

DOES LIFESTYLE MODIFICATION WILL HAVE AN IMPACT ON OVERWEIGHT CHILDREN IN KATTANKULATHUR, CHENNAI – A RESEARCH REPORT

Dr.U.GANAPATHY SANKAR¹, MONISHA.R²

1, PROFESSOR AND DEAN, SRM COLLEGE OF OCCUPATIONAL THERAPY

2, ASSISTANT PROFESSOR, SRM COLLEGE OF PHYSIOTHERAPY

CORRESPONDING AUTHOR MAILING ADDRESS: monishaphyio186@gmail.com

ABSTRACT:

Halting the rising prevalence of childhood obesity is the primary concern towards health research. There is a need to regulate BMI of children by targeting schools. Obesity in children will lead to dyslipidaemia, hyperinsulinaemia, hypertension. First line of care for children with obesity is Prevention of obesity and it has been practiced over the past decades. American Academy of Pediatrics in 2003 had described a policy statement on the prevention of obesity

KEY WORDS: *Life style modification, Childhood obesity, AAP, BMI*

I.RESEARCH REPORT

Over the past decades, there have been many researchers on the childhood obesity and its co-morbid conditions. Many researchers had done innumerable researches on weight loss programme, lifestyle modification programme specially designed for these obese children. Clinical guidelines through NAFLD programme for childhood obesity recommend gradual weight loss through lifestyle modification but with several constrainers. However the first line of care for children with obesity is Prevention of obesity and it has been practiced over the past decades. American Academy of Pediatrics in 2003 had described a policy statement on the prevention of obesity¹

The policy statement highlighted by AAP promoted caregivers and rehabilitation team members in health supervision and advocacy to prevent obesity in children. The statement also highlighted that every pediatrician should analyze and diagnose out the risk in children².

The baseline assessment should focus and rule out the BMI, waist hip ratio, calculating and plotting the risk of obesity in children. There is also a need in examining the co-morbidities associated with obesity. There is a need to categorize children with BMI classification during the baseline assessment of all the children with Obesity. Thus regular follow up of these children and documenting the BMI at the routine visit can be a useful predictor of obesity in children³.

Regular monitoring of these children's BMI is needed for identifying excessive weight gain. Additionally, the policy statement describes the importance of breast feeding to promote healthy living. Policy recommends that every pediatrician should insist the benefits of breastfeeding, education is needed to encourage, support breast feeding⁴.

Every rehabilitation team member should promote healthy eating habits, promote low to moderate level of physical activity and recommend restricting and limiting television viewing. The AAP statement also insisted that there is a need to influence people by creating awareness and education programmes on obesity⁵.

Currently, there is an innumerable study that provides effective programs for the prevention of obesity among young children. Children with BMI above 85th percentile for sex and age in their preschool and elementary ages are supposed to be overweight during adolescence⁴.

Public health and health policy practitioners have framed Tele-rehabilitation guidelines for the caregivers to prevent obesity at the earlier stage. But researches have provided the data on relatively high drop-out rates for families approached with intensive prevention programmes.

Childhood obesity prevention techniques includes motivational one to one interviewing, discussing weight trajectories, and targeting modifiable behaviors, such as television viewing and increasing physical activity, thus encouraging the child's participation in sporting activities⁵.

The most effective programs for the prevention of obesity have to target the parents of children with obesity. Parents were educated to encourage the child's sedentary behaviors. There is a need for the participation of parent and Children with obesity to enroll in these programs that promotes life style modification⁵.

If obesity is not prevented even after lifestyle modification, however, promoting physical activity for treatment for childhood obesity is recommended. However barriers to exercise programmes do exist, such as lack of motivation, time, and support, must be overcome to achieve them.

REFERENCES

1. American Telemedicine Association (2010). A blueprint for telerehabilitation guidelines. <http://www.americantelemed.org/docs/default-source/standards/a-blueprintfor-telerehabilitation-guidelines.pdf?>
2. Benham, S., & Gibbs, V. (2017). Exploration of the effects of telerehabilitation in a school-based setting for at-risk youth. *International Journal of Telerehabilitation*, 9(1),
3. Bland, J., & Altman, D. (1999). Measuring agreement in method comparison studies. *Statistical Methods in Medical Research*, 8(2), 135–160. <http://dx.doi.org/10.1191/096228099673819272>.
4. Bruder, M. B. (2010). Early Childhood Intervention: A Promise to Children and Families for Their Future. *Exceptional Children*, 76(3), 339–355.
5. Cantell, M., Crawford, S. G., & Doyle-Baker, P. K. (2008). Physical fitness and health indices in children, adolescents and adults with high or low motor competence. *Human Movement Science*, 27(2), 344–362. <http://dx.doi.org/10.1016/j.humov.2008.02.007>.