

Letter: Patient-Guided Improvements for Pediatric Obesity Services

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It was great to read your published review by Chung and Rhie¹ entitled “Severe obesity in children and adolescents: metabolic effects, assessment, and treatment.” The authors clearly and concisely outlined the importance of tackling childhood obesity at an early stage. The general treatments detailed within the review currently appear to be insufficient as the global prevalence of pediatric obesity continues to increase each year. We agree with the authors that innovative management techniques are necessary to improve outcomes for children with obesity.

In view of this, we sought the opinions of parents and young people living with obesity about possible improvements to current specialist pediatric obesity services in the North West of England. We believe their contributions to be extremely valuable in ensuring health management is both relevant and effective for them. Forty patients were randomly selected from a total of seventy-five eligible patients that had been referred and reviewed at least twice by a pediatrician in the specialist pediatric obesity clinic at the Royal Manchester Children's Hospital.

An online survey was sent to these forty families. Questions were based on “The Healthy Lifestyle Twelve Steps” developed as an unpublished in-house educational tool by the specialist pediatric obesity clinic. The survey questions were based on three themes: (1) assessing understanding of the individual components of diet

and exercise that can aid weight loss, (2) personal drivers of successful weight loss, and (3) improvements that could be made in the obesity service. The questions have been included in the Supplementary Material 1.

Forty-three percent of participants responded to the questionnaire (n = 17; female, 58%; mean age, 10.7 years [range, 3.6–15.6 years]; mean body mass index standard deviation score, 3.46 [range, 2.8–4.8]). As this was a patient completed survey, five patients did not provide their pseudo-anonymized identifier on responding, and hence age, body mass index and sex have been determined for those that provided their identifying details. Findings confirmed that 100% of participants had been given dietary advice with > 80% having received specific advice on portion control. Ninety-seven percent had been given exercise advice. Interestingly, the majority of patients reported to understand the benefit of calorie and weight tracking, yet only 5% of participants tracked calories using a mobile application and 23% kept a weight diary. This discrepancy could potentially be explained by the result that 70% admitted calorie counting caused anxiety or restrictive eating habits and 46% believed weighing themselves adversely affected their mental health. Despite consensus that calorie counting caused anxiety, 31% felt it would be beneficial to know their age-related daily calorie limit.

In terms of potential improvements to the pediatric obesity ser-

vice, participants were more interested in receiving advice on healthy recipes and exercise than actual weight targets. Just over half of participants wished for useful mobile applications to help manage weight effectively, in addition to websites and online video resources to help with exercising at home, which is not surprising given the rapid increase in smartphone ownership amongst young people. Nevertheless, in view of the vast amount of easy-to-access information online, it is therefore important that young people are guided to reliable sources of information for weight management.

As the National Health Service in England has recently announced the launch of 15 specialist clinics for children with severe obesity,² we believe to ensure effective development of services with good patient outcomes, clinics should conduct regular patient surveys to incorporate patient-guided ideas for driving forward quality improvement projects for these services.

CONFLICTS OF INTEREST

The authors declare no conflict of interest.

AUTHOR CONTRIBUTIONS

Study concept and design: MS; acquisition of data: HR; analysis and interpretation of data: all authors; drafting of the manuscript: SA; critical revision of the manuscript: all authors; statistical analysis: HR and SA; and study supervision: MS.

SUPPLEMENTARY MATERIALS

Supplementary materials can be found online at <https://doi.org/10.7570/jomes22015>.

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