Napule è...

PEDIATRIA PREVENTIVA E SOCIALE

SOCIETÀ AFFILIATA ALLA SIP

## ATTIVITÀ FISICA E OBESITÀ: CRITICITÀ TRA "SI DICE" ED EBM

# MOTIVARE, INCORAGGIARE E SOSTENERE: IL RUOLO DELLO PSICOLOGO

Dott.ssa Giovanna Susca
Psicoterapeuta
Psicologa dello sport

# MOTIVARE, INCORAGGIARE E SOSTENERE: IL RUOLO DELLO PSICOLOGO

## PENSARE ALL'OBESITA' COME A UN CORPO OBESO DA CURARE


Dott.ssa Giovanna Susca
Psicoterapeuta
Psicologa dello sport
Email: dott.ssagiovannasusca@gmail.com
Web: www.tramenteecorpo.it


PSICOLOGI DELLO SPORT

# COSA VUOL DIRE ESSERE BIMBI OBESI…

- Vittime di pregiudizio e stigma (Pont et al., 2017; Spiel , Paxton & Yager, 2012; Su & Di Santo, 2012)
- Target di bullismo, insulti e sfottò sul peso (Puhl, Luedicke & Heuer, 2011; Lumeng et al, 2010; Griffiths et al, 2010)
- Isolamento (Goldfield et al., 2010; Strauss & Pollack, 2003)
- Insoddisfazione corporea (Heinberg & Thompson, 2009; Ricciardelli & McCabe, 2001; Wardle & Cook, 2005).
- Bassa autostima (Hesketh et al., 2004; Tiggemann, 2005)
- Depressione e ansia (Sevincer et al., 2016; Roberts & Duong, 2013; Brewis, 2003; Wardle et al., 2006)
- Tentativi di suicidio (Eaton et al., 2005; Eisenberg, Neumark-Sztainer & Story, 2003)

PSICOLOGI DELLO SPORT

**Dott.ssa Giovanna Susca**
**Psicoterapeuta**
**Psicologa dello sport**
**Email: dott.ssagiovannasusca@gmail.com**
**Web: www.tramenteecorpo.it**

# COSA VUOL DIRE ESSERE BIMBI OBESI…

**"Children and adolescents with severe obesity had quality-of-life scores that were worse than agematched children who had cancer."**

Schwimmer JB, Burwinkle TM, Varni JW. Health- related quality of life of severely obese children and adolescents. *JAMA*. 2003;289(14):1813–1819

PSICOLOGI DELLO SPORT
Dott.ssa Giovanna Susca
Psicoterapeuta
Psicologa dello sport
Email: dott.ssagiovannasusca@gmail.com
Web: www.tramenteecorpo.it

# LA STRATEGIA VINCENTE: PASSARE DALLA PRESCRIZIONE ALLA MOTIVAZIONE (MILLER & ROLLNIK, 2013)

1) STABILIRE UNA RELAZIONE DI FIDUCIA

2) FOCALIZZARE gli obiettivi e il percorso da fare

3) EVOCARE i motivi per cambiare e la loro importanza per l'utente

4) PIANIFICARE le azioni concrete per attuare il cambiamento

Dott.ssa Giovanna Susca
Psicoterapeuta
Psicologa dello sport
Email: dott.ssagiovannasusca@gmail.com
Web: www.tramenteecorpo.it

PSICOLOGI DELLO SPORT

# ESPEDIENTI E SUPPORTO SOCIALE: I TRUCCHI PER PROMUOVERE L'ATTIVITA' FISICA

**Table 4** Final models showing correlates of LPA, MPA and VPA: β-coefficients and 95% CIs

| | β (95% CI) | P value |
|---|---|---|
| LPA (min/day) | | |
| Computer use (hours/day) | −4.31 (−8.06 to −0.57) | 0.024 |
| Parent support (0–4)* | 5.65 (1.07 to 10.22) | 0.016 |
| MPA (min/day) | | |
| BMI z-score | −1.35 (−2.28 to −0.42) | 0.005 |
| Computer use (hours/day) | −1.22 (−2.28 to −0.15) | 0.025 |
| Sport participation (ref=no sport) | 2.97 (0.73 to 5.21) | 0.009 |
| Active transport (ref=passive transport) | 5.63 (3.44 to 7.81) | <0.0001 |
| Outdoor time after school (hours/day) | 1.55 (0.79 to 2.30) | <0.0001 |
| Proportion of pupils attending school sport/PA clubs | | |
| ≤24% | Ref | 0.006 |
| 25%–49% | 5.97 (0.53 to 11.41) | 0.032 |
| ≥50% | −2.75 (−8.65 to 3.16) | 0.361 |
| VPA (min/day) | | |
| BMI z-score | −1.60 (−2.51 to −0.69) | 0.001 |
| Self-efficacy (0–4)* | 1.89 (0.56 to 3.22) | 0.006 |
| Active transport (ref=passive transport) | 2.05 (0.00 to 4.10) | 0.050 |
| Parent support (0–4)* | 1.36 (0.12 to 2.60) | 0.032 |
| Presence of school crossing guards (ref=none) | 3.21 (0.34 to 6.07) | 0.028 |

All models were adjusted for age, sex and mean accelerometer wear time, with schools treated as random effects.
*Higher scores represent greater self-efficacy and parent support.
BMI, body mass index; LPA, light-intensity physical activity; MPA, moderate-intensity physical activity; PA, physical activity; ref, reference category; VPA, vigorous-intensity physical activity.

Wilkie HJ, Standage M, Gillison FB, et al. *Correlates of intensity-specific physical activity in children aged 9–11 years: a multilevel analysis of UK data from the International Study of Childhood Obesity, Lifestyle and the Environment. BMJ Open* 2018;8 :e018373. doi:10.1136/ bmjopen-2017-018373

PSICOLOGI DELLO SPORT
Dott.ssa Giovanna Susca
Psicoterapeuta
Psicologa dello sport
Email: dott.ssagiovannasusca@gmail.com
Web: www.tramenteecorpo.it

# UN LAVORO DI SQUADRA: UNA NECESSITA'

## PEDIATRA:

Ha accesso alle informazioni della intera famiglia.

Gode della fiducia degli utenti consolidata nel tempo.

Ha le competenze mediche e l'autorevolezza per prescrivere il piano di azione e verificare i progressi.

## PSICOLOGO:

Promuove una comunicazione efficace nel confronto con l'utenza.

Individua le necessarie leve motivazionali individuali e famigliari.

Valuta i tempi idonei per raggiungere gli obiettivi, in modo da rafforzare l'autoefficacia dell'utente.

Si confronta sulle variabili che possono minare il lavoro.

PSICOLOGI DELLO SPORT

**Dott.ssa Giovanna Susca**
**Psicoterapeuta**
**Psicologa dello sport**
**Email: dott.ssagiovannasusca@gmail.com**
**Web: www.tramenteecorpo.it**

# UN LAVORO DI SQUADRA: PROVE DI EFFICACIA

## Subjective evaluation of psychosocial well-being in children and youths with overweight or obesity: the impact of multidisciplinary obesity treatment

Cilius Esmann Fonvig[1,2] · Sophie Amalie Hamann[1] · Tenna Ruest Haarmark Nielsen[1,2] · Mia Østergaard Johansen[1] · Helle Nergaard Grønbæk[1] · Pernille Maria Mollerup[1] · Jens-Christian Holm[1,2,3]

Accepted: 26 July 2017


**Abstract**

*Purpose* To investigate the effects of a multidisciplinary childhood obesity treatment programme on subjective evaluations of psychosocial well-being and quality of life.

*Methods* This longitudinal observational study included 1291 children, adolescents and young adults, 6–22 years of age, with overweight or obesity. At entry and after 2–82 months of obesity treatment, the patients evaluated the following domains of psychosocial well-being on a visual analogue scale: quality of life, mood, appetite, bullying, motivation for weight loss and body image satisfaction. The degree of overweight was calculated using a body mass index (BMI) standard deviation score (SDS) at each visit.

*Results* At entry, the mean BMI SDS was 2.81 (range: 1.35–6.65, 95% confidence interval (95% CI): 2.44–3.18). After a median of 14 months of treatment, the median reduction in BMI SDS was 0.29 (95% CI: 0.26–0.31, $p < 0.0001$). Improvements were observed in the domains of quality of life, mood, appetite, bullying and body image satisfaction ($p < 0.0001$). Larger reductions in BMI SDS were associated with greater improvements in the domains of quality of life ($p = 0.001$), mood ($p = 0.04$) and body image satisfaction ($p < 0.0001$), independent of BMI SDS at entry. However, improvements in psychosocial well-being were also observed in those increasing their BMI SDS ($n = 315$).

*Conclusions* In a large group of children and youths, psychosocial well-being improved during a multidisciplinary childhood obesity treatment programme, irrespective of the degree of obesity at treatment entry. Greater reductions in BMI SDS were associated with greater improvements in psychosocial well-being, but even in the group increasing their BMI SDS improvements were observed.

**Keywords** Appetite · Body image · Bullying · Motivation · Paediatric obesity · Quality of life

# GRAZIE PER L'ATTENZIONE!

Dott.ssa Giovanna Susca
Psicoterapeuta
Psicologa dello sport
Email: dott.ssagiovannasusca@gmail.com
Web: www.tramenteecorpo.it

PSICOLOGI DELLO SPORT