leisure activities).
- Eat meals with children and young people.
- Encourage children and young people to get enough sleep. Explain to parents and carers that this is because lack of sleep may increase the risk of excess weight gain in children and young people.

Commissioned weight management services for children should be multi-component and include diet, behaviour and physical activity and involve the whole family. Specialist intensive clinical services should be aimed at those with complex medical or educational needs and weight reduction drugs should only be prescribed for severely obese young people with co-morbidities who are attending specialist clinics. Surgery should only considered for post-pubertal young people with very severe-to-extreme obesity.

Local picture

Data from the 2013/14 National Child Measurement Programme (NCMP) shows the prevalence of obesity in children at both ages measured, Reception year (aged 4-5 years) and year 6 (aged 10-11) years is higher in Luton than England but similar to Luton’s statistical comparator areas, and prevalence in Year 6 is increasing.

Prevalence

The prevalence of obesity in Reception Year children is 10.5% which is the lowest for this year group since the inception of the NCMP in 2006/07. It is similar to the England average and comparator areas (Figure 45).

The prevalence of obesity in Year 6 children is 23.7% and is significantly higher than the England average (19.1%) but similar to comparator areas (Figure 45).
Trend data shows prevalence of excess weight (overweight and obese) in Reception Year children is decreasing and in line with the national average. However, prevalence in Year 6 children has been increasing and the gap with England has not reduced (Figure 46).

Figure 47 shows the geographical spread of childhood obesity (aged 10-11 years) across Luton over the last three years. The highest numbers of children overweight or obese are in the more deprived wards where there are larger numbers of children and births. The highest proportion of children measured as obese or overweight are geographically spread across pockets in a number of different wards.
There is a strong association between deprivation and childhood obesity, with increased obesity prevalence for both Reception and Year 6 children with increased deprivation. Obesity prevalence of the most deprived 10% of the population is approximately twice that of the least deprived 10%.

There is no straightforward relationship between obesity and ethnicity, with a complex interplay of factors affecting health in minority ethnic communities in the UK. In Luton, prevalence of excess weight is highest in the Black African and Caribbean ethnic groups in both Reception and Year 6 although the differences are not significant.

**What is being done locally?**

There are a range of services and support available across Luton to support healthy weight in children. The universal Free School Meal programme provides healthy meals to school children across Luton.

The Family Food First initiative encourages families with young children to adopt healthier lifestyles to reduce the burden of diseases such as obesity and tooth decay. Work is focused on early years’ settings including nurseries, pre-schools and children’s centres.

The local Vegfest project promotes healthy eating and gentle exercise aimed at primary school children and their families to learn about nutrition, where their food comes from, and what is meant by healthy eating.

Breastfeeding is encouraged for all new mothers through maternity and a community breastfeeding service and pregnant women and new mothers are supported to reduce obesity and promote healthy weight management through a Slimming World programme (see Early Years section) that is endorsed by the Royal College of Midwives and has a midwife in attendance. LiveWell Luton provides weight management programmes for children aged 5-15 years.
**Perspectives of the public/services users**

**Service user case studies:**

**Feedback A**

I loved that my child and I got to work alongside each other in the classroom session. The food tasting was great as we both got to try new things. We have made real changes at home since starting, we have new plates that are smaller for portion control, we spend less time on the iPad and more time cooking together in the kitchen. My child brought her bed time forward to 8pm and chooses healthier snacks and less treats. I like to take her food shopping with me so we can encourage each other to make healthy choices. Over all it has been a great experience that I would recommend to others.

**Feedback B**

All mentors were interested in each individual and family group. They were able to bring the entire group into the sessions. We loved the taster sessions and felt it was a good idea as peer pressure allowed mentees to taste without prejudice. Everyone tried and I’m convinced we all will carry on with these choices as we have tasted them. The activity is the most important part of the sessions, my son mainly came for this, but he learnt from the nutritional element too. Can I say (despite my disabilities), I so enjoyed interacting with him and the group. Personally I think you have hit the right spot with this course.

**Priorities**

1. Develop a multi-agency approach to reduce obesity with a specific offer for schools that recognises the different education needs of different age groups.

2. Implement and monitor the child healthy weight pathways covering early intervention and treatment.

3. Work with fast food outlets and other outlets that provide food for children to support them in reducing the salt, fat and sugar content in their menus.

4. Review and strengthen physical activity and nutrition programmes in pre-school settings.
References


