

Project: “United by a healthy family”

Fátima Cruz ¹, Raquel Freitas ²

1 – Nutritionist, ACeS Baixo Tâmega, ARS Norte, Portugal

2 – Family Medicine Resident, ACeS Baixo Tâmega, ARS Norte, Portugal

Problem: According to the World Health Organization, in 2016, Portugal was the 8th country in Europe with the largest prevalence of childhood overweight and obesity, with 32,4% between 5 and 19 years of age. Given the extent of this problem in Portugal and, particularly, in children and young people from a region in the North of the country, became imperative to find more effective measures in management of this problem, because the only response was a childhood obesity consultation in the hospital. For this reason, in primary health care (PHC) was reintroduced the nutrition consultation where this problem was approached as a family problem and not only of the child or young person.

Objective: To increase adherence to the Mediterranean diet pattern (MDP) and reduce the prevalence of overweight and obesity in families.

Methods and techniques: Families are referred for nutrition consultation, for which it is called all family. If required is requested the collaboration of the psychologist in the first or subsequent query. Families are also invited to participate in regular sessions of physical activity (at least 2 times/month), healthy eating workshop, shopping trip for learning reading nutrition labels and other recreation and sharing activities with all the families.

Results: Since the beginning of the project (April 2017) until November of the same year 16 families were in follow-up, to which corresponded 16 children with overweight/obesity. For children, the sex distribution was equitable, the mean age was 10.2 ± 1.2 years and the mean BMI was 25.5 kg/m^2 . Regarding nutritional status, at the beginning of the study, 6.2%(n=1) were overweight and 93.8%(n=15) were obese. Regarding adherence to MDP assessed by the KIDMED questionnaire, 31.3%(n=5) had poor adhesion, 56.2% (n=9) had medium adhesion and 12.5%(n=2) had high adhesion. Of the total, 8 children already were evaluated after three months. Of these, at baseline, 12.5%(n=1) were overweight and 87.5%(n=7) were obese and after three months, 12.5%(n=1) were normoponderal, 25%(n=2) were overweight and 62.5%(n=5) were obese. During the intervention, there was a decrease in BMI (25.3 ± 3.9 versus 24.0 ± 4.0 , $p < 0.001$) and increased adherence to MDP (4.7 ± 2.3 versus 6.9 ± 2.0 , $p < 0.01$).

During this period, 17 parents were followed, 15 of them female, with 39.2 ± 4.7 years and mean BMI of 30.4 kg/m^2 . Of the total, 8 parents have already been assessed after

three months. Of these, at baseline, 25%(n=2) were normoponderal, 37.5%(n=3) were overweight and 37.5%(n=3) were obese. After three months, 37.5%(n=3) were normoponderal, 37.5%(n=3) were overweight and 25%(n=2) were obese, with a decrease in BMI (29.9 ± 8.0 versus 28.9 ± 7.9 , $p<0.05$).

Conclusion: Throughout the follow-up it was noted that the children's weight variation was concordant with that of their parents. The intervention was effective for anthropometric changes and to increase adherence to MDP, highlighting the importance of the intervention in PHC and the involvement of the whole family in promoting a healthier lifestyle.