

JOINT EVENT

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Overweight and obesity; barriers and facilitators: Literature review

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Over 89% of children with type 2 diabetes were considered obese or overweight. Childhood obesity is associated with an increased risk of kidney disease and mortality of kidney disease. Patient education is not sufficient to motivate this population to increase their physical activity and healthy eating. Without identifying the barriers to successful weight loss or successful increase in physical activity and healthy eating, this population will remain stagnant. The purpose of this article is to identify the barriers of physical activity and healthy eating for patients with kidney disease or diabetes. A systemic literature review was conducted to identify the barriers of weight management for children and adolescents with kidney disease or diabetes. Upon identifying the barriers, the facilitators, which aim to improve health, can be established. Studies were found using PubMed, academic search premier, and the global internet. Search criteria included obesity rates, physical inactivity rates, unhealthy eating, risk factors for children to acquire diabetes or kidney disease, barriers to healthy eating, barriers to healthy eating and exercise. Although not all of the barriers were from research studies of patients with kidney disease or diabetes, there were multiple barriers which occurred in more than one study, which will be discussed later. Patient education alone isn't sufficient to increase physical activity and healthy eating. Investigators need to understand what prevents the population from increasing their physical activity and healthy eating, so that they can develop and test potential solutions (facilitators). More research is needed to identify barriers among specific populations such as children with diabetes or kidney disease, and to understand why many of the barriers differ among various populations. More research is also needed to identify and test facilitators to healthy eating and physical activity.

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Statement of the Problem: The childhood obesity epidemic requires a sense of urgency and new avenues for prevention focused on the first five years of life. Parental perception of early childhood weight is an important concept. Parents can shape early eating and physical activity patterns in their children. If parents are unable/unwilling to recognize that their child is at risk for overweight, they cannot intervene early to prevent further excess weight gain. Furthermore, if perception influences the use of parental feeding practices, particularly a perception that is incorrect, parents may inadvertently employ practices that facilitate the development of overweight/obesity in their child. Understanding parental weight perception within this age-group during a time that reveals great potential for obesity prevention is of great importance.

Methodology & Theoretical Orientation: Using the infant cohort data (wave 2 and 3) of the longitudinal growing up in Ireland (GUI) study, (children aged 3 and 5 respectively), we aim to examine firstly, if there is evidence of parental weight misclassification within this cohort. Next, the factors associated with the inaccuracy (if any) of parental perception of the child's weight are examined (e.g. parental education and younger parents). Finally, we observe if parental misclassification alters as the child gets older (that is from age three to age five). Estimating the marginal effects using probit models, the results indicate a notable lack of awareness in Irish mothers of overweight 3–5 year olds about their children's weight status, more so for mothers of three year olds (wave 2).

Findings: Across both waves, children whose mother is overweight or obese are more likely to misclassify their child's weight.

Conclusion & Significance: Before early childhood specific behavioral interventions can be developed and tested, additional research examining techniques to influence parental perception are needed.

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