



EDITORIAL

The key role of primary care pediatrics in the management of childhood obesity[☆]



El papel clave de la pediatría de atención primaria en el manejo de la obesidad infantil

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Childhood obesity continues to be a global concern as a major public health problem. It is a significant risk factor for the development of certain complications in childhood and a predictor of excess weight and associated diseases in adulthood.¹ The aetiopathogenesis of obesity is intimately related to multiple social and environmental factors, such as the prevailing dietary habits, the pressure exerted by the food industry, the contribution to inactivity of the widespread use of electronic devices, even at very young ages, or the increased risk of families with low incomes and low educational levels. In addition, the consequences of obesity are not just organic, but also social and psychological.² Low self-esteem, depression or school bullying may occur with greater frequency. In this sense, obesity is a disease that affects multiple domains in the life of the child and is in turn affected by multiple social and environmental determinants.

Given all of the above, it becomes apparent that primary care plays a key role in the approach of the health care system to this problem. It is precisely because of its com-

plexity that this problem cannot only be addressed from the health system, but primary care paediatricians in the national health system are in the ideal position to lead preventive as well as therapeutic interventions. The rapport and intimate understanding that primary care providers have of the family and the community are essential in the approach to a problem of this nature.

This issue of ANALES DE PEDIATRÍA features 2 articles on the management of childhood overweight and obesity. Argelich et al³ present the results of a survey of paediatricians and paediatric nurses in the island of Mallorca, mainly employed at the primary care level, by means of a questionnaire. The article reflects the considerable difficulty that professionals ascribe to the management of these patients and the frustration they commonly feel due to the poor outcomes achieved. The challenges are manifold, ranging from families not recognizing the problem or lacking motivation to factors related to the health care system itself. Contrary to what has been described in other countries or even in previous studies in Spain, most paediatricians in this survey expressed confidence in their ability to broach the issue. The authors suggested that the quality of the education of Spanish paediatricians and the gradual establishment of treatment recommendations may have contributed to this finding. However, it must be taken into account that the same professionals acknowledged gaps in training when it

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came to motivational skills. This is a relevant deficiency given the crucial importance of appropriate motivational interviewing interventions in the management of obesity. In fact, continuing education activities aimed at increasing motivational skills in paediatricians are being offered with increasing frequency.

The surveyed health care professionals also expressed that the health care system itself could be a barrier. The privileged position of primary care for the management of obesity and overweight as public health problems is constantly constrained by a host of factors that prevent professionals from applying their full skills. Time limitations, excessive workloads due to consultations for banal problems, insufficient communication between different care settings and the lack of liaisons with the community and other health stakeholders are some clear examples. All these factors must be addressed decisively, especially considering that with the right resources it is possible to achieve better outcomes. In the current issue of ANALES DE PEDIATRÍA, Alustiza et al⁴ present the results of a primary care health promotion programme targeting adolescents with risk factors for type 2 diabetes. The control group was subject to the routine care delivered by paediatricians and paediatric nurses at the primary care level, with the limitations that characterise it at present. The intervention in the other group was delivered with the collaboration of nutritionists, addressing the full complexity of the problem and over a total of 11 sessions. This intensive program, which targeted the entire family, not only achieved improvement in specific lifestyle habits, but also halted the increase in BMI, benefits that were maintained at 2 years of follow-up. Interventions of this type demonstrate that the failure that many of us paediatricians may experience in managing and treating these patients is not inevitable nor intrinsic to the disease, that, given the right conditions, favourable outcomes can be achieved, and that we can take advantage of the framework that the primary care system could provide for this process. The authors also noted that due to the current limitations of most primary care centres, where paediatric health care

workers lack the necessary time and support of other health professionals, the management of excess weight fails early. Professionals are aware of this, which can weaken motivation further.

Since obesity is such an important public health problem, with multiple medium-to-long-term repercussions in terms of comorbidities and complications, both in childhood and adult life,⁵ the impact of failing to take preventive and therapeutic action at an early stage is difficult to gauge. It is also difficult to estimate in terms of health care expenditure in the medium to long term. This is why public health authorities must take the necessary measures to ensure that the primary care system has the human and material resources required to develop its essential work when it comes to approaching obesity and many other health problems that can be prevented and treated early. The dire situation of the primary care system, recently exacerbated by the COVID-19 pandemic, calls for urgent and decisive action. Few investments could be considered more profitable.

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