

Family physicians and treatment of pediatric obesity


Findings drawn from the creation of clinical practice guidelines

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The question about the role of family physicians in the treatment and care of obesity in children and adolescents arose during recent work on clinical practice guidelines for the treatment of obesity in children and adolescents in primary and secondary care settings in Quebec.¹ To design these guidelines, we examined evidence-based data, conducted systematic reviews of the literature, and integrated the knowledge, experience, and expertise of a group of professionals and experts in the field, including family physicians. What we learned was that effective interventions involve an approach that combines nutrition, physical activity, and behaviour management. Effective interventions are also of considerable intensity (ie, at least 26 hours of contact with the young person or his or her parents). This level of intensity is also recommended by the US Preventive Services Task Force.²

Considering the intensity and the complexity of the treatment required, it must be recognized that few physicians can offer such an intervention on their own. In fact, the data from the scientific literature suggest that physicians who treat obese children and adolescents on their own have limited effectiveness. The current knowledge of these interventions does not allow us to say for sure what the respective duties and roles of the different professionals involved would be, particularly those of physicians. However, the fact remains that physicians are in the best position to perform certain aspects of the assessment and follow-up of young patients and should therefore be an integral part of the

treatment team. Ideally, the family physician would work in collaboration with a multidisciplinary team of health and social services professionals to carry out the appropriate intervention and follow-up.

According to the practice guidelines, intervention with a young patient presenting with obesity must be guided by a holistic vision of the young person. Interventions must strive to improve the patient's health, not just reduce his or her level of obesity. Providing a holistic approach allows the family physician to play a unique and important role in the treatment and follow-up of children and adolescents struggling with obesity. 

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Competing interests

None declared

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