

Results: Mean chronological age at baseline was 8.3 (SD 2.9) years with no differences between gender (male = 53%). Success rate expressed by decrease in BMI Z-score was greater in children (age ≤ 11 years) while when expressed by decrease in %FM was greater in adolescents. Considering only those with 8 years of follow-up (n 24),

trends of reduction persist between 5 and 8 years regarding BMI Z-score (3.2 (SD 1.4) *v.* 2.8 (SD 2.1)), %FM (36.0 (SD 9.0) *v.* 35.2 (SD 12.0)) and BMI percentile >95 (88% *v.* 63%).

Conclusions: Multidisciplinary family-based intervention, supported on behaviour changes, shows effective results in the treatment of paediatric obesity.

doi:10.1017/S1368980012002376

63 – Therapeutic education as common tool in the prevention and early treatment of childhood obesity

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Introduction: Literature shows scarce evidence of primary care efficacy in treating obese children. Since 2008, Ferrara Hospital organized a training course on family therapeutic education (TE) as a tool to treat childhood obesity, attended by paediatricians and dietitians. Here the preliminary results are shown.

Method: The training course aims to develop families' efficient and positive communication, empowerment and to reduce their feeling of having done a wrong. The course has been attended by two primary care paediatricians (PCP), six paediatricians working in the hospital (HP) and six dietitians (D). The training course quality has been evaluated by questionnaires filled every 6 months and the clinical practice's improvement by children's BMI scores changes. In total 189 children have undergone treatment. The PCP treated ninety-one overweight/obese children aged 5.5 (SD 2) years,

the HP treated thirty-nine adolescents aged 13 (SD 1) years and the three D 59 children aged 12.3 (SD 3) years.

Results: Through the questionnaires all the professionals showed an improvement in motivation and communication techniques. The children treated by PCP showed a reduction of BMI Z-score of 0.15 (SD 0.5) after 2.2 years; the children treated by HP a reduction of 0.32 (SD 0.31) and those ones treated by the Ds -0.26 (SD 0.2) after 10 months.

Conclusions: Primary care paediatricians and dietitians, adequately trained, can efficiently treat obese children. Primary care treatment take advantage of an early, low-cost approach as compared with medical hospital centres. This pilot training courses has already given positive results and a multicenter study has started to better and deeper analyse the impact of such therapeutic approach.

doi:10.1017/S1368980012002388

64 – Childhood perception and knowledge of traditional Italian Mediterranean diet: a quite surprising result

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Introduction: In 2009 and 2010, we asked a sample population of primary school of II degree in Bollate to do

a short game to assess their perception and knowledge of the traditional 'Mediterranean diet' (Md).

Method: We asked those children (males and females aged between 10 and 15 years) ‘what we mean by Mediterranean diet?’. Then we proposed a scenario: ‘you are the director of a film stage in which a family, mother and father with their sons are eating at home; they live in fifties at the seaside and the father is a fisherman; now you put them around the table of their kitchen and write what we have to put in to realize this scene; if possible, explain also what kind of foods there were in pantry and in refrigerator’.

Results: Seventy-nine children: nobody answered in a correct way to the question regarding Md. Only twenty-

eight (about 35%) put on the kitchen’s table something according to Md: fish, bread, season vegetables, fruit and in some cases a simple dish of spaghetti with tomato sauce, water and red wine and olive oil. The others really only tried to put on that table all kinds of possible foods they know.

Conclusions: Only few children recognize Md: they do not know either blue fish and its properties or vegetables and fruits. They do not think about simple bread and olives or pressed cheese at all. We recognize there is great need of education with practical examples, trying to teach nutritional properties of food in a more complete way to young people.

doi:10.1017/S136898001200239X

65 – Front-of-pack logo v. Guideline Daily Amounts: what’s the better tool to promote suitable choices of packaged products in children according to health professionals?

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Introduction: A lot of tools, such as Front-of-Pack nutritional Logos and Guideline Daily Amounts (GDA), are available on labels in several countries to help consumers in choosing packaged foods. We assessed, according to health professionals, which tool could better help parents in the choice of snacks to prevent overweight in children.

Method: We performed focus groups on health professionals of the Departments of Preventive Nutrition (SIAN Services) in the whole Piedmont (an Italian region) and on paediatricians of a randomized district in Piedmont (Pinerolo). We compared GDA and logos placed on the labels from the United Kingdom (traffic-light), Finland (heart), Sweden (key), New Zealand (thick), Canada (health check), France (nutritional cursor) and The Netherlands (health choice).

Results: Forty-eight out of fifty-one health professionals (94%) were interviewed: thirty-four SIAN workers (11/13 regional services were represented) and fourteen paediatricians. In all 60% of interviewed professionals (29/48)

chose the traffic-light, 21% (10/48) the French-cursor, 19% (9/48) another logo; none chose the GDA. The prevalent explanations were clearness and understanding of the logo: it seemed more effective in communication than GDA because it was simpler and it was a picture, so could be easily seen and understood by everyone, even by people who have reading troubles. Moreover, among the different logos, the traffic-light seemed the most effective because it is universally understandable, even by children.

Conclusions: In Italy, the Confederation of Food-Industries (Federalimentare) promotes the spreading of GDA on packaged foods. However, data from health professionals are in agreement with results from other studies, suggesting that the GDA are less efficient tools than the logo.

Funding: Research relating to this abstract was self-funded by Piedmont Region and ASL Turin 3

Thanks to D Lo Bartolo, L Bioletti, S Spagna, S Ropolo, A Cosola, O Maganuco, G Gibilisco (ASL TO 3), and to all the health professionals interviewed.

doi:10.1017/S1368980012002406

66 – Health effects of lifestyle interventions in obese children and adolescents study (HELIOS) randomised controlled trial

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