DO PAEDIATRICIANS RECOGNISE CHILDHOOD OBESITY?

Aim The obesity epidemic in England is growing, with 22% of 4 and 5 year olds and 34% of 10 and 11 year olds being overweight or obese.1 With obesity being linked to several different illnesses including type 2 diabetes and hypertension, it is vital that clinicians are recognising obesity among children as early as possible. This study aims to:

- Carry out an audit of identification of obesity in paediatric outpatients to determine whether paediatricians are effectively identifying overweight and obese children, and whether practice conforms to standards in medical guidelines.
- Explore the barriers to discussing overweight and obesity with parents.
- Carry out a prescription audit and compare against current medical guidelines.2

Method A retrospective review of all new medical patients seen during a one-week period in July was used to determine their weight status and whether they had correctly been identified by clinicians. A short questionnaire was distributed to all clinicians at the chosen hospital during a one-week period in October to determine reasons why clinicians may not choose to discuss obesity with patients and their families. A prescription audit was carried out examining the drug cards of all new overweight and obese patients admitted to wards in the chosen hospital to determine if drug doses had been correctly adjusted for weight.

Results 21% (21) patients in the retrospective audit were classified as either overweight or obese, 28.6% of 4 and 5-year olds were found to be either overweight or obese and 14.3% of 10-11 year olds. Only 3 of the 21 overweight or obese patients had been recognised as overweight or obese by clinicians in their notes. The questionnaire found that the most common reasons for not discussing overweight and obesity with patients and their families was concerns about maintaining doctor/patient and doctor/parent relationships. Other reasons given were that there was not enough time in clinic appointments or that the family was already aware. Four overweight or obese patients had been prescribed drugs based on their actual weight rather than ideal weight and therefore had received an overdose. All doses for these patients were adjusted accordingly and re-prescribed in line with trust guidelines.

Conclusions The results of our study indicate that there is need for regular height and weight checks for all paediatric patients to ensure correct identification and management of overweight and obese children. Ways of doing this may involve more regular height measurements and providing guidelines for medical professionals in how to breech the topic of weight with patients and carers. The results of our pharmacy audit indicate that some overweight and obese children are being prescribed inappropriate doses of medication with clearly shows that there is need for more monitoring of prescribing practices in overweight and obese patients.

REFERENCES