

European Institutions to think seriously about the following issues in their review of the White Paper on Obesity in 2010:

- Obesity in infancy – By promoting measures for early intervention from parents and carers and providing better education programmes to target these groups.
- Research is needed into how to successfully reduce the social gradients of health and into socio-economic measures to facilitate acceptance of healthier lifestyles.
- Efforts to prevent childhood obesity should not be made in a silo. They should be part of the whole range of actions to reduce other ‘chronic diseases’ and to promote sustainable living.
- There is a need for more practical training programmes for health-care professionals at all levels – primary to tertiary – to recognize weight problems and obesity early on and to develop local programmes to manage and prevent overweight children.
- We propose a stronger alliance between the agricultural sector and health professionals in terms of research and communication to the general public on the importance of eating fruit and vegetables.
- Joint-working between the food industry, consumer groups, the media and public health workers is needed to develop positive and practical ideas for promoting

sustainable healthy and enjoyable lifestyles for communities.

- There is need for an objective assessment of projects and studies in order to develop objective evaluation of what works in practice.

ECOG’s members are Europe’s leading experts on the issue of childhood obesity. Between us we bring together both clinical and public health programmes, we have independence and authority and decades of experience in the field of childhood health and nutrition.

We can and want to become a constructive partner for the European Institutions on the issue of childhood obesity, sharing our work, providing a sound board and helping the Institutions themselves coordinate their efforts to combat this growing problem.

Healthy sustainable lifestyles are enjoyable and can contribute to happy, well balanced and more fulfilled individuals. We hope the information we provide in this paper gives you interesting (and healthy) food for thought. We look forward to working with you to take childhood obesity off the menu in Europe.

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1st Workshop: A Common Approach and Tools for Paediatric Obesity and Treatment – Keynote Speaker Management of obesity in the very young

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Overweight and obesity during infancy and early childhood need to be considered as potentially health threatening as well as a higher risk factor for the development of obesity in childhood and adolescence. There are different opinions among health professionals. Some propose to postpone nutritional interventions until 3 years of age whereas others recommend a controlled diet and the promotion of a healthy lifestyle as soon as weight excess appears. The following questions are major issues:

- Are overweight infants and toddlers at risk of developing immediate health problems?
- Do early interventions help to establish lifelong healthful behaviours and prevent obesity in later life?
- What are the nutritional risks related to dietary restrictions?

Morbidity is described in overweight children as well as in adults but less in infancy and in early childhood. Nevertheless, studies show more frequent developmental delays, mainly delayed gross motor skills, breathing difficulties like asthma, sleep apnoeas and other dyssomnias. It is commonly admitted that parents provide both genes and environment. The child’s food choice is dependent on its parents own food preferences. Furthermore, eating behaviour is influenced by the environmental conditions during the meals. Familial tensions, sibling’s attitude, noise, television viewing and organoleptic food characteristics may enhance or diminish the intakes and determine their specificities. Adults serve as model and may also influence food habits in terms of quality and quantity. Early eating

experiences may occur in different social contexts. The first weaning food is mostly experienced with the mother and occurs progressively with others and sometimes in a new environment. So, other eaters can serve as models. Eating behaviour is also dependent on meal schedule and other food distribution throughout the day and sometimes during the night. The child may also be confronted with pressuring and coercing actions. When a young overweight or obese child is presented to the paediatric team, these difficulties are frequently described. The parents are anxious and usually waiting for rapid solutions.

Confronted with inaccurate comments expressed by family members, friends, teachers or medical teams, they often feel guilty, considering their educational system as poor and they are frequently hoping that the child is suffering from undiagnosed inherited hormonal disease.

In this context, after medical examination and advice, early dietary intervention by an appropriate approach conducted by a well-trained paediatric dietitian may help to modify food habits and to establish healthful behaviours resulting in efficient obesity prevention in later life.

There are nutritional risks related to dietary restrictions sometimes prescribed with the aim to obtain rapid weight/height normalization. The nutritional needs are proportionally very high, taking into account the rapid growth rate in a very young child. The prescription of a fat-restricted diet with use of skimmed milk, avoiding oil and butter, is frequently associated with an unbalanced diet, with a lack in essential fatty acids, and in vitamins A, D and E. Moreover, this diet is proportionally high in carbohydrates and proteins, which can lead to digestive disturbances due to fermentation or putrefaction in the colon expressed by abdominal pain and diarrhoea. Proposed modifications must take into account recommended allowances adapted for the age, taking into account a normal weight-for-age and -height. Other considerations like certain food habits based on religion or philosophy are to be included in the prescription. Some attitudes are discussed in order to help parents whose child dislikes certain foods and to inform them about the child's capacity when older than 6 weeks, to adapt their energy intake to their physiological needs.

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The role of school and community in obesity control

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Background: The role of the local community and school is emphasized in the *White Paper on a strategy for Europe on Nutrition, Overweight and Obesity related issues* and in the *European Charter for Counteracting Obesity* as well as in *The Challenge of Obesity in the WHO European Region and the Strategies for response*. However, the number of published high-quality papers to build this talk on is very limited. In the last 10 years, the number of obesity-related papers have increased in numbers, but we are still lacking important information. At the same time, several practical tools and programmes have been developed, still lacking proper evaluation but including promising features and innovative approaches.

Method: This talk builds on gathering of relevant policy documents on European level, a Medline search for recently published reviews of research in the area of school and community interventions to prevent overweight and obesity. Furthermore, I have searched for relevant tools and programmes in Europe and elsewhere, through the European Commission group for Community Based Initiatives and WHO Europe website.

Results: The White Paper – for programmes with a focus on urban areas, measures targeting re-generation

of public spaces. In schools, the work should focus on nutrition education and on physical activity and local cooperation between schools, with sports clubs, etc. The European Charter discusses action to be taken at both micro and macro levels and in different settings. The Charter specifically mentions actions relevant to community and school levels such as: ensuring access to and availability of healthier food, including fruit and vegetables, access to affordable recreational/exercise facilities, promotion of cycling and walking by better urban design and transport policies, nutrition and physical education in schools, encouraging children to walk to schools. The WHO European region document 'The challenge of obesity ...' emphasizes the lack of evidence on the effectiveness of community-based interventions but mention some imaginative approaches such as improved provision and safety of walking and bicycling routes and promotions in local supermarkets, cafés and restaurants.

Evidence-based approaches: Combined diet and physical activity school-based interventions may help children become overweight in the long term and physical activity in primary-school girls in the short term (Brown 2009). Primary Health Care: staff needs to be trained and