

## EDITORIAL

# Children and adolescents presenting in general practice

## *Potential for identification and intervention against overweight*

With a background in research on type 2 diabetes, prediabetic conditions and cardiovascular risk factors, which are all lifestyle-induced diseases, a more and more clear statement becomes apparent. It must be much easier to prevent lifestyle diseases and induce changes in lifestyle when doing it early in life instead of waiting until the habits are rooted or risk factors and diseases have become present. It is perhaps wishful thinking that the problems seen in the surgery every day and several times a day could be prevented by doing a more intense and focused effort against our patients at their earlier age. But seen from a human perspective it makes more sense, however, to prevent disease than to relieve the patient's symptoms – “relieve” because “cure” is most often not an alternative in these conditions.

The challenge of preventing lifestyle diseases is a fairly new task in our society, a product of a more sedentary lifestyle and unhealthy eating habits. In Scandinavia as well as the rest of Europe and USA more and more people are getting fat and thus more people suffer from cardiovascular diseases [1–3]. It has, however, been shown that obesity in adolescence can be predicted at a very early life-stage [4] and a study from Sweden has shown that obese 15-year-old boys differed from overweight and normal weight boys in lifestyle and in the frequency of somatic and psychological symptoms [5]. A study from Finland has shown strong associations between predictors of coronary heart disease (CHD) and offspring with a family history of premature CHD when investigating children and adolescents (from 7 to 16 years) [6]. It is therefore reasonable to put more focus on the challenge of preventing overweight earlier in life.

The role of general practitioners in this challenge has been discussed; opinions about *benefits* and *inconveniences* of enlightening health habits and conditions, *time* to do it and *how* to do it are topics in this discussion. Moreover it has been discussed who has the responsibility of teaching children a better lifestyle; should this be placed with institutions like

schools and the local communities or in the families' own settings? I see no conflict in these opinions, however. No doubt that a lot of effort has to be made everywhere the children are during daytime [7], but the GP and the GP staff can be key figures in identifying the children and adolescents who need help to avoid developing fatness/obesity and related health and social problems. From the Danish College of General Practitioners (DSAM) guidelines on how to spot these children have been produced and distributed to all members of the College [8]. These guidelines have been adapted to Danish culture on the basis of an Australian Clinical Practice Guideline for the Management of overweight children and adolescents [9].

### *Is it a problem to identify the obese children or those at risk?*

Yes, studies from USA and Australia have demonstrated that a surprisingly low proportion of obese were actually identified [10,11]. Whether the same picture is valid for general practitioners in Scandinavia is not known, but it could be presumed.

To identify the obese children is only the first step. The next step is to do something about it – what can the GP do? Few studies have worked with intervention against obesity or other lifestyle-induced conditions in childhood in a primary care setting. One study by Salminen and colleagues [12] reported that family-oriented health counselling had favourable effects on cholesterol and diastolic blood pressure among girls and boys aged 6–9 years. There is, however, no doubt that more research on how to manage and intervene against overweight children in general practice is needed. Some studies are initiated and the topic has been put on the agenda of “hot stuff” at least in Denmark. Bigger studies or networks across the research environment in Scandinavia could stimulate research in the area and in addition the research projects would be more competitive when funds are applied. I therefore hope we will see more

papers in the Scandinavian Journal of Primary Health Care on how to handle overweight in children and adolescents in general practice.

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