

SIPSSINU PEGGIORNA

L'alimentazione come prevenzione "IL PROGRAMMING NUTRIZIONALE"

Corsi residenziali di sviluppo professionale continuo per Pediatri di Famiglia

17 Marzo 2007

Hotel Jolly Marina

Genova



PROGRAMMA

Presentazione

Marcello Giovannini, Pasquale Di Pietro, Giuseppe Di Mauro

09.00 I SESSIONE

Moderatori: Marcello Giovannini, Alberto Martini, Marcella Zera

Allattamento materno

Giuseppe Banderali

Alimentazione nel 1° anno di vita: latti formulati

Giacomo Bissucci

Il Divezzamento

Carlo Agostoni

Prevenzione allergie alimentari

Enza D'Auria

Discussant

Giovanni Sempini

10.30 PAUSA CAFFÈ

Moderatori: Renata Lorini, Aldo Iester, Federico Freschi

Alimentazione in età prescolare e scolare

Silvia Scaglioni

Follow-up di un programma cognitivo del trattamento dell'obesità

Marina Vignolo

Discussant

Michele Fiore

12.00 II SESSIONE

Moderatori: Teresa De Toni, Guido Brusoni, Emanuele Varaldo

Alimentazione del pretermine post dimissione

Giovanni Serra

Alimentazione e sicurezza

Andrea Budelli

Discussant

Giorgio Conforti

13.00 Interventi Preordinati

Cibo e scuola

Alberto Ferrando

Morte, evitabile, da cibo

Giorgio Conforti, Maria Caruso

13.20 Conclusioni

michele fiore Pdf San Remo
cons. nazionale FIMP
cons. nazionale SICuPP

SOCIETAL TREATMENT AND PATIENT TREATMENT?

Creating the societal problem of increasing fatness and central fatness among children and adolescents will probably require more radical attempts to alter the "obesogenic environment" than have been considered to date. Normal body composition among contemporary children (secondary to obesogenic lifestyles which are increasingly being adopted early in life³⁸⁻³⁹) is the product of a complex web of influences, many of which operate at a "macro" level, beyond the control of the individual child or family.⁴⁰ Our efforts to treat obesity in individual families to date have been worthy and necessary, but we should perhaps see them as attempts to treat the symptoms of the underlying societal disease, rather than the disease itself.

Box 1: Evidence based "best bets" in treatment of childhood obesity

- Treat the motivated child/family (who perceive obesity as a problem and appear willing to attempt lifestyle change)
- Treat in the context of the entire family, don't just focus on the individual obese child
- Spend more time on treatment (longer, more frequent appointments)
- Target changes in physical activity and sedentary behaviour (e.g. TV viewing), not just changes in diet
- Aim for weight maintenance (not weight loss) in most cases
- Ground the intervention in theory
- Use intervention methods which are supported by at least a little evidence of efficacy and acceptability (from pilot or feasibility studies, for example)

PREVENTION VERSUS TREATMENT?

The apparent failure of our clinical approaches to treating obesity has some to suggest that our efforts to tackle the obesity epidemic should focus exclusively on prevention rather than treatment. This may seem to be a logical

THE FUTURE OF TREATMENT

Some fairly novel approaches to treatment are promising, but are not backed by high quality evidence of long term outcomes. These include surgery, pharmacotherapy combined with treatment aimed at lifestyle change,³⁴ the use of novel dietary targets such as modifying the glycaemic load of the diet,³⁵ and the use of residential treatment.³⁶ Some of these approaches may never be suitable for treatment of large numbers of patients and are likely to be restricted to use in adolescents and/or those with serious co-morbidity.

One strategy which might be considered in future is to focus treatment at an earlier stage on the pathway to obesity. This might include an emphasis on treating younger children, by attempting lifestyle change in patients in the pre-school or early school years, and

WATCH IT: a community based programme for obese children and adolescents

M Rudolf, D Christie, S McElhone, P Sahota, R Dixey, J Walker and C Wellings

Arch. Dis. Child. 2006;91;736-739; originally published online 10 Mar 2006;
doi:10.1136/adc.2005.089896

The WATCH IT programme

WATCH IT aims to encourage lifestyle change by taking a motivational enhancement and solution focused approach, along with opportunity for physical activity. The programme has three components:

Frequent individual appointments (30 minutes, initially weekly) for the young person and parent for encouragement, support, and motivational counselling, using the HELP manual to guide content delivery

Group activity sessions lasting one hour, conducted weekly at a local sports centre

Group parenting sessions, once the individual appointments have reduced in frequency.

What is already known on this topic

- The evidence base of effective interventions for obese children is very limited with no trials from the UK
- Trials outside the UK were carried out in academic centres with highly qualified staff and educated, motivated families

What this paper adds

- A community based intervention for obese children has been successfully developed in disadvantaged areas
- Health trainers with no professional qualification are effective in delivering an intervention that appears to have benefit



Rubrica: "Pediatrics in the Community"

The **Earn-A-Bike** Program

Marisa K Bell, MD, pediatric resident

Mary-Ann Limbos, MD, Attending Phys.

Pediatrics in Review. 2007;28:23-25

Il programma "guadagna la tua bicicletta". Una collaborazione tra una Società Ciclistica di LA e pediatri. Incontri per 8 settimane, 2 volte/settimana. Adolescenti che imparano a costruire (e riparare) una bicicletta, ed ad usarla in modo sicuro. La bicicletta costruita diventerà di loro proprietà.