RECOGNITION AND RESPONSE TO PAEDIATRIC OBESITY IN THE GENERAL OUTPATIENT POPULATION: ARE WE MISSING A KEY OPPORTUNITY?

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Aims Obesity negatively impacts physical health, mental well-being and shortens life expectancy. Reducing childhood obesity rates will save lives. Despite this, children are only routinely screened for obesity twice (4–5 years and 10–11 years) through the National Child Measurement Programme (NCMP). Additional opportunities to identify overweight/obese children cannot be missed. This study aims to explore the prevalence of overweight/obese children in the outpatient population of a district general hospital (DGH) and assess the recognition of these children by paediatricians.

Methods This pilot study began with an audit of growth parameters for 87 children (2–16 years) attending paediatric outpatient/ambulatory clinics during one week in September 2017. Retrospective body mass index (BMI) centile plotting enabled identification of overweight (≥91st but <98th centile), obese (≥98th centile) and severely obese (≥99.6th centile) children. Clinic letters were reviewed to check if children were recognised as overweight/obese during medical consultations. Collaboration with the Public Health Agency (PHA) facilitated comparison with NCMP data.

Results 100% children were weighed but 14% (12/87) had no height documented. BMI centiles were plotted for the remaining 75 children (56% male, 44% female). 28% were overweight/obese which compared similarly to NCMP data showing 27% overweight/obese 10–11 year olds in the trust’s geographical area. Our study had more obese children at 15% (including 4% severely obese) compared to NCMP data at 6.6%.

Only 3 patients had a BMI plotted and consequently diagnosed as obese (all severely obese). 86% of overweight/obese children (presenting with constipation, asthma, enuresis etc) were not actually recognised as overweight/obese during the consultation.

Conclusions Our paediatric outpatient population has an alarming high prevalence of obese/overweight children, yet this problem is poorly recognised. Subsequent questionnaires indicated strong staff support for height/weight/BMI centile plotting for every child to improve obesity detection. Therefore, universal BMI plotting (utilising the RCPCH growth app) is being implemented as a quality improvement drive. Telephone information-gathering exercises revealed fellow DGHs reporting similar challenges with paediatric obesity recognition. Our pilot has grown into a regional obesity awareness project. We are collaborating with dieticians, physiotherapists and the PHA to create a multicentre, multidisciplinary paediatric obesity awareness e-learning package for staff.

REFERENCES