XVIII Congresso Nazionale
Società Italiana di Pediatria Preventiva e Sociale

UN'INFANZIA DA DIFENDERE: IL RUOLO DEL PEDIATRA

Con il patrocinio del Ministero della Salute

28 - 31 Ottobre 2006
Hotel President - Lecce

Obesità:

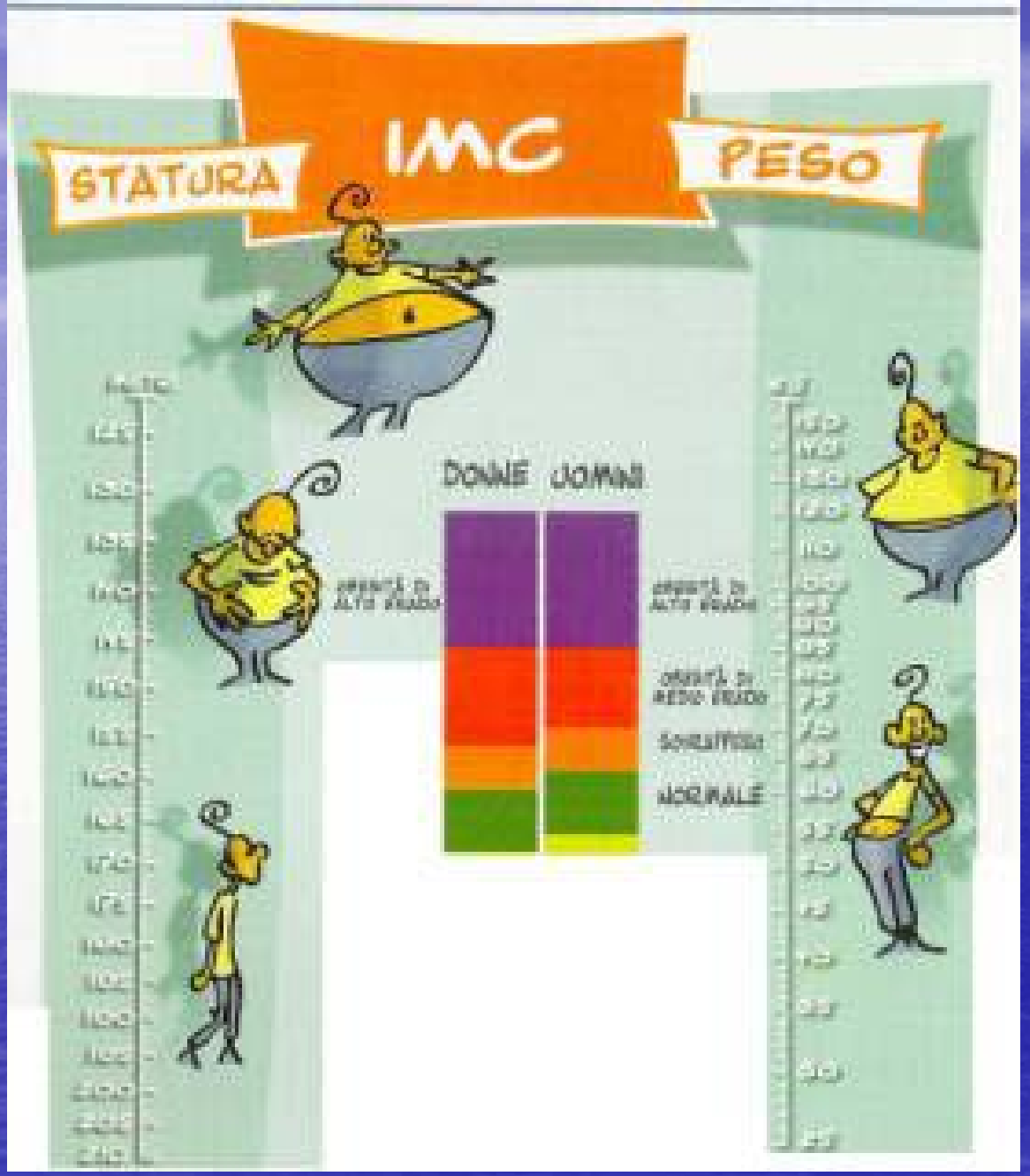
cosa ci insegna l'Epidemiologia.

Dott. Lorenzo *De* Giovanni

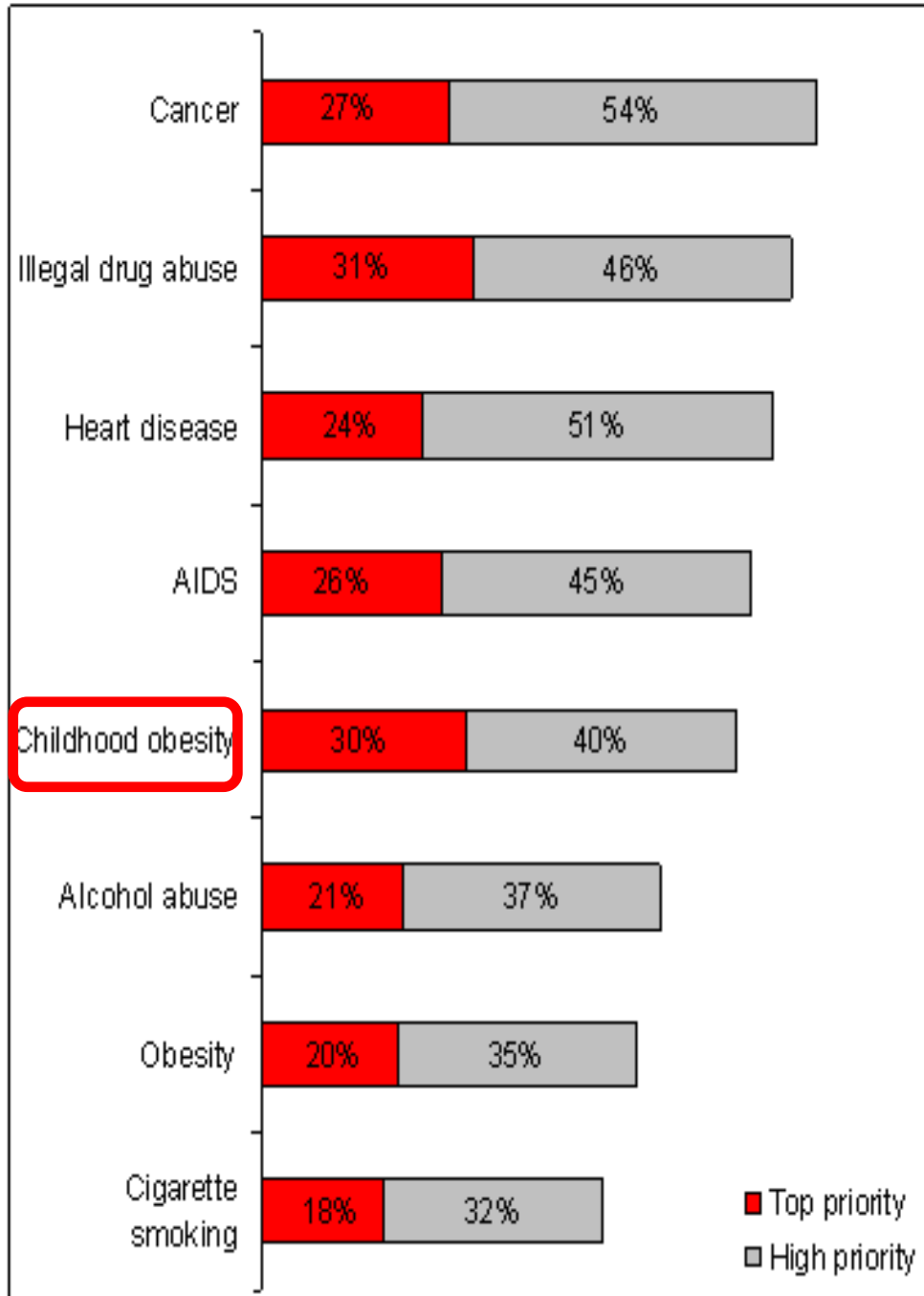
fimp Federazione Italiana Medici Pediatri

Definizione

L'obesità è una condizione caratterizzata da un aumento della massa grassa


STATURA
IMC
PESO
DONNE
UOMINI
OBESITÀ DI ALTO GRADO
OBESITÀ DI MEDIO GRADO
SOVRAPPESO
NORMALE

L'Obesità rappresenta il disturbo nutrizionale più frequente in età pediatrica



Conseguenze dell'obesità

Età infantile

- *Disagio psicologico e problemi di socializzazione*
- *Maggiore morbilità, fattore aggravante per l'asma*
- *Valgismo delle ginocchia*
- *Dermatiti delle pieghe, strie*
- *Ipertensione arteriosa*

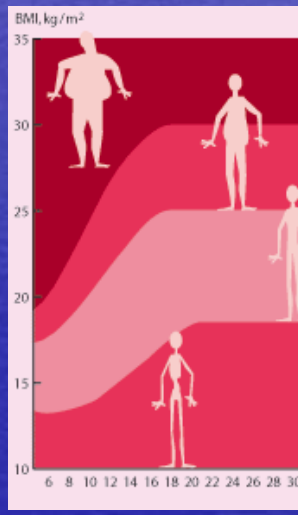
Età adulta

- *Disagio psicologico e problemi di socializzazione*
- *Arteriosclerosi, coronaro-cerebropatie*
- *Ipercolesterolemia*
- *Ipertensione arteriosa*
- *Diabete di tipo 2*
- *Varici*
- *Artrosi*
- *Infertilità*
- *Cancro colon-retto*

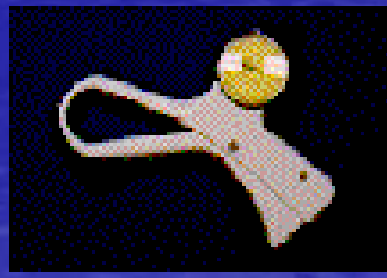
Quale è la prevalenza dell'obesità infantile?

Studi epidemiologici

- L'Ostacolo principale è la diversità dei criteri impiegati nella valutazione dell'obesità.



-In ambito clinico e soprattutto epidemiologico
i fa riscontro ai comuni parametri antropometrici
variamente combinati) come il peso, l'altezza , lo
pessore delle pliche cutanee e la circonferenza
ddominale che rappresentano il vantaggio di essere
emplici da rilevare e ,pertanto, particolarmente indicati
egli studi di popolazione.



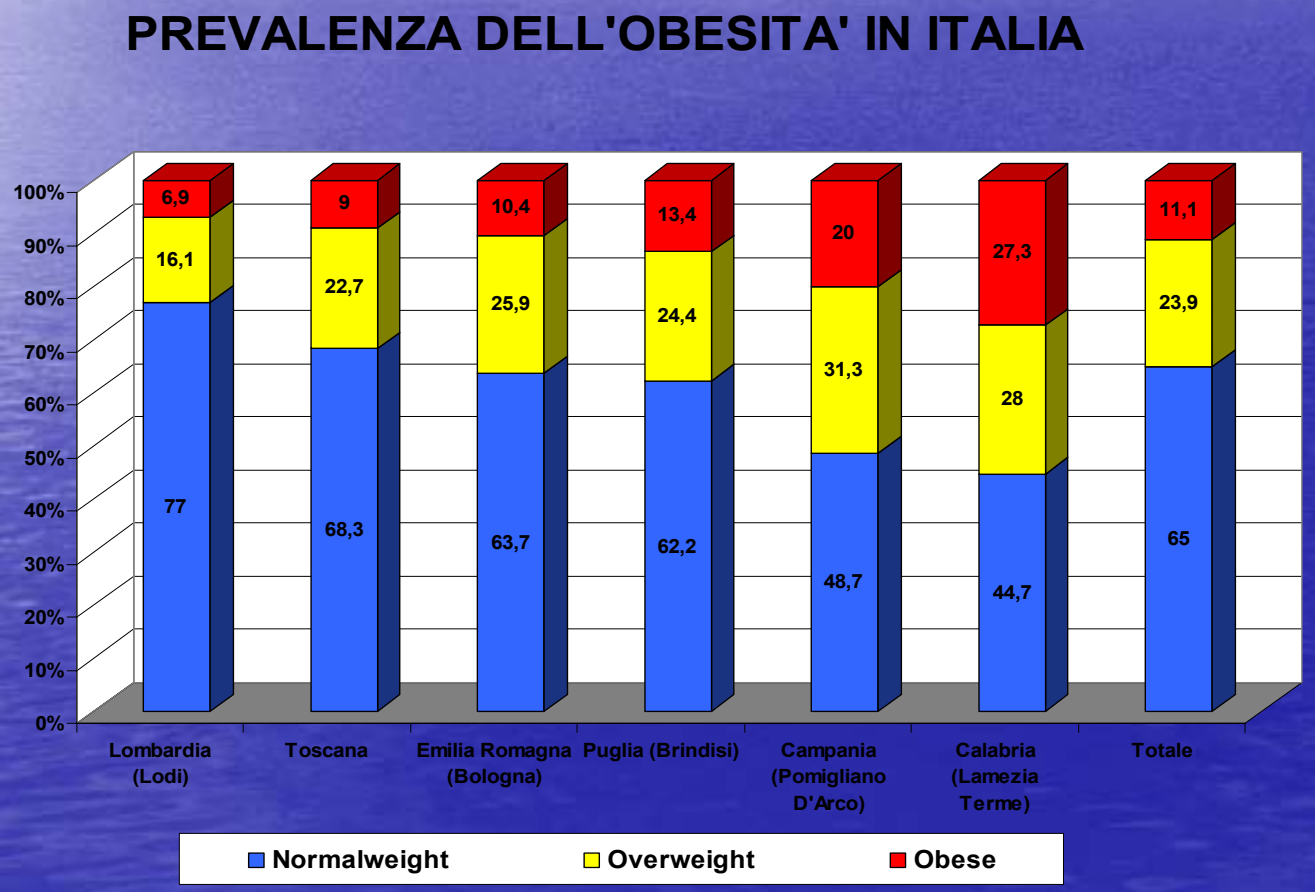
Obiettivi
Studi epidemiologici

- -la stima della prevalenza ed il trend.
- -I fattori favorenti e le complicanze.
- - L'incidenza economica al fine di promuovere le raccomandazioni sanitarie sulla salute pubblica.

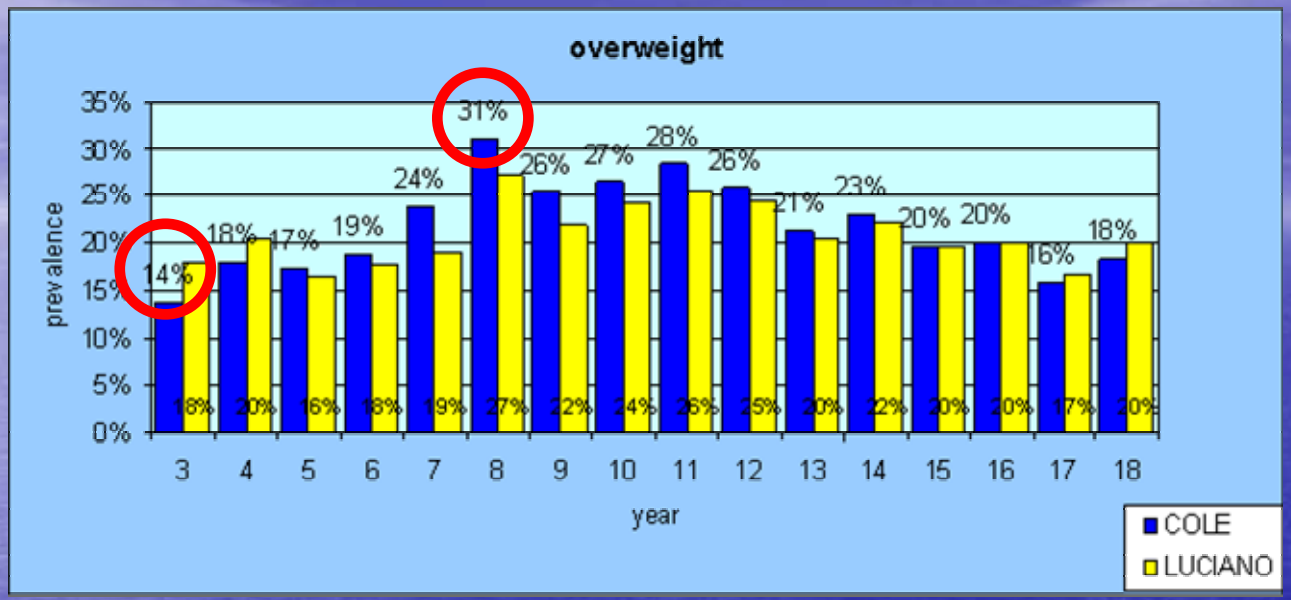
Prevalenza dell'obesità in alcune aree dell'Italia

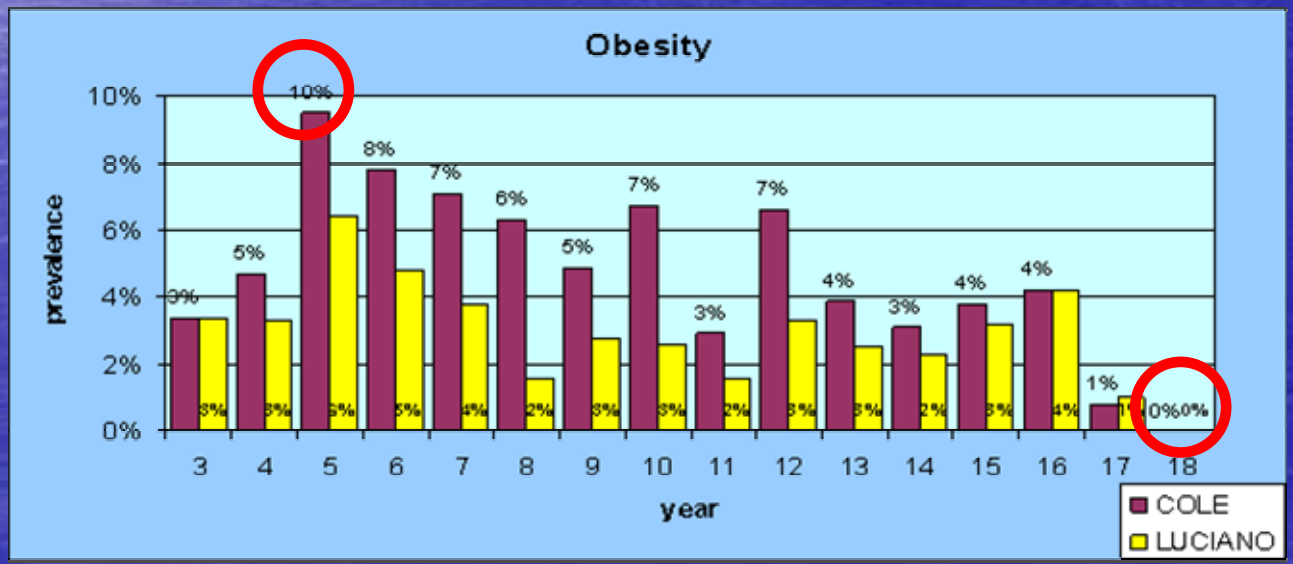
Anno	Area reference	n soggetti	prevalenza(%)	
1986	Milano	862	12	Giovannini
1987	Verona	41.662	8.9	Luciano
1988	S.Don.Mil	1.679	13.2	Caviezel
1989	Napoli	6.904	18	Capozzi
1990	Bologna	11.833	10.2	Sforza
1990	Napoli	10.496	29.3	Ponte
1990	Bari	786	23.9	Cavallo
1990	Milano	12.354	11.7	Ceratti
1992	Napoli	802	16.5	Federico
1992	Veneto	1.523	11.7	Maffeis
1993	Milano	1.167	13.2	Caviezel
1996	Gallipoli	2.765	25.2	Corciulo
1999	Verona	7.011	10.4	Luciano
2003	Bari	450	20	Cavallo

Dati del progetto Nazionale pubblicati dall'ISS



1999 - VERONA-ITALIA





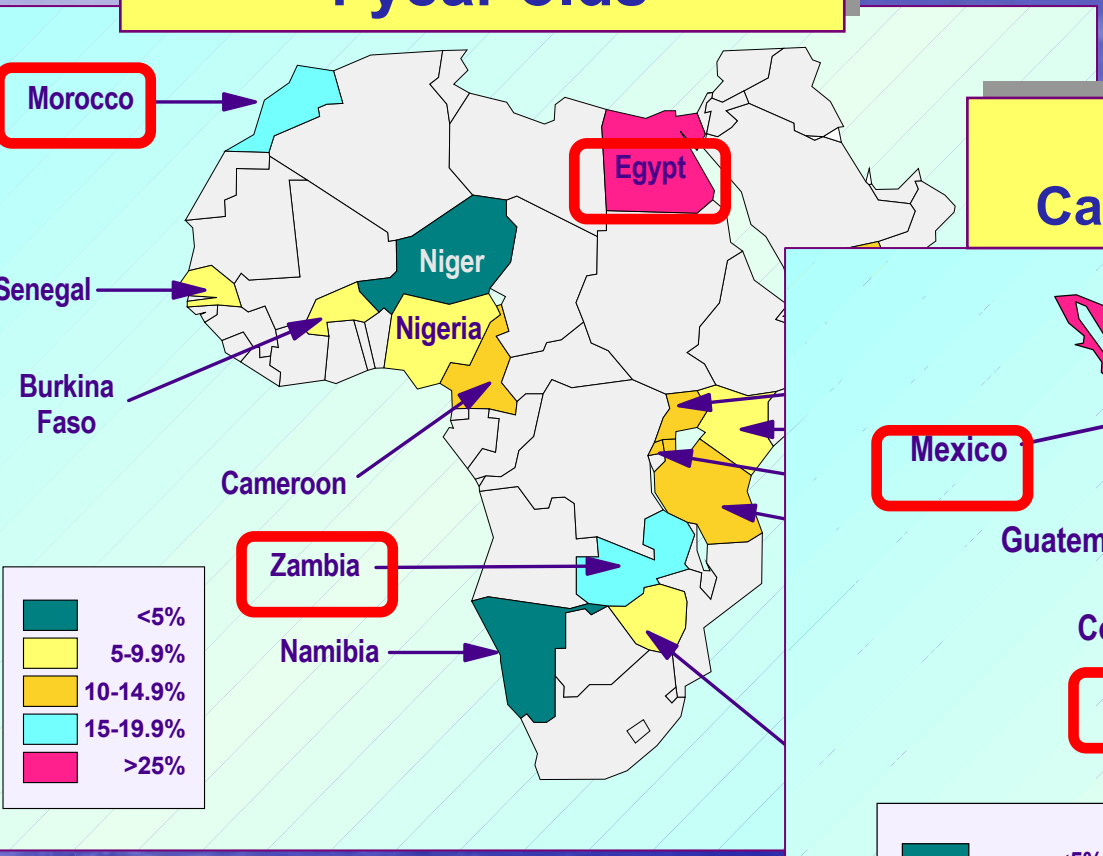
LUCIANO et Al., Int. J Obes., 2003

A.Luciano 2006

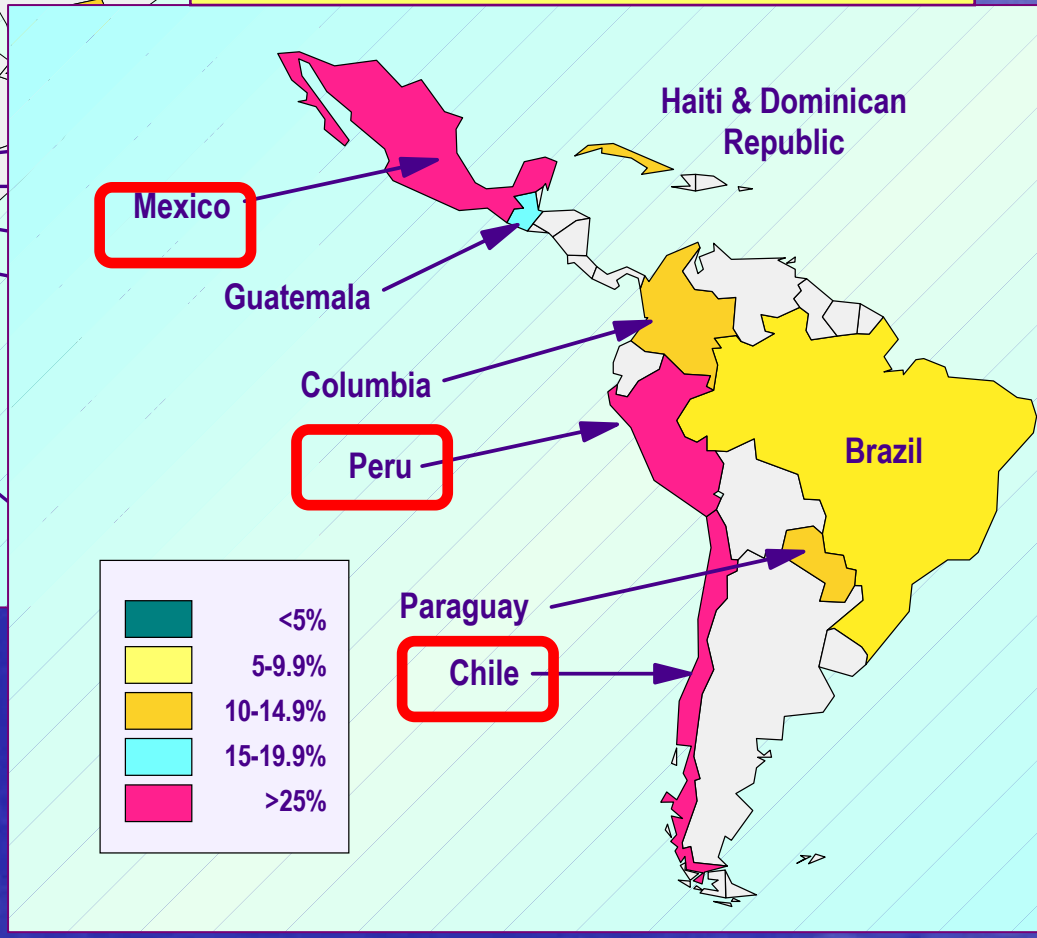
Prevalence of overweight children aged around 10 years (IOTF DATA)

Country	% overweight + obese	date of survey	age / no. of children	Source
Belgium	18%*	1992	8-10 / 348	M Guillaume et al, *IJO, 19*, S5-S9, 1995
Bulgaria	20%	2000	10 / 618	S Petrova et al, *Hygiene and Public H, XIV* 2001
Croatia	27%*	1998	10 / 581	Antoinette Kaic-Rak to IOTF/GBD
Czech Rep	16%	2000	7-11 / 3345	Jana Vignerova, NIPH Prague
Denmark	18%	1998	10 / 319	Anne Nielsen to IOTF/GBD
Finland	13%*	1999	7-12 / 33000	M Fogelholm, *IJOb, 23*, 1262-1268 (1999)
France	18%	2000	7-9.9 / 1582	M-F R-Cachera,et al, (*IJO* in press)
Germany	15%	1995	10 / 2960	(Kromeyer-Hauschild) to IOTF/GBD
Greece	31%	2000	6-10 / 1226	GE Krassas et al, *JPedEndMet 14*, S1319 S1326 (2001)
Hungary	18%	1993-4	10 / 232	Bellizi (ref 17)
Italy	36%	2001	**9 / 41149**	M Caroli, A.Luciano et al to IOTF unpub
Malta	35%	1992	10 / 519	Bellizi (ref 23)
Netherlands	14%*	1997	10 / ~700	AM Frederiks et al, *ArchDisCh, 82*, 107-11 (2000)
Norway	21%	1996	10 / 174	S Tonstad, M Sivertsen *ArchDisCh 76*, 416-42 (1997)
Poland	19%	1996-99	10 / 250	I Palczewska to IOTF/GBD
Slovakia	10%	1995-99	11 / 635	K Babinska, A Bederova to IOTF/GBD
Spain	30%	1998-2000	6-13 / 970	LS Majem et al Factors in Childhood Obesit (book) Barcelona, 2001.
Sweden	18%	2000-01	10 / 6700	Staffan Marild to IOTF unpub
Switzerland	16%	1999	9-10 / ~90	M Zimmerman et al, *EuJClinNut, 54*, 568-57 (2000)
UK	22%*	1998	10 / 257	Health Survey for England 1999
Yugoslavia	16%	1998	9-10 / 6288	M Pavlovic et al, PHInst to IOTF

Africa & Middle East: 4 year olds



Latin America and Caribbean: 4-10 year olds



Trend del sovrappeso e obesità nei bambini

	date of survey	% overweight + obese	Source
Czech Rep	1991 2000	10% 13%	Jana Vignerova, NIPH Prague
France	1977 1990 1995 2000	6% 10% 13% 16%	M-F R-Cachera,et al 2001
Germany	1975 1985 1995	11% 12% 18%	Kromeyer-Hauschild *IJO, 23*, 1143-1150 (1999)
Netherlands	1980 1997	10% 18%	AM Frederiks et al, *ArchDisCh, 82*, 107-112 (2000)
Poland	1994 2000	8% 18%	A Obalcinska, Paediatria Polska 1997, I Palczewska to IOTF/GBD
Spain	1980 1995	12% 19%	Moreno et al, BMJ, 2001
Switzerland	1965 1975	4% 8%	Woringer & Schutz, Lausanne, Poster 425, S209,
UK	1974 1884 1994	8% 8% 17%	Chinn and Rona, BMJ, 2001
Yugoslavia	1989 1998	12% 16%	M Pavlovic et al, P H Inst Subotica, to IOTF
Italy(Verona)	**1987** **1999**	**17,3 %** **22,5 %**	**A.Luciano et al. Int J Obes 2003**
Italy (S.Severo)	**1997**	**40%**	**N. Fuiano, A. Pietrobelli, A. Luciano (CongR. SIP 2005)**

Prevalenza (%) e trend di obesità nei bambini ed adolescenti

Brasile	**1974** **1997**	**4,1** **13,9**
Cina	**1991** **1997**	**6,4** **7,7**
Russia	**1992** **1998**	**15,6** **9**
United States	**1971-74** **1988-1994**	**15,4** **25,6**

Y Wang AJCN 2002

A.Luciano 2006

"Rilevazione epidemiologica

ed incidenza dell'obesità infantile nel salent

Dott. Lorenzo De Giovanni

Dott. Claudio Casile

fimp Federazione Italiana Medici Pediatri

“Rilevazione epidemiologica ed incidenza dell ’obesità infantile nel Salento”

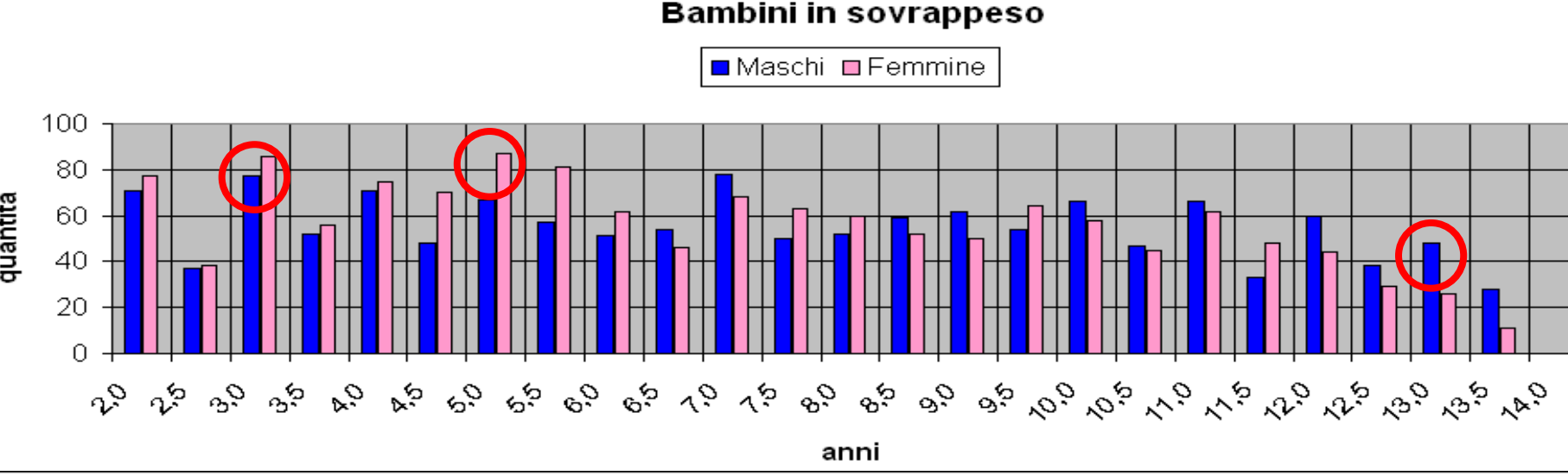
Metodo di misura: MBI di Cole Anno 2005 Fascia di età: 2-14 anni

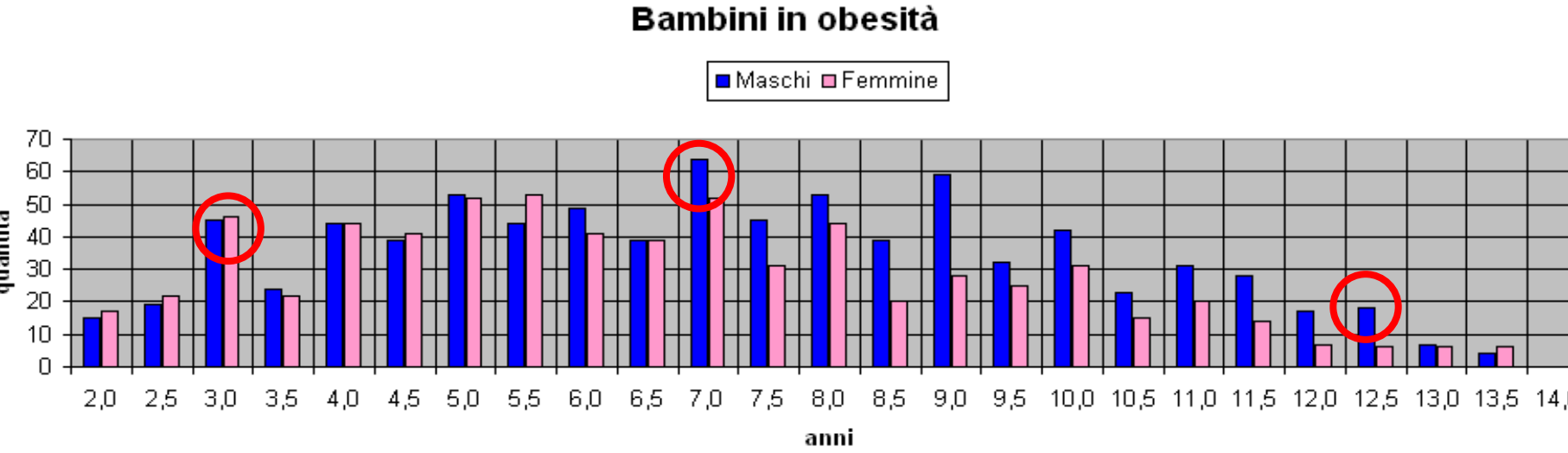
Tot. campione: 14132 Pediatri partecipanti: Tot. 41

CCOGLI VITO	TRICASE
IANCO ANTONIA	SQUINZANO
ORSATTI OTTAVIA	LECCE
ARICATO MAURIZIO	NOVOLI
ASILE CLAUDIO	CAVALLINO
ETTA ANNA	LECCE
OLAIANNI TERESA	LEVERANO
ORINTO MARCELLO	CERFIGNANO
ORRADI CRISTINA	LECCE
E GIORGIO MARIA GRAZIA	MONTERONI DI LECCE
E GIOVANNI LORENZO	MARTANO
E MARCO MARIO	MELISSANO
ELL'ATTI ANGIOLA	CAMPI SALENTINA
I FELICE LEONARDA	SAN DONATO DI LECCE
I TONNO CINZIA	MARTANO
ONNO ANNA RITA	SAN CESARIO DI LECCE
ILOGRANA MARIA ROSARIA	NARDO'
IOCCO PAOLA	LECCE
UIDO ANNAMARIA	ACQUARICA DEL CAPO
ATO GIOVANNI	CASARANO
ONGO ROSSELLA	TAURISANO

LOVATO SANDRA	LEVERANO
MANCA ANTONIO	TAURISANO
MARTINESE STEFANO	UGENTO
MELE ANTONIO	MATINO
MINERVA STEFANO	TAVIANO
NEGRO PIERA ANGELA	GALATINA
PERRONE ORNELLA	SURBO
PESCHIULLI GIUSEPPE	MATINO
PISCOPO ELENA GIUDITTA	CORIGLIANO D'OTRANTO
RISOLO LUIGI	POGGIARDO
ROMANO SERGIO	LECCE
RUSSO ANGELA	GALATONE
SOLIDORO DONATO EMILIO	RUFFANO
STAPANE IVANA	GALATONE
TEDESCO RAFFAELLA	NARDO'
ZECCA ANTONIO ALESSANDRO	CAPRARICA DI LECCE
CHIRIACO‘ GRAZIELLA	VEGLIE
CAVALLO ROSARIO	SALICE SALENTINO
GIOVANNI C. RIZZO	MONTERONI DI LECCE
CAPOCCIA M.CECILIA	VEGLIE

	SOVRAPPESO		OBESITA'	
	BMI		BMI	
Age	Males	Females	Males	Females
2,0	18,41	18,02	20,09	19,81
2,5	18,13	17,76	19,80	19,55
3,0	17,89	17,56	19,57	19,36
3,5	17,69	17,40	19,39	19,23
4,0	17,55	17,28	19,29	19,15
4,5	17,47	17,19	19,26	19,12
5,0	17,42	17,15	19,30	19,17
5,5	17,45	17,20	19,47	19,34
6,0	17,55	17,34	19,78	19,65
6,5	17,71	17,53	20,23	20,08
7,0	17,92	17,75	20,63	20,51
7,5	18,16	18,03	21,09	21,01
8,0	18,44	18,35	21,60	21,57
8,5	18,76	18,69	22,17	22,18
9,0	19,10	19,07	22,77	22,81
9,5	19,46	19,45	23,39	23,46
10,0	19,84	19,86	24,00	24,11
10,5	20,20	20,29	24,57	24,77
11,0	20,55	20,74	25,10	25,42
11,5	20,89	21,20	25,58	26,05
12,0	21,22	21,68	26,02	26,67
12,5	21,56	22,14	26,43	27,24
13,0	21,91	22,58	26,84	27,76
13,5	22,27	22,98	27,25	28,20

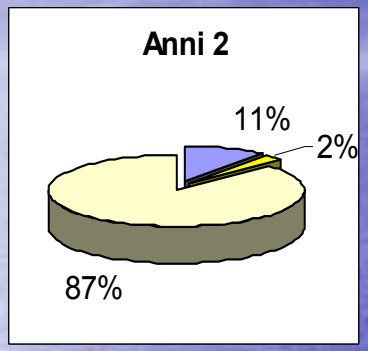


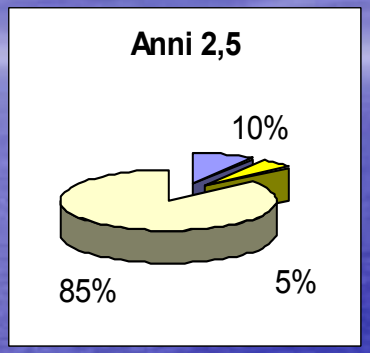


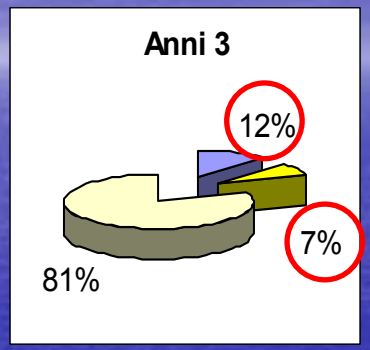
Campione=	**14129**		**M=7472**		**F=6657**		
Sovrappeso=	**2684**	**19%**	**Obesità=**	**1515**	**11%**	**Normopeso=**	**9930 70%**
Sovr. M=	**1326**		**Ob. M=**	**883**		**M=**	**5313**

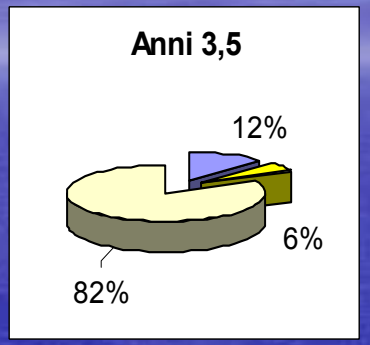
Rilevazione per fascie d'eta

MASCHI

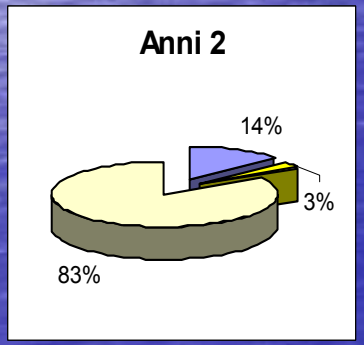


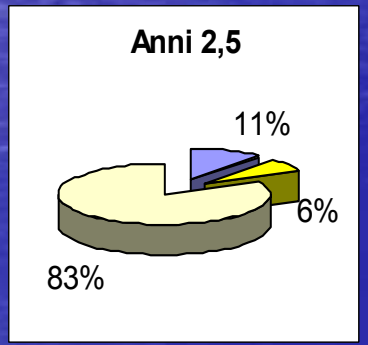


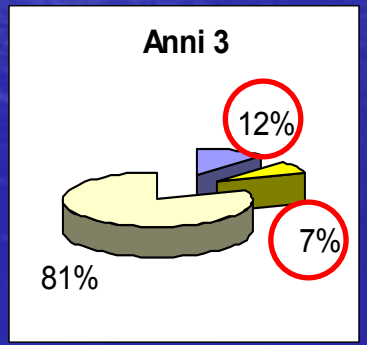


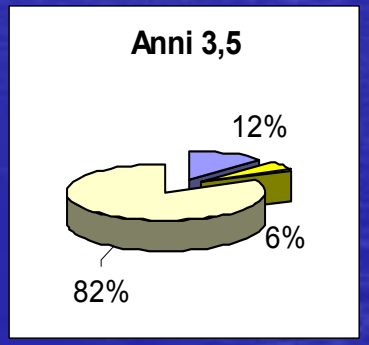


FEMMINE





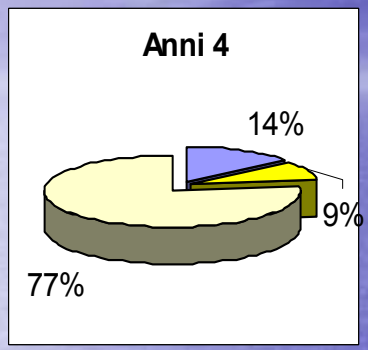


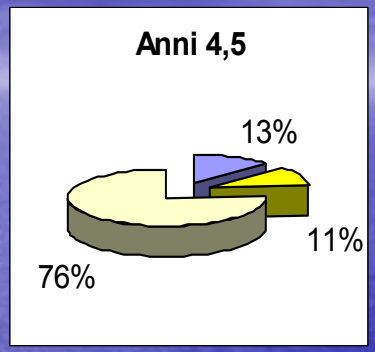


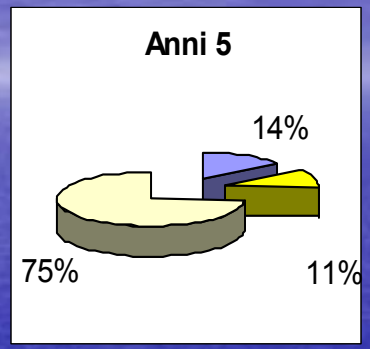
Legenda

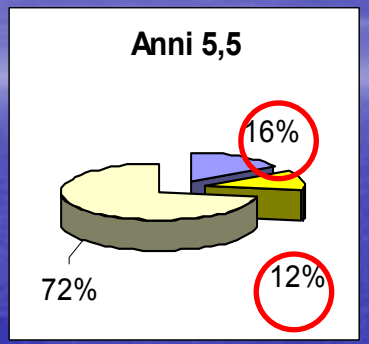
Normopeso Sovrappeso Obesità

MASCHI









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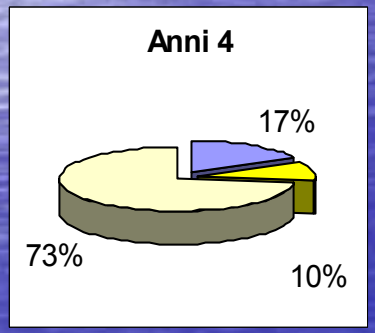
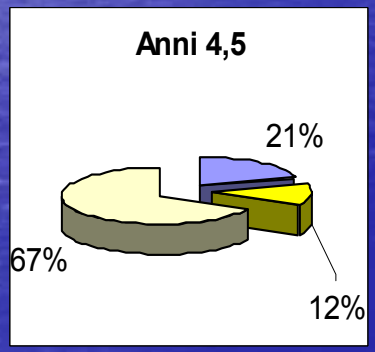
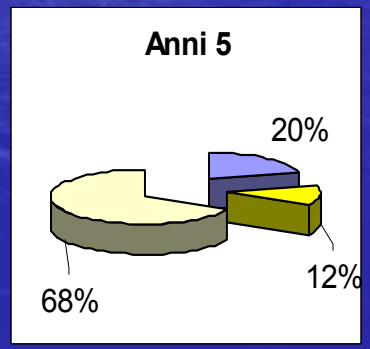
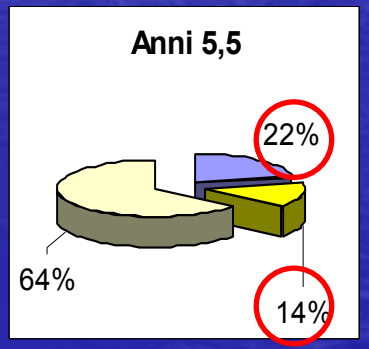




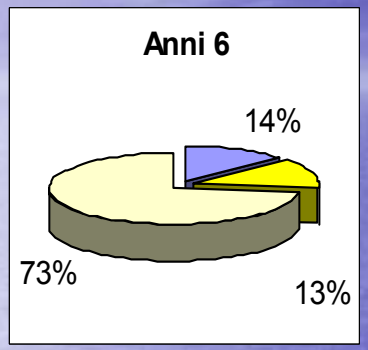


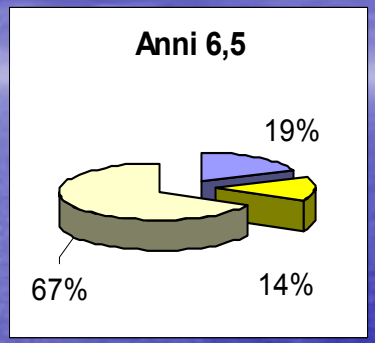


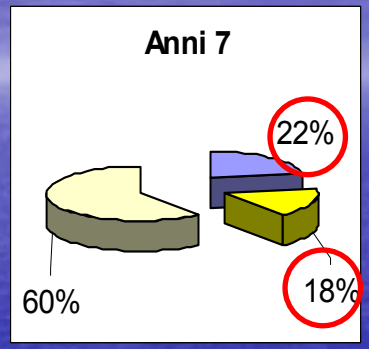
Legenda

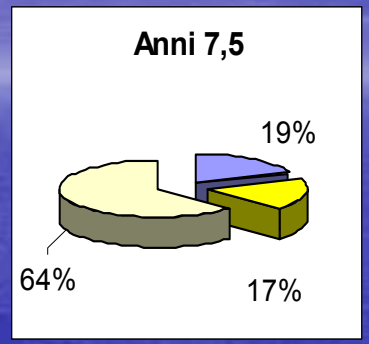
Normopeso Sovrappeso Obesità

MASCHI

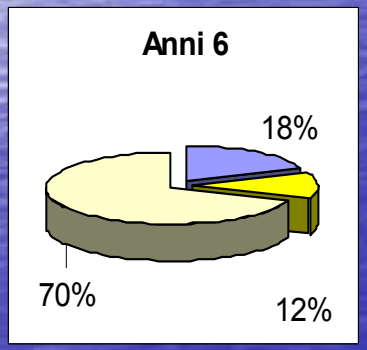


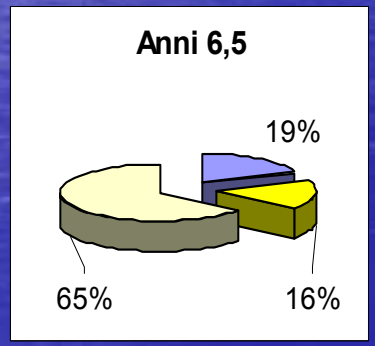


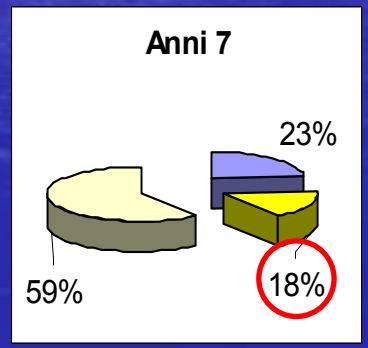


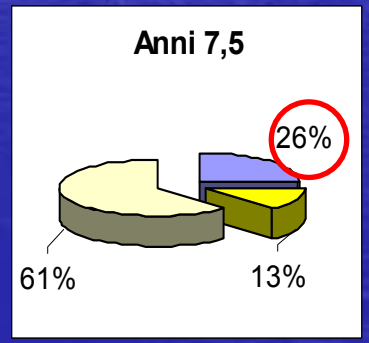


FEMMINE





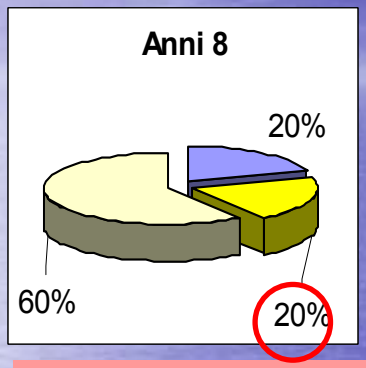


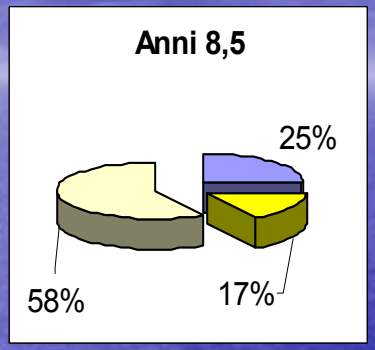


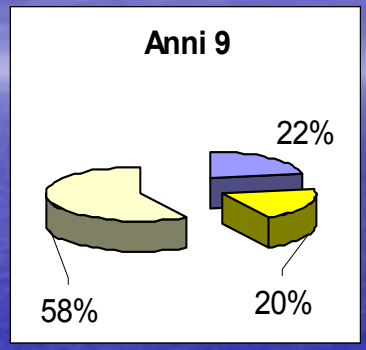
Legenda

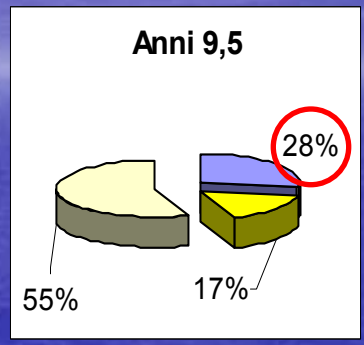
Normopeso Sovrappeso Obesità

MASCHI









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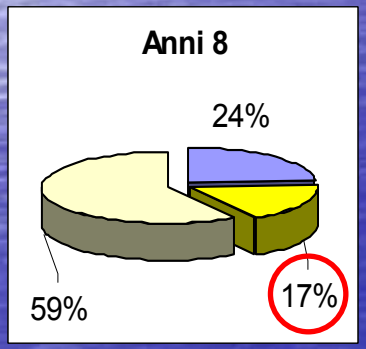

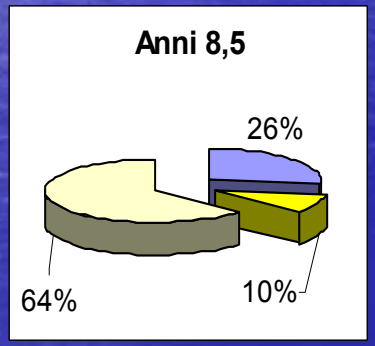

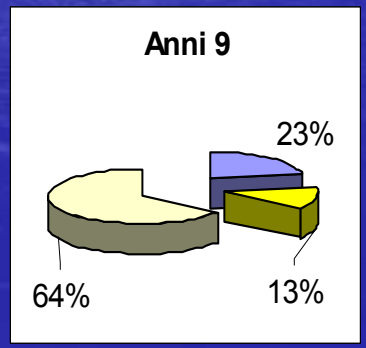

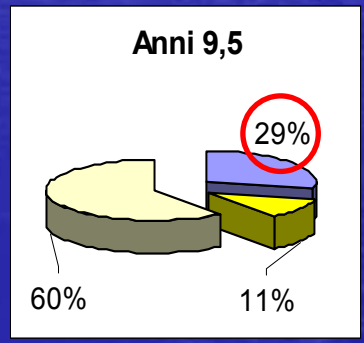

Legenda

Normopeso Sovrappeso Obesità

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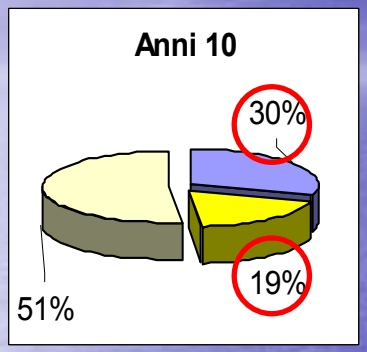

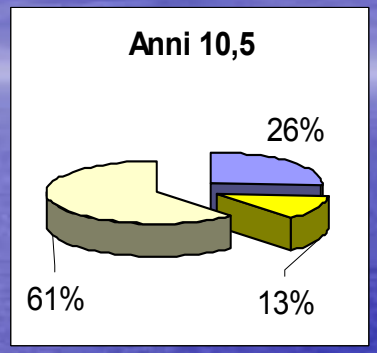

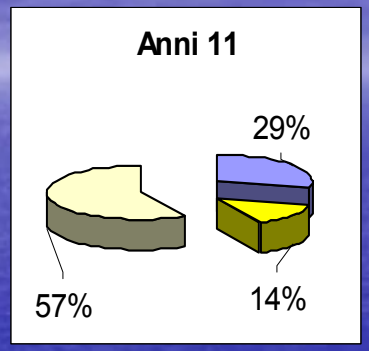

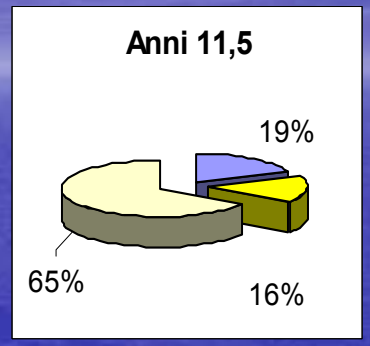

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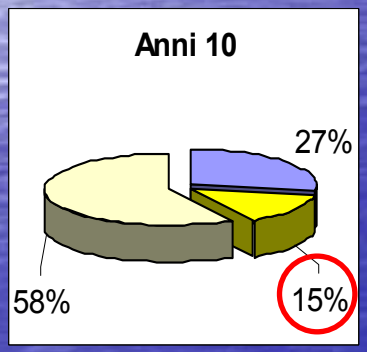

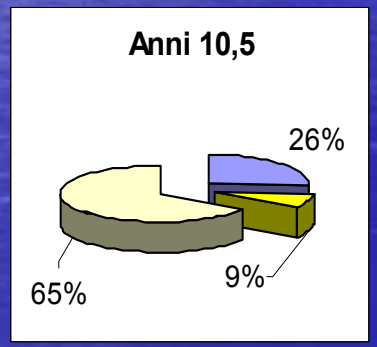

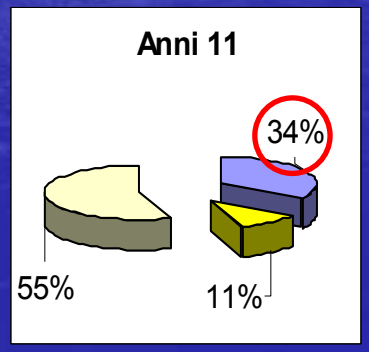

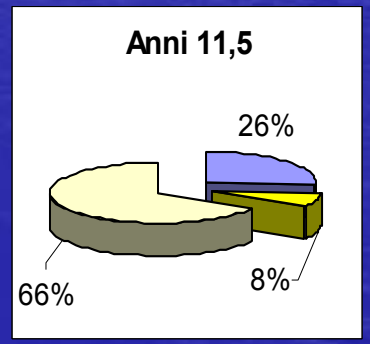

Legenda

Normopeso Sovrappeso Obesità

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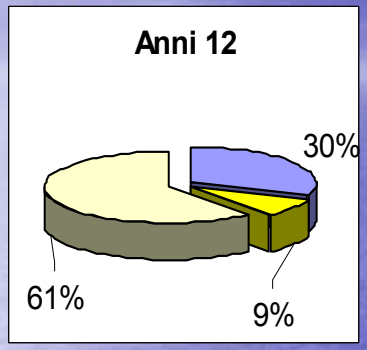

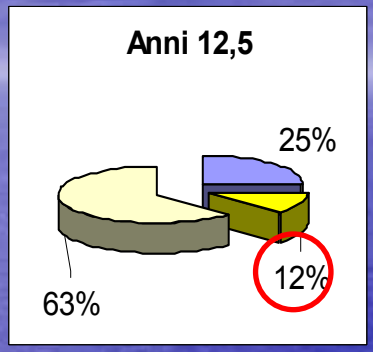

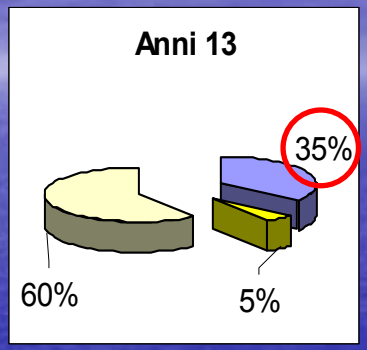

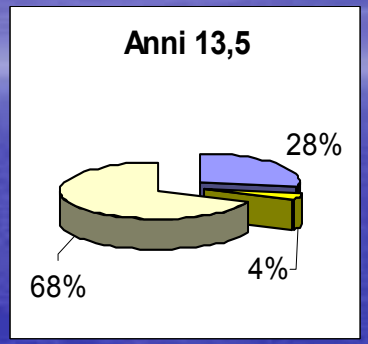

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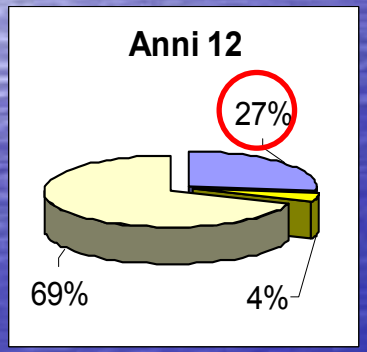
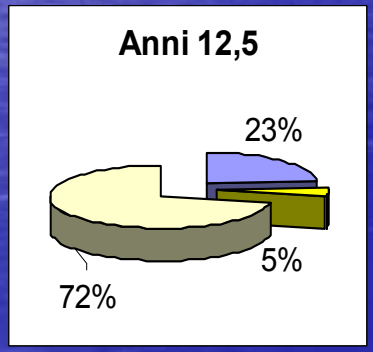
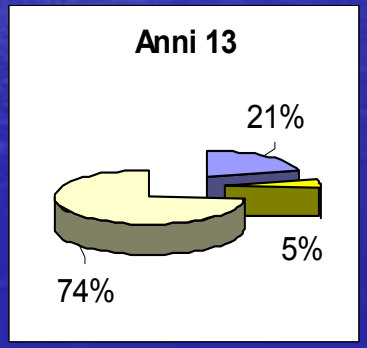
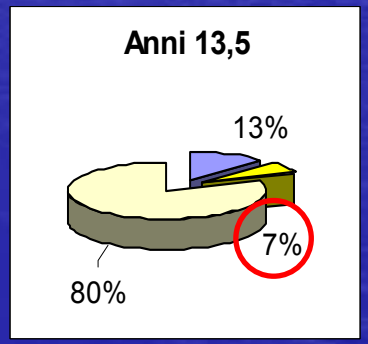








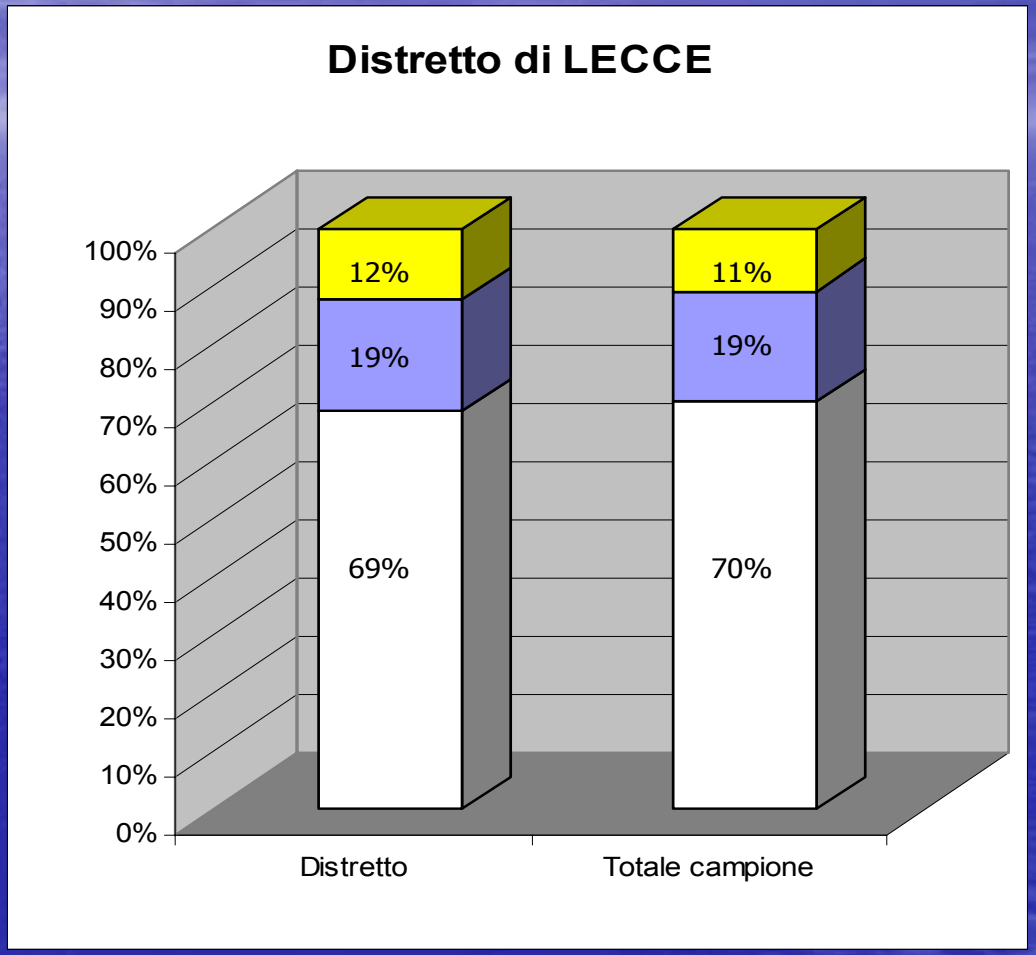
Legenda

Normopeso Sovrappeso Obesità

Rilevazione per distretto

Pediatri	
Cetta	144
Borsatti	158
Corradi	316
Fiocco	393
Perrone	422

Totale Bambini 1433

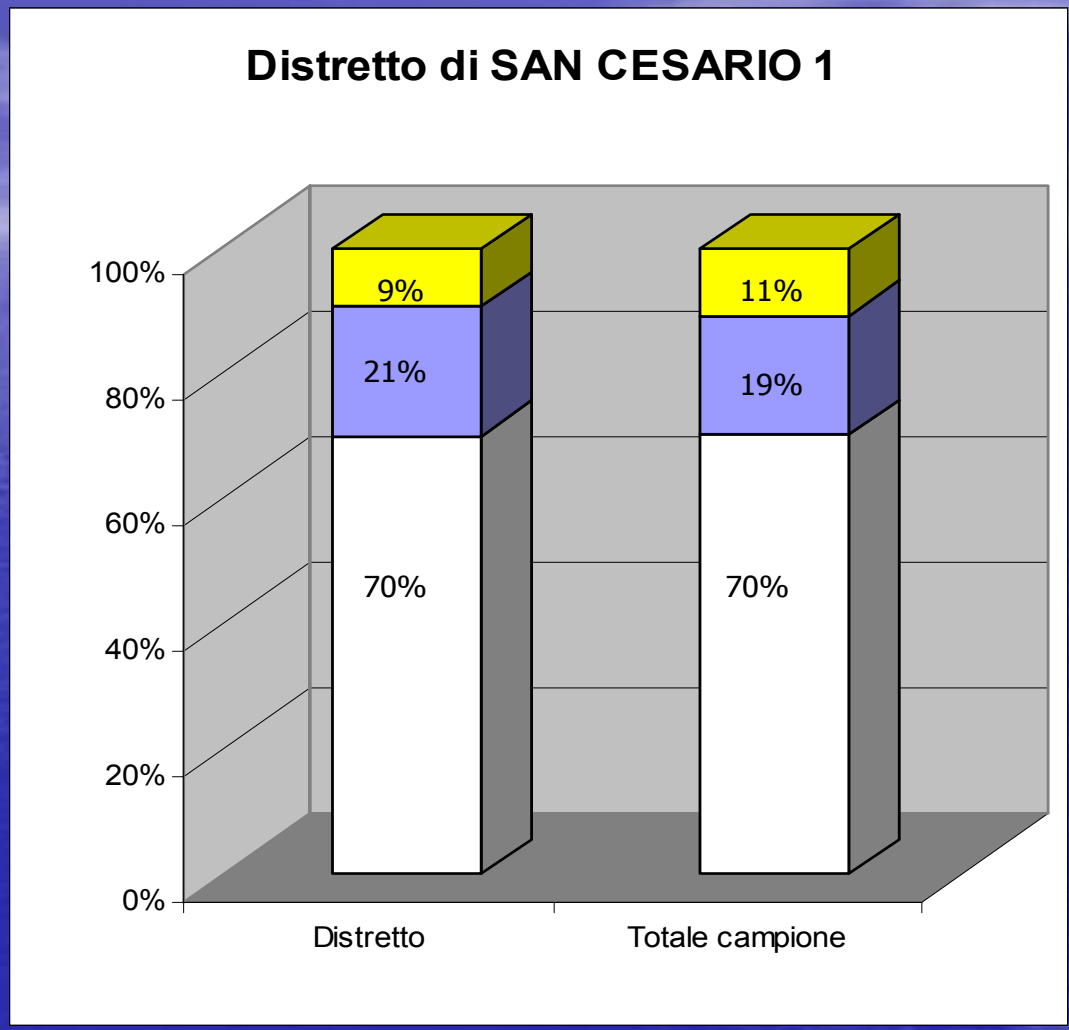


Pediatri

Casile 600

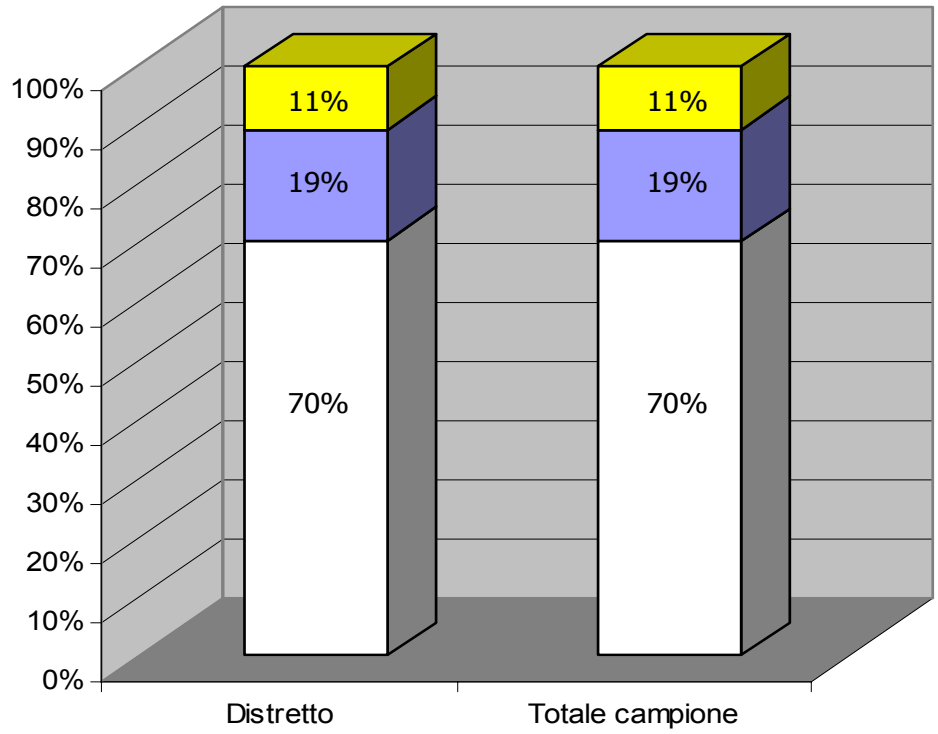
Di Felice 466

Donno 401



Totale Bambini 1467

Distretto di SAN CESARIO 2



Legenda

Normopeso Sovrappeso Obesità

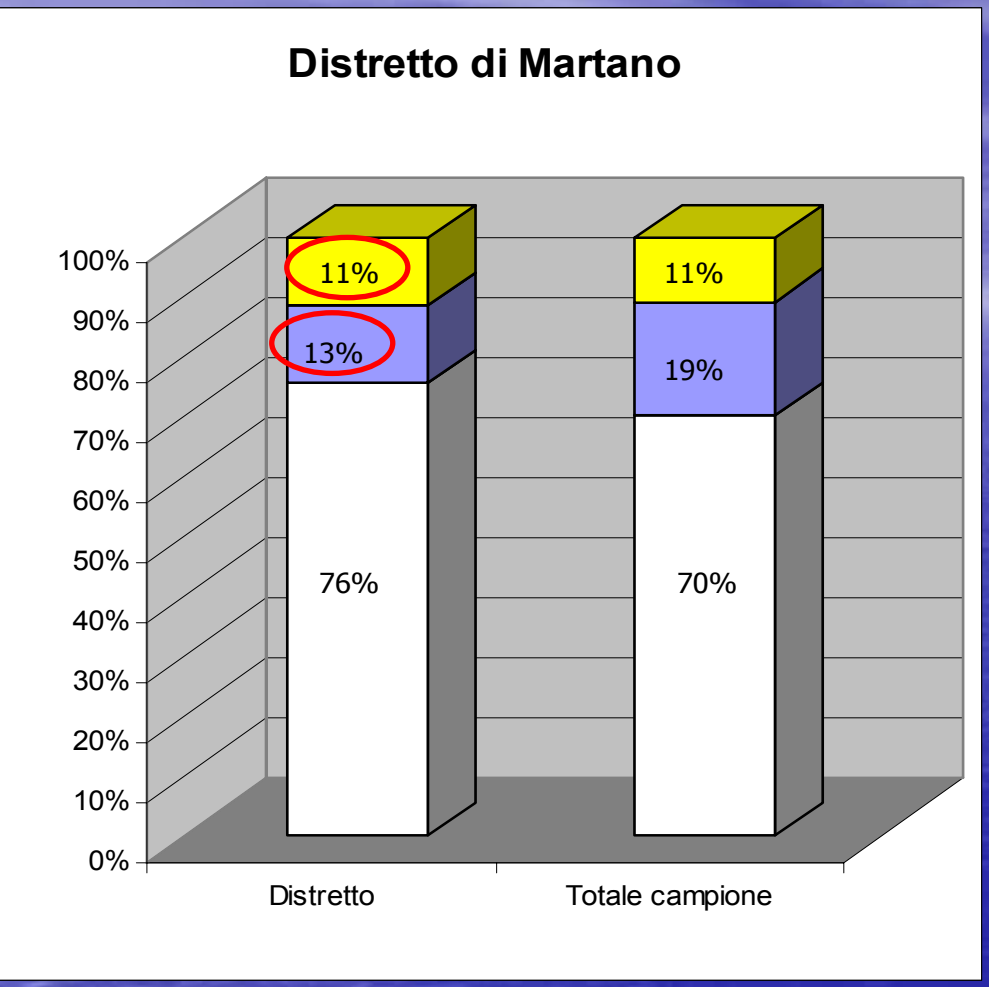
Pediatri

Rizzo 363

Romano 382

De Giorgio 462

Totale Bambini 1207



Pediatri

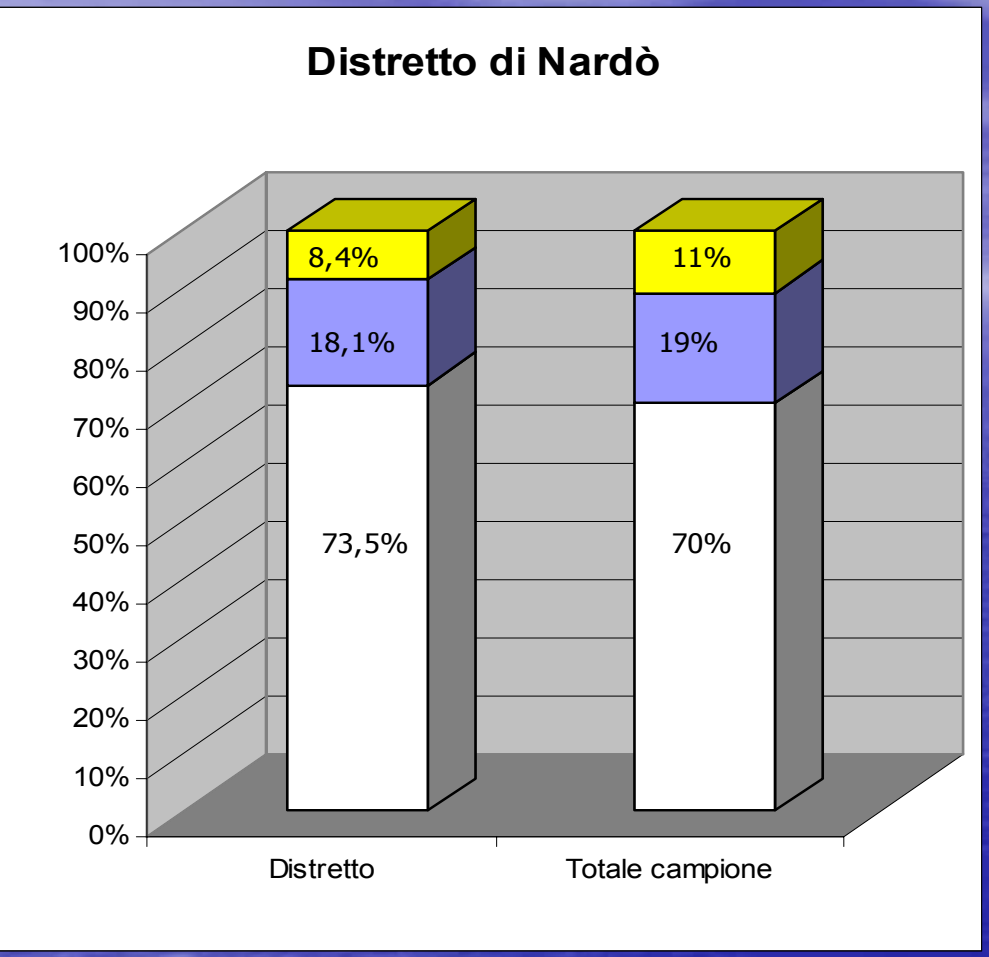
De Giovanni 300

Di Tonno 237

Zecca 299

Negro 201

Totale Bambini 1037



Pediatri

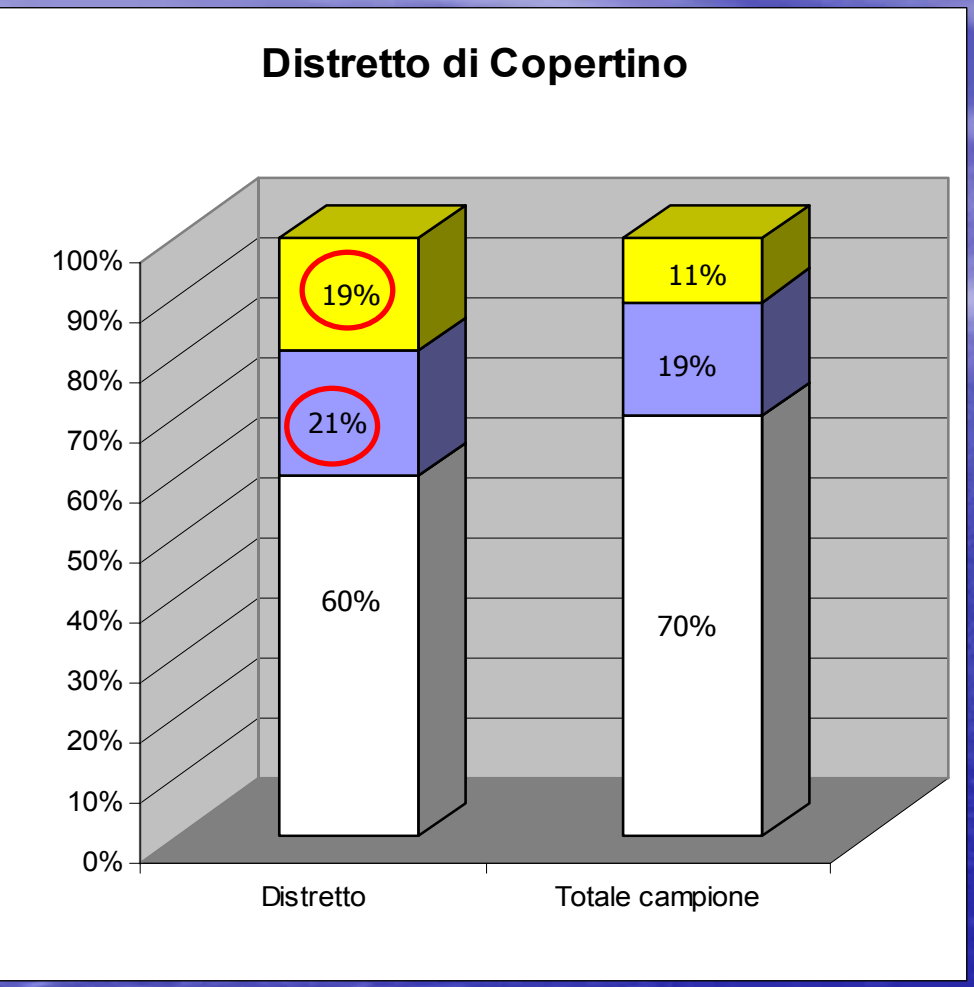
Filograna 357

Tedesco 371

Russo 635

Stapane 411

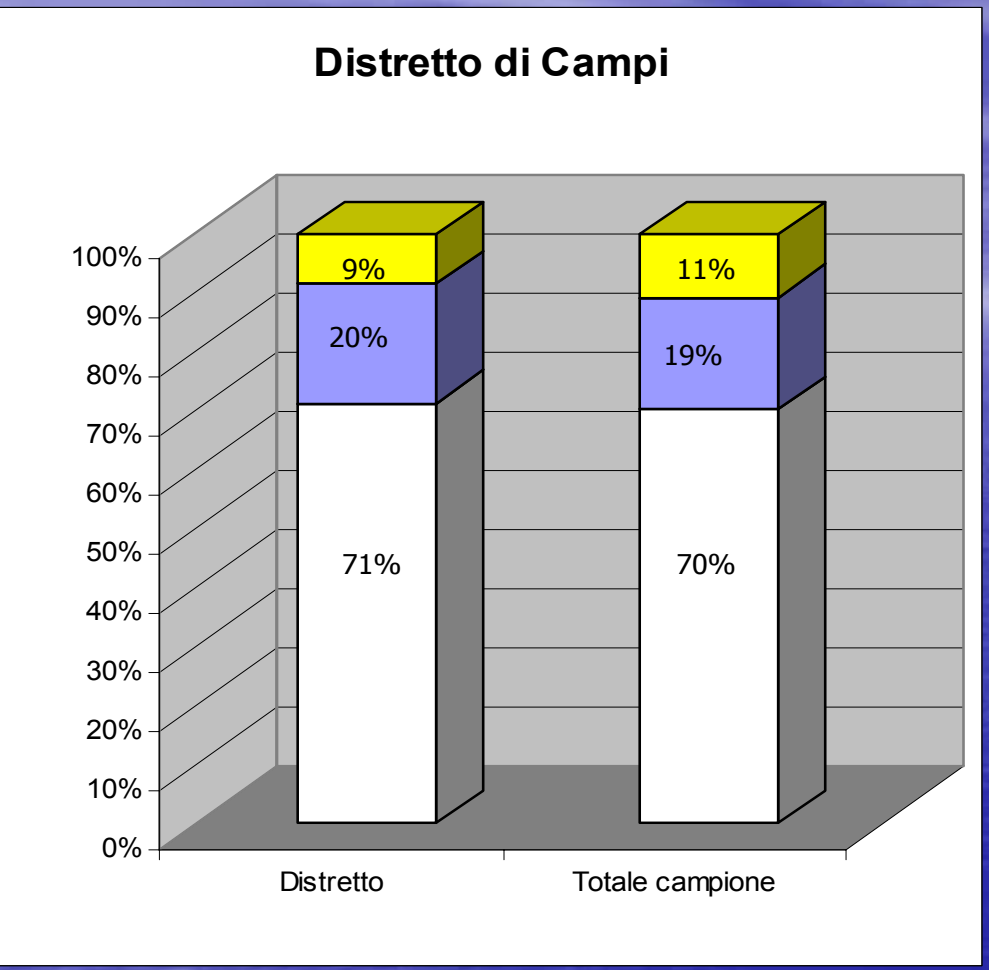
Totale Bambini 1774



Pediatri

Capoccia	210
Colaianni	488
Chiriacò	121
Lovato	553

Totale Bambini 1372

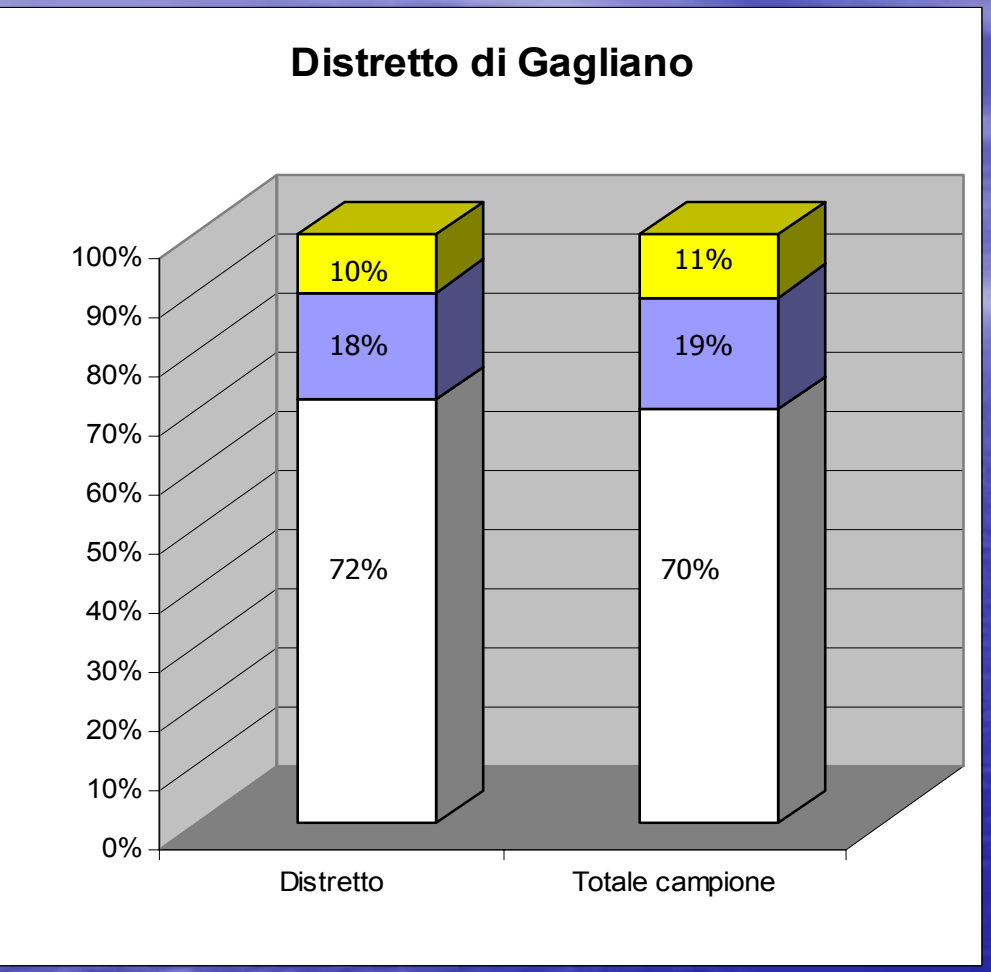


Pediatri

Caricato	303
Bianco	271
Dell'Atti	114
Cavallo	411

Totale Bambini 1099

Pediatri

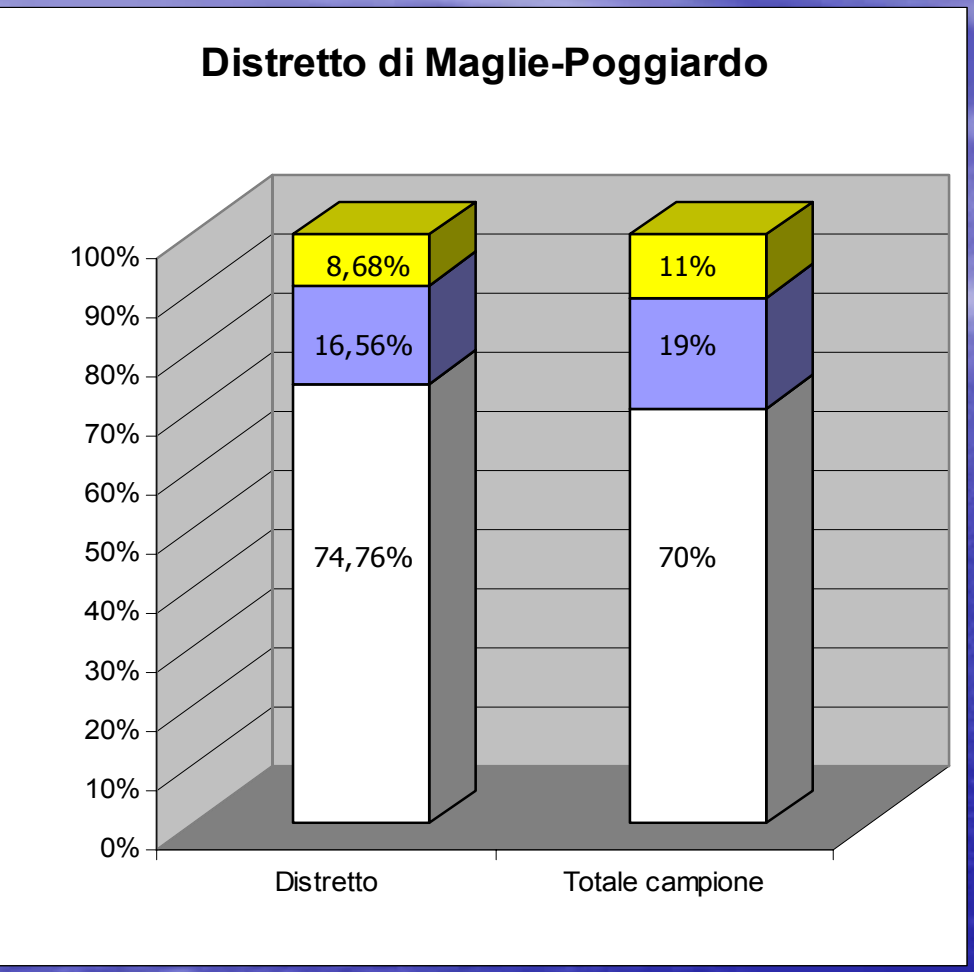


Accogli 289

Guido 453

Martinese 540

Totale Bambini 1282



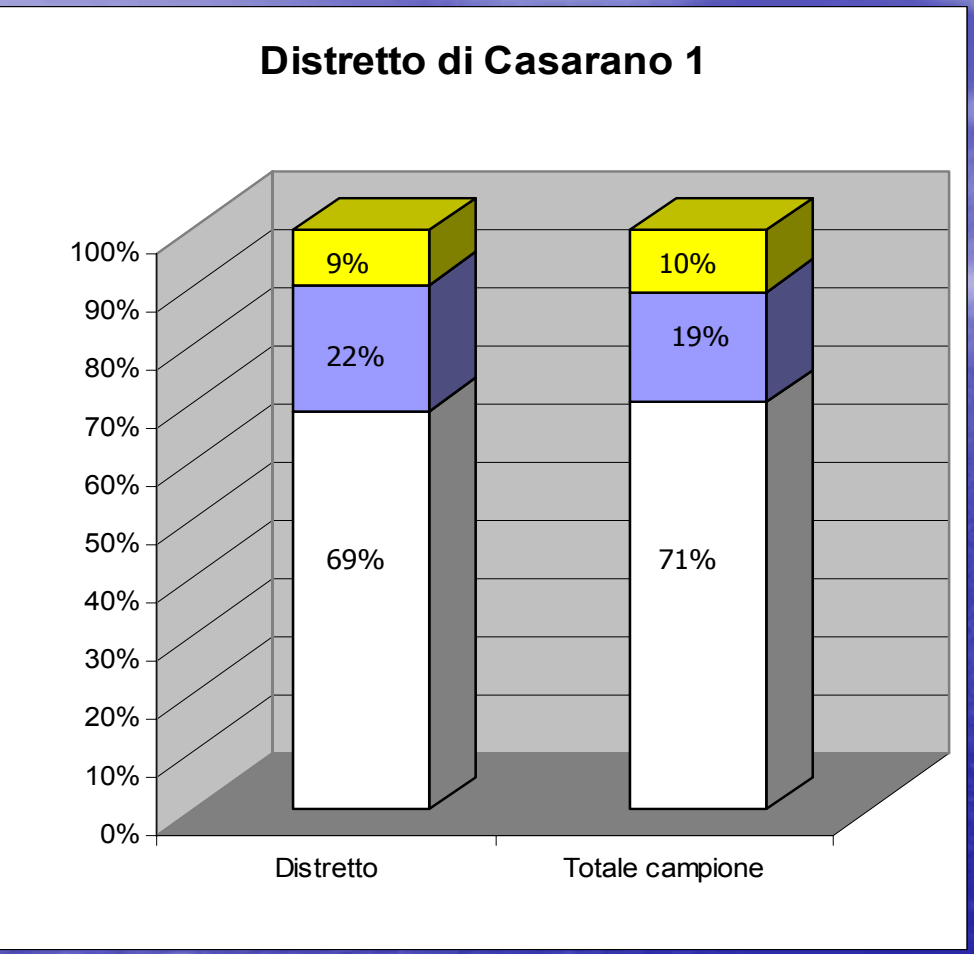
Pediatri

Piscopo 374

Risolo 117

Corinto 131

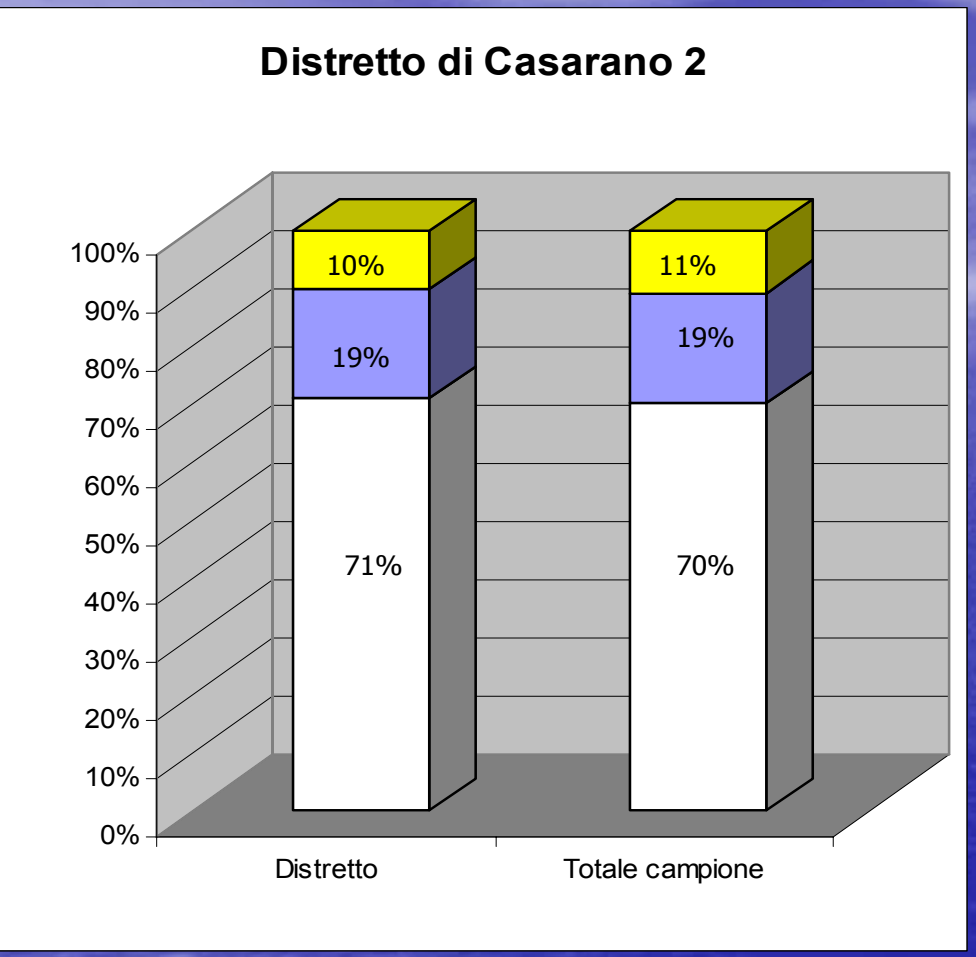
Totale Bambini 622



Pediatri

Lato	692
Longo	326
Solidoro	136
De Marco	248

Totale Bambini 1402

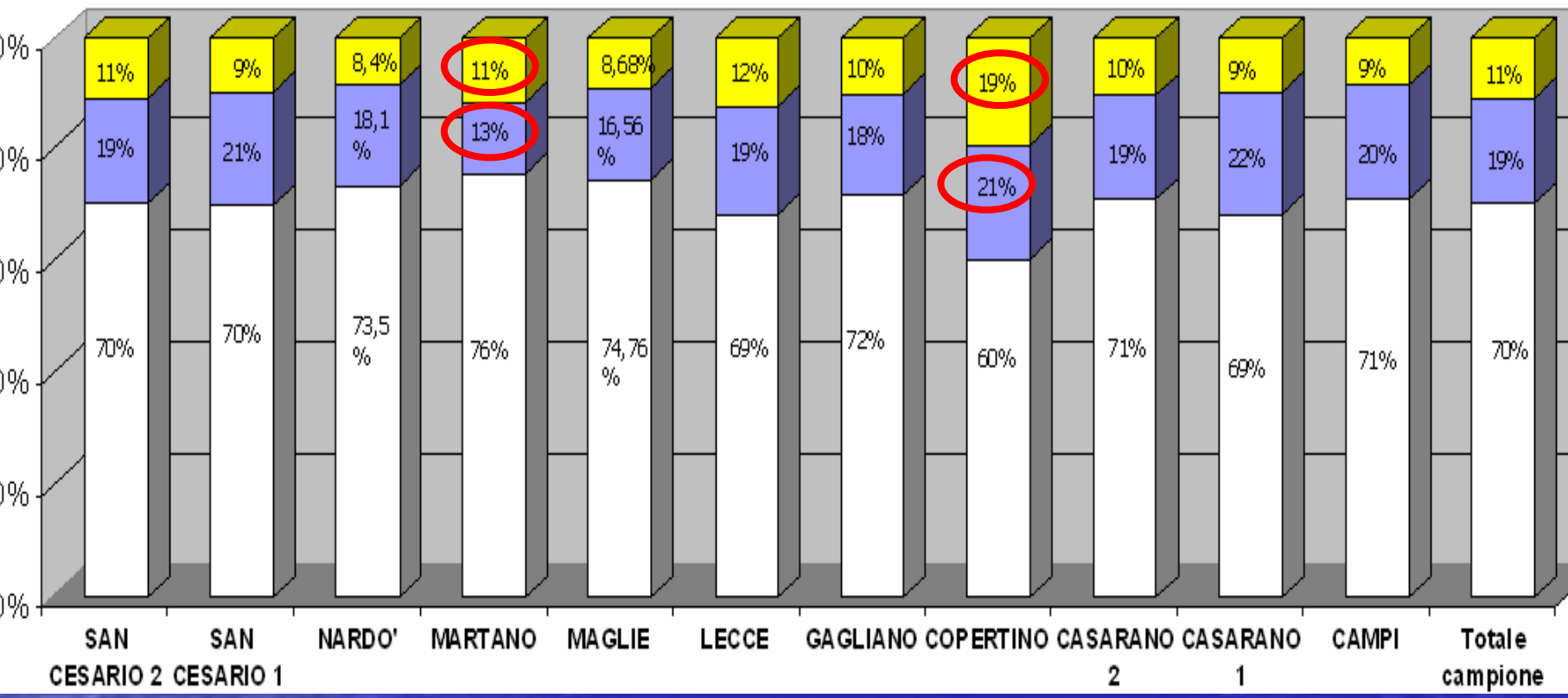


Pediatri

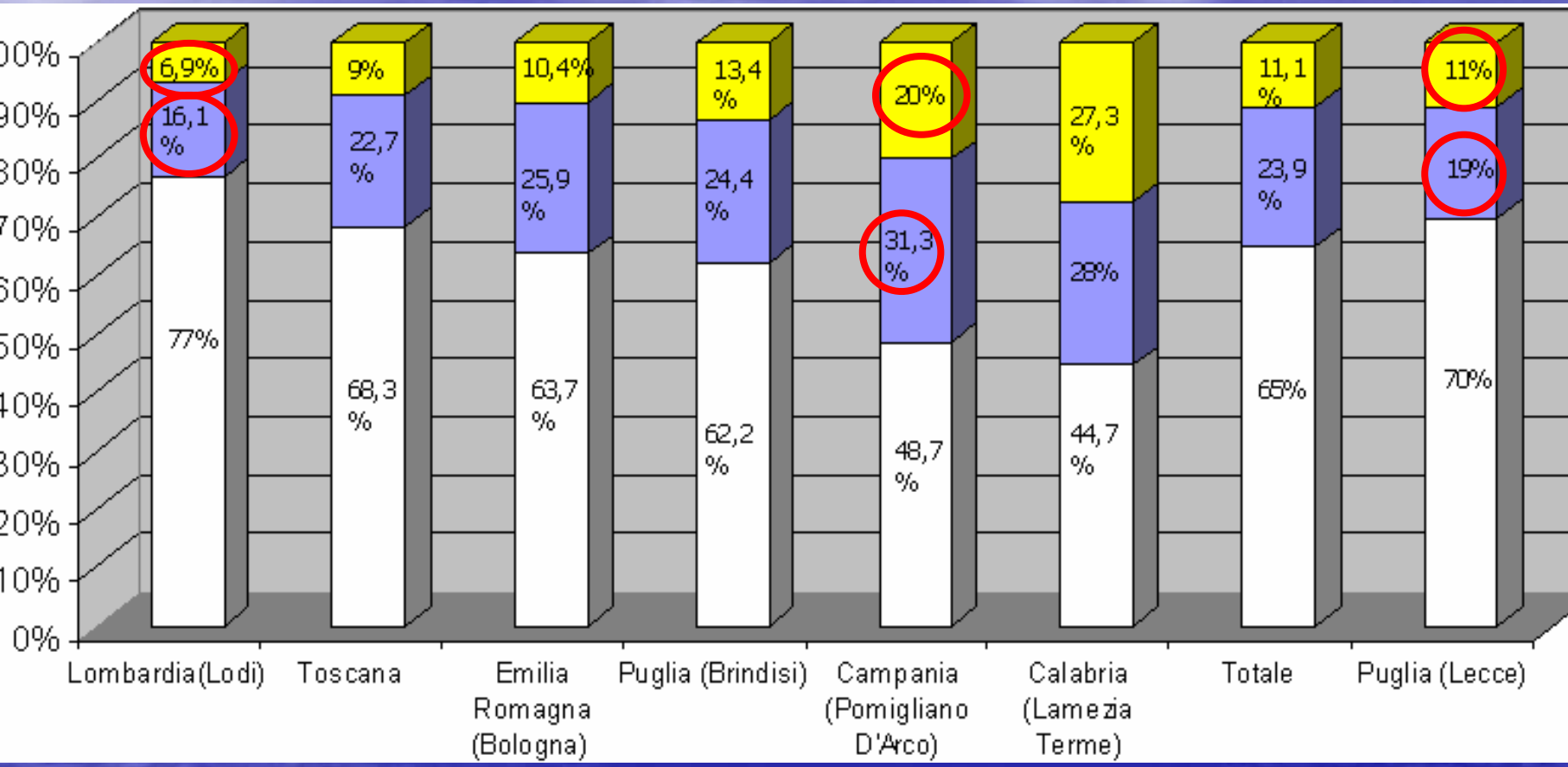
Manca	452
Mele A.	555
Peschiulli	392
Minerva	74

Totale Bambini 1473

Report finale per distretto



Prevalenza dell'obesità in Italia



ati del progetto nazionale "Sorveglianza ed educazione alimentare basati su dati loca

Conclusioni

-**Lo studio** conferma la gravità del problema obesità infantile

-**IL sovrappeso** inizia già al 2° anno (+nelle femmine)rimane costante fino a 10 anni ,decresce di più nei maschi (fanno più sport?)poi dai 12 anni la diminuzione è più rapida nelle femmine (immagine corporea?,sviluppo puberale?)

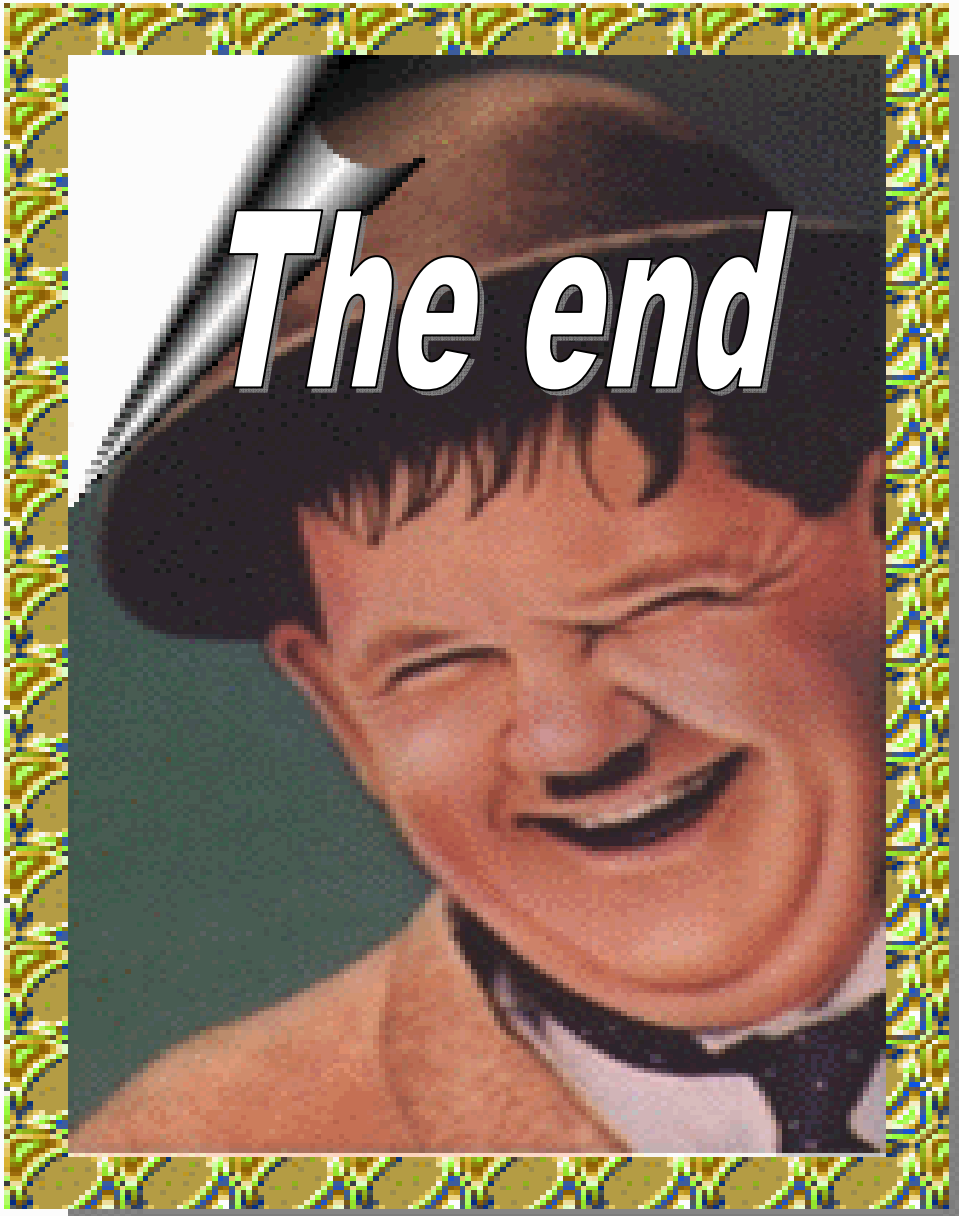
-**L'obesità** ha un picco tra i 6-8 anni decresce progressivamente fino ai 14 anni (+ velocemente nelle femmine) ma con un dato più levato rispetto ai maschi 7% contro il 4%

Conclusioni

- **Non esistono** differenze significative in percentuale di obesi nelle rilevazioni provenienti dalle grandi aree cittadine(Lecce-Tricase-Galatina)rispetto ad altre zone rurali,ad eccezione del distretto di Copertino.

- **Prossimo obiettivo** dello studio potrebbe essere quello di verificare quanto il soprappeso dei bambini tra i 2-4 anni(adiposità rebound) sia correlabile alle modalità e alla durata dell'allattamento nel primo anno di vita.

- **Ma ancora più interessante** sarebbe quello di avviare uno studio multicentrico a dimensione nazionale applicando identiche procedure di misurazione e questionari standardizzati su gruppi di popolazione della stessa fascia di età.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