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Vienna, Mar. 2nd 2006

regarding: ENSA – Eu Obesity platform update
Green paper (Discussion documents aimed to raise the attention of regulators)

In my position as the ECOG President (European Childhood Obesity Group) and regarding to the green paper, I like to give some concrete proposals for policy focused on children and adolescents.

- **Advertising and marketing**
  - no food advertising for sweet and fat "child food" addressed direct to the child
  - no food advertising during child tv programms
  - no commercials for parents about special foods for children with a great amount of sweet and fat
  - no advertising on food in children journals
  - no advertising on food in schools
  - no advertising for softdrings near wending machines

- **Education**
  - special training for kindergarten pedagogics and teachers on food
  - lessions on healthy diet within the time schedules
  - further education for parents
  - special further education for pregnant women
  - obligate education lessions in the "mother- child-passport"

- **town planning**
  - Establishment of playgrounds, unspoilt countryside with physical activity offers near flats
  - Modern estates should be enlarged with green parks and adventure playgrounds
  - During building modern estates: Including a health care centre
    - Meeting place for the inhabitants, with continuos offers for „diet – physical activities and health": Trainings, workshops, Info-public functions, active conversion

- Leisure, playing and physical activity pedagogics, who make children in their neighbourhood concrete offers
    - Clubbing rooms, in which activities can be planed together
    - Structures afternooa activities with sport events
    - Networking to Sport clubs,
- City walk ways
    - Signpost for walking ways (probably in the on the edge of the city), through parks, woods, fields, rivers.
    - Fitness-Parcours: ways with activity stations
- Walking groups

IV.4. the public health action programme

How can the availability and comparability of data on obesity be improved?

The use of internationally developed criteria for the assessment of overweight and obesity in childhood and adolescence is the most important point, in order to systematic collect, compare, evaluate and publish data of prevalence in different countries.

The Childhood Obesity Working Group of the International Task Force (IOTF) has proposed new criteria based on the concept, that has been established for adults [1]. Pooled international data for BMI from six large nationally representative cross sectional surveys (Brazil, Great Britain, Hong Kong, the Netherlands, Singapore and the United States) have been used and cutoff points for overweight (BMI-value >25) and obesity (BMI-value >30) from 2 to 18y were obtained [2]. Centile curves for body mass index were constructed for each dataset by sex using the LMS method [3]. The fitted LMS curves allow an extra centile curve to be drawn for each dataset, passing through the adult cut off point for overweight/obesity of 25/30 kg/m^2 at age 18.

1. International Obesity Task Force. Obesity: preventing, and managing the global Childhood epidemic: Report of WHO consultation on obesity, 3-5 June 1998, Geneva, 1998.
2. Cole TM, Bellizzi MC, Flegal KM, Dietz WH. Establishing a standard definition for child overweight and obesity worldwide: international survey. *BMJ* 2000;320:1240-43.
3. Cole TJ (1990) The LMS method for constructing normalized growth standards. *Eur J Clin Nutr* 1990;44:45-60.

V.5. Building overweight and obesity prevention and treatment into health services

V.5.1. Obesity treatment options

The „Konsensuspapier Patientenschulungsprogramme für Kinder und Jugendliche mit Adipositas" from the AGA (National German Obesity group) gives detailed informations about treatment. There are clear allowance for all professionists working with obese children and adolescents.

Aims for obesity treatment are the long-term weight reduction (Reduction of the fat mass), the stabilisation and the advancement of obesity related riscfactors and diseases through changes in diet- and physical life style.

By reason that the fat mass of the body and the BMI increases at the age of 6, we could only measure the success of changes in the BMI-SDS_{LMS}.

- It is assumed, that a short term weight reduction (Reduction of the body fat mass) means a reduction of the body weight after one year for minus 5% after therapy-start (Reduction of the BMI-SDS for $\geq$ 0,2).
- A very good success means a weight reduction for minus 10% (Reduction of the BMI-SDS for $\geq$ 0,5).
- Additional criterias for success are the advancement of the associated riskfactors and the decrease of obesity-related diseases.

Quality reqirements

Treatment programms, which could promise success, are based on 5 modules

- Medical care: Therapy of associated diseases, causations
- Diet: Recommandations have to be understandable, easy to do and oriented on the target group: Knowledge, practical workshops for children and parents
- physical: physical activity during allday, changes in habits, structured trainings session
- behaviour: Integration of these changes in everyday, theoretical and practical placement of knowledge, animation for diet-changes, behavior methods

- Integration of the parents: it is scientific proved that children are stamped by their parents diet and physical habits.
- children: An extensive involvement of the parents is indispensable
- Parents from younger children should be aware, that they have a central part. They are role models for their youngsters. Adolescent youth: Parents have to be informed about the aims and matters of the programms. They should be encouraged to help their children and to assist them.

V.9. Recommendations for nutrient intakes and for the development for food-based dietary guidelines

How can dietary guidelines be communicated to consumers?

- Dietary lessions in schools, further education for parents
- Informations on nutrient packings
- Pamphlets in doctor´s waitings rooms
- Websides
- Advertising in Tv, radio, newspapers

Sincerely yours

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