A pound of cure?
Avoiding a generational decline in overall health

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Over the past 25 years, we have witnessed a disquieting rise in the number of children classified as overweight or obese (based on the International Obesity Task Force’s age- and sex-specific body mass index cutoffs); 29% of Canadian youth aged 12 to 17 are overweight or obese, an ominous doubling from 14% in 1978 to 1979. Considering obesity alone, the rates in this age group actually tripled over this period, from 3% to 9%. Adolescent boys in 2004 were more likely to be overweight or obese (32%) than girls (26%). It is by no means a problem restricted to adolescents. In fact, 26% of children aged 6 to 11 years were overweight or obese in 2004—also double the rate 25 years earlier.

Lifelong effects
Obesity can affect physical and emotional health, both in the short-term and the long-term. Obese children are more likely to suffer from fatigue, sleep apnea, respiratory problems, joint pain and other orthopedic complications, and psychological effects, such as isolation and stigmatization. Further, obese children tend to grow up to be obese adults, and excess weight over time increases the risk of developing chronic health problems.

We know that healthy eating and being physically active are the keys to a healthy weight, and small changes can add up over time. For example, changing from consuming a 355-mL can of soda or juice daily to a 600-mL bottle daily (or the equivalent caloric value reduction in activity) can amount to a 10- to 15-pound weight difference over each year. The problem is obviously more complex than that, but it shows how easily, over time, at the individual and population levels, we can slide into problems.

For children, the effects can be lifelong. We know that many factors influence children’s eating and activity habits. We know that children’s lives are often under the control of others—parents, school authorities, and other adults. Children do not typically shop for and prepare family meals. They do not stock school vending machines, set the physical education curriculums, or establish the rules that shape the marketing that targets them. This context not only adds to the vulnerability of children, but it makes solutions to the problem more elusive and complex.

Factors
In light of what we know about the physical and emotional consequences of excess weight, we need to act, as delay will continue to compound the challenge.

Indeed, researchers are concluding that environmental, behavioural, social, cultural, and genetic factors all contribute to the development of overweight and obesity. Of particular importance are the rapid environmental changes witnessed during the past decades. Changes, such as larger portion sizes and the pervasive availability of fast foods, have greatly contributed to the overconsumption of energy-dense and naturally nutrient-poor foods. Environmental changes that discourage incidental activity and spontaneous, safe play or that do not support physical activity (such as driving rather than walking or biking) are largely responsible for reducing energy expenditure. So are the changes in our leisure preferences, such as television viewing and computer time. Adding to the complexity of the issue is the fact that, while excess weight is a problem for Canadians of all socioeconomic levels, the problem is compounded for poorer families who might not have money for healthier food, sports equipment, or activity enrolment fees. For those in more rural and remote areas, problems are magnified.

Community effort
There are positive developments, however, starting with the growing recognition that prevention and treatment of excess weight among children will demand a multi-level and multi-sector population health approach that takes into account the range of factors that influence body weight. Recent increased public attention is an important step in generating momentum to address the issue. Adding to this recent attention has been the House of Commons Standing Committee on Health’s report, Healthy Weight for Healthy Kids. This report is laudable in its scope, as it examined issues beyond behaviour, such as the effect of economic status, social and physical environments, education, and culture—some of the very determinants of health.

We need to look to the community for many of the solutions, involving parents; educators; community groups; urban designers; the food, beverage, and advertising industries; public health officials; all levels of...
government; and health advocates. Physicians are pivotal to the success of such strategies. As valued, credible advisors on health to children, their parents, and the general public, physicians can guide young patients and their families by offering practical advice that reinforces basic messages about healthy eating, active living, and healthy weights. The benefits of such brief interventions are unfortunately often underestimated, but their contribution to the overall health of the population is real.6,7

Canada’s Food Guide8 and Canada’s Physical Activity Guides9 can assist in outlining the basic healthy living messages for children and their parents. Both are free, can be ordered on-line, and are important tools for explaining the meaning of healthy eating and active living. Canada’s Food Guide was recently revised, and now includes a version tailored to First Nations, Inuit, and Métis, as well as information for preschoolers, with specific, appropriate serving-size information. The new Food Guide also recognizes Canada’s evolving cultural diversity and includes a range of foods from a variety of ethnic traditions.

Family physicians

Of course, determining whether a child requires more than preventive guidance is particularly complicated. Children who exhibit excess weight might lose those extra pounds through normal growth and development. Monitoring becomes critical, particularly of the speed at which weight is gained.10,11

Ideally, rapid weight gain would trigger a comprehensive treatment protocol that would help children and their parents make the necessary changes to diet and physical activity. In 2003, a comprehensive Canadian report entitled Addressing Childhood Obesity: The Evidence for Action concluded that there is good evidence that treatment is effective in reducing or eliminating obesity in children.12 However, until effective clinical practice guidelines, supported by the primary care system, have been established for Canada, physicians should remember that the modest effects of patient monitoring and brief counseling, even for those with excess weight, can translate into substantial benefits to the health of the population.6

No single approach or program will, on its own, prevent or reduce the prevalence of unhealthy weights among all children. But, with their access and influence, physicians are well positioned to monitor the progress of children in their care and to make key suggestions on diet and physical activity throughout children’s lives. And as respected members of their community, few are better suited than physicians to become champions for the basic societal and environmental changes required to reverse the obesity trend.

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Competing interests

None declared

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