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## The role of the primarycare team in the management of childhood obesity

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Scotland has high levels of obesity and is ranked second to the USA among Organisation for Economic Co-operation and Development countries in terms of overall obesity<sup>(1)</sup>. Of Scottish adults 61% are overweight or obese; in Fife that percentage is 64%<sup>(2)</sup>. In Scotland obesity-related illness is estimated to cost the National Health Service (NHS) £170 × 10<sup>6</sup> every year<sup>(3)</sup>. Although less common, childhood obesity is a major problem and is increasing; between 1998 and 2003 the prevalence of obesity in Scottish boys increased from 28% to 34.6%<sup>(4)</sup>.

Considering the serious health consequences associated with childhood obesity (e.g. cardiovascular risk factors and psychological problems<sup>(5)</sup>), managing the problem of increasing child obesity is essential. The aim of the present research was to investigate who in the primarycare team is responsible for the management of overweight and obese children in Fife.

Information relating to the current management of childhood obesity within NHS Fife was obtained using structured interviews. Six general practitioners (GP) and two practice nurses were interviewed using predetermined questions and written records were made of their responses. Information was also obtained from a public health nurse (health visitor) via email correspondence and a national expert on childhood obesity was interviewed by telephone.

The information obtained was: (1) all interviewees reported that overweight or obese children seldom present to their GP; (2) two of the six GP had read the Scottish Intercollegiate Guidelines Network (SIGN) guidelines *Management of Obesity in Children and Young People*<sup>(6)</sup>; (3) both practice nurses suggested that the SIGN guidelines were difficult to implement; (4) eight of the ten interviewees stated that overweight children often have overweight parents (the whole family requires lifestyle advice, not just the child); (5) all the GP reported that they could offer lifestyle advice only, with very little dietetic input; (6) GP also reported difficulty in motivating both parents and children.

This investigation was a pilot study that has provided an interesting insight into current opinions of primarycare professionals relating to childhood obesity. It raises some interesting questions: (1) despite its high prevalence in the community it is very rare for a child to present with childhood obesity. If public awareness of the risks associated with obesity in childhood was to be increased, who in the primarycare team would manage a potential influx of patients with chronic disease; (2) if GP are unable to help tackle child obesity, who should; (3) should SIGN guidelines be simplified in order to increase their utilisation; (4) should resources be increased in order to allow more children to receive dietary advice and would this approach be effective.

Clearly, weight management is a problem for a large number of children. These children require assistance. How can the primarycare team or healthcare sector assist?

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