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Title:

Obesity: Unrecognised or avoided? We're missing opportunities to “make every contact count.”

Authors:

Elspeth C Ferguson[1]

Emily K Stewart[2]

Claire Hannah[3]

Charlotte J Elder[1,4]

Correspondence:

Postal address: Dr Elspeth Ferguson, Department of Endocrinology and Diabetes, Sheffield Children’s NHS Foundation Trust, Western Bank, Sheffield S10 2TH

Email: elspethferguson@nhs.net

Telephone number: 01142717000

Affiliations:

1. Department of Paediatric Endocrinology and Diabetes, Sheffield Children’s NHS Foundation Trust
2. University of Sheffield, School of Medicine, Sheffield
3. Pharmacy Department, Sheffield Children’s NHS Foundation Trust
4. Academic Unit of Child Health, University of Sheffield

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Dear Editors,

Obesity, 'one of the biggest public health threats facing the UK', is highlighted by the RCPCH as one of seven key priorities for children's health and well-being (1) . The statistics are shocking: One third of 10-11 year olds and one fifth of 4-5 year olds in England are overweight or obese(1). In 2017 the Obesity Health Alliance's position statement on tackling obesity in the UK called for further action over and above the Government's 2016 Childhood Obesity Plan(2). We would like to draw your readers' attention to the role of health professionals in making 'every contact count'(1,2) and to highlight our concerns about current practice, based on a recent clinical audit.

At our trust, all medical outpatients have height and weight measured at each clinic attendance, with BMI automatically plotted on centile charts within their electronic record. We retrospectively reviewed records of a random sample of 100 new medical paediatric outpatients seen during a one-week period in 2018. Twenty-one percent (n=21) were overweight or obese. Only three (14%) however, had their BMI identified as a clinical problem and/or addressed with the family. Despite the importance placed on action in early life none of the seven under-fives classified as overweight or obese had been identified(1).

To explore this further, a random sample of eight clinicians (paediatricians and paediatric nurse specialists) were interviewed about their approach to the overweight/obese child in the outpatient setting. In contrast to the audit results, five said they would always discuss obesity with the family. The three that did not always cited multiple reasons including the effect on the doctor/parent or patient relationship, constraints of clinic appointments and a belief the family were already aware. This raises two concerns; is this evidence of the visual normalisation theory, with professionals struggling to identify obesity?(3) Or are clinicians struggling to communicate this issue?

A further difficulty is knowing what we can offer to patients and families if their child is identified as obese, with many clinicians lacking confidence in being able to make a difference to a child's obesity(4). Dietary and exercise advice and community weight-

management programmes underpin all obesity management guidelines, yet clinicians can feel disillusioned with such guidance given the limited evidence of both short-term and sustained improvements(5,6)(7). Increasingly obesity is recognised as a public health problem, which needs addressing above the individual level. Whilst this is undoubtedly true, paediatricians have an important role in working to address public health issues(8). We can promote healthy behaviours through simple practical steps such as identifying those at risk and sign-posting to services along with employing communication skills and behavioural change strategies to facilitate improvements. . Whilst we don't have an easy treatment for obesity, perhaps the best support we can offer in the clinic setting is an individualised approach to families, honing in on what drives the obesogenic behaviour in that family and supporting the development of age appropriate, targeted, achievable patient-centred goals(9).

Identification of obese inpatients presents different challenges. Callaghan's recent article on prescribing in obesity provides welcome advice regarding safe prescribing (10). The paper describes how lack of inpatient height measurements prevent assessment of BMI. This is a challenge faced in our Trust. Our regular inpatient prescription monitoring has repeatedly identified significant prescribing errors attributed to the use of actual rather than ideal body weight in obese patients, resulting in overdose of drugs such as aciclovir. In the most recent seven-day audit, of 129 interventions, four obesity-related errors were recorded. These however rely on the pharmacists' ability to identify obesity by eye, leading us to surmise many more errors go unnoticed. Electronic prescribing, with BMI recorded, may reduce this.

Despite clinicians' good intentions, we are struggling to identify and broach obesity with patients and we therefore not only continue to miss opportunities to address obesity with families, we put our patients at risk through potential drug errors and long-term complications. We would welcome further discourse regarding how to improve obesity recognition and how to support clinicians to fight the sense of futility and address and manage the issue of obesity at the individual level, thus ensuring every contact does count.

References:

1. Royal College of Paediatrics and Child Health. About childhood obesity What can we do about it ? 2019.
2. Obesity Health Alliance. Obesity Health Alliance: Joint Policy Position on Obesity. 2017;1–4. Available from: http://obesityhealthalliance.org.uk/wp-content/uploads/2017/04/Policy-Position-Statement-2017.pdf
3. Robinson E. Overweight but unseen: a review of the underestimation of weight status and a visual normalization theory. Obes Rev. 2017;18(10):1200–9.
4. Wake M, Campbell MW, Turner M, Price A, Sabin MA, Davis E, et al. How training affects Australian paediatricians ' management of obesity. 2013;3–8.
5. Jl C, Loveman E, Malley OC, Lb A, Mead E, Lj E, et al. Diet , physical activity , and behavioural interventions for the treatment of overweight or obesity in preschool children up to the age of 6 years (Review). 2016;(3).
6. Loveman E, Jl C, Mead E, Re J, Fraser H, Olajide J, et al. Diet , physical activity and behavioural interventions for the treatment of overweight or obese adolescents aged 12 to 17 years (Review). 2017;(6).
7. Mead E, Brown T, Rees K, Lb A, Whittaker V, Jones D, et al. Diet , physical activity and behavioural interventions for the treatment of overweight or obese children from the age of 6 to 11 years (Review). 2017;(6).
8. Weil LG, Lemer C, Ronny Cheung C. The role of paediatricians in public health for children and young people. Arch Dis Child Educ Pract Ed. 2016;101(4):181–6.
9. Mihrshahi S, Gow ML, Baur LA. Contemporary approaches to the prevention and management of paediatric obesity : an Australian focus. Medical Journal of Australia. 2015;267–74.
10. Callaghan LC. Prescribing in paediatric obesity: Methods to improve dosing safety in weight-based dose calculations. Arch Dis Child Educ Pract Ed. 2018;103(5):274–7.