



# Child Obesity Prevention in Primary Care

Rachel Pryke



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- Author *Weight Matters for Children* and *Weight Matters for Young People*, Radcliffe Publishing
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# AMBLING project

Assessment of "Mealtime Magic" Brief  
Leaflet-based Intervention in General  
Practice



# Background to the Project

- No published UK studies on obesity prevention in primary care – adult or childhood
- Little primary care engagement in obesity management- in contrast to high activity in other health promotion fields:
  - no adult prevention programmes;
  - Perception of minimal success with adult obesity treatment clinics
  - very few child obesity treatment programmes but Change4Life material just arriving



# Aims of project

- Explore existing barriers to obesity prevention work
- Assess experience of a brief child obesity prevention intervention on
  - GPs and practice nurses delivering it
  - Parents receiving it
- Assess impact of the intervention on families. Could it achieve behaviour change?



# Project outline

- Mealtime Magic leaflet plus verbal reinforcement of key messages by GP or practice nurse
- 30 minute training session
- 13 HPs delivered to 223 parents
- Pre and post study questionnaires for health professionals
- Post study questionnaires for parents
- Telephone interviews with all health professionals and sample of parents



# Mealtime Magic leaflet

- 'How to achieve' rather than 'what you should be doing' advice
- Promotes enjoyment of healthy food
- Summarises a healthy diet
- Guides portion sizes and when to stop eating
- How to make foods popular
- Consistent with other resources



# Findings

- *" I think it's a really valuable leaflet – very brief... I actually found it very interesting myself. There were points on there that I hadn't realised."*

(from interview with health professional)



# Existing barriers to obesity prevention work in primary care

- Time pressures
- Lack of resources – funding and referral access
- Shortage of educational material and training
- Lack of consensus over who should do the work - HV, dieticians, GPs, nurses
- Concern re potentially upsetting patients in raising weight issues
- Early childhood obesity not currently presenting to primary care - concerns relate to failure to thrive not obesity

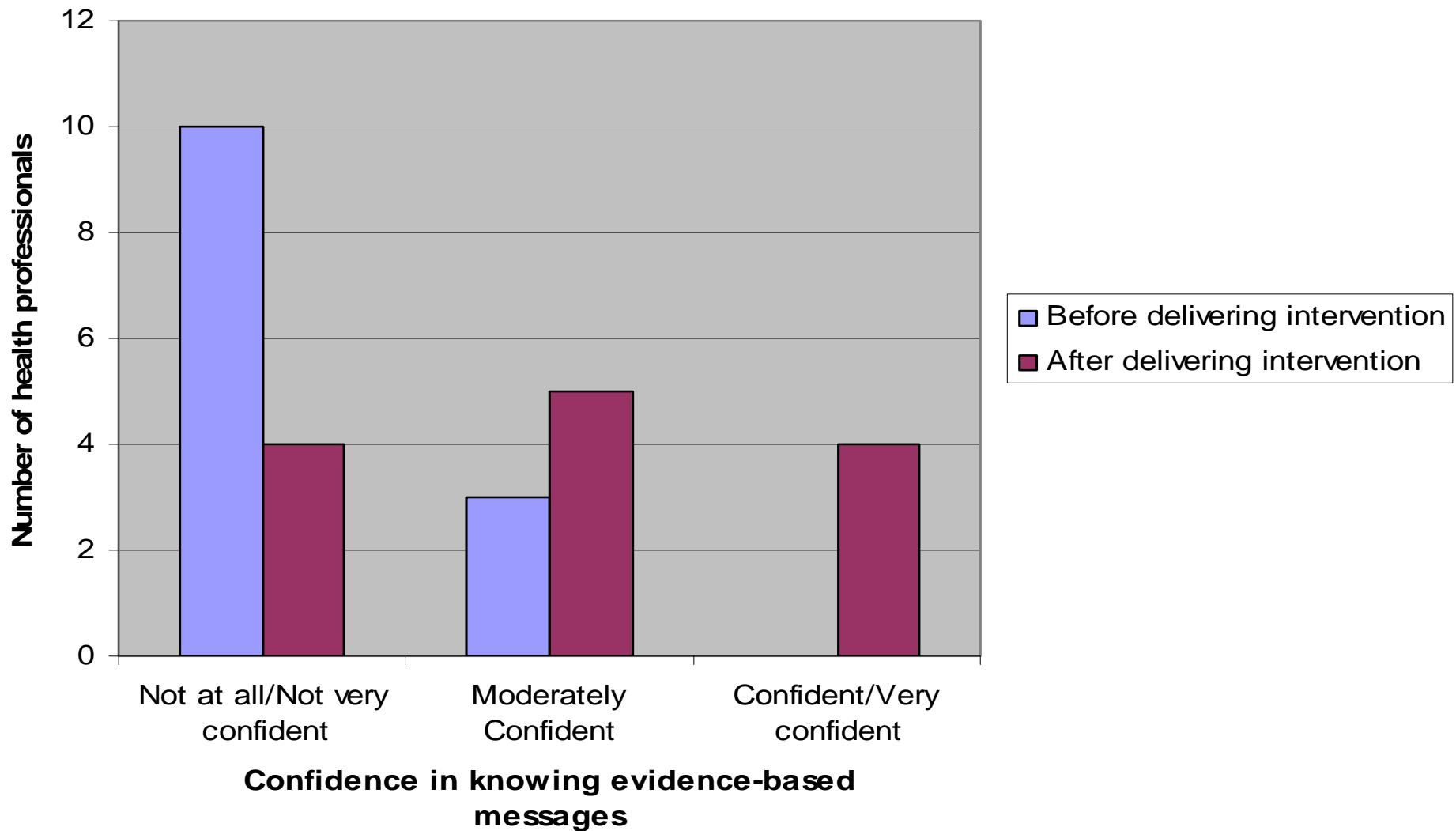


# Health professional experiences of delivery

- Easy and quick to deliver (– under 2 minutes including explanation of research setting)
- Surprise at finding it universally positively received by parents
- Achieved a positive shift in confidence in raising childhood eating discussions
- 12 out of 13 would continue to use the intervention, for example in baby clinic/immunisation settings



# Health professional confidence in giving appropriate advice





# Parents

- High uptake of intervention (virtually no decliners)
- Response rate 49%
- 92% parents found it helpful
- Improved confidence in establishing healthy eating
- Positive behaviour change reported at 2 months

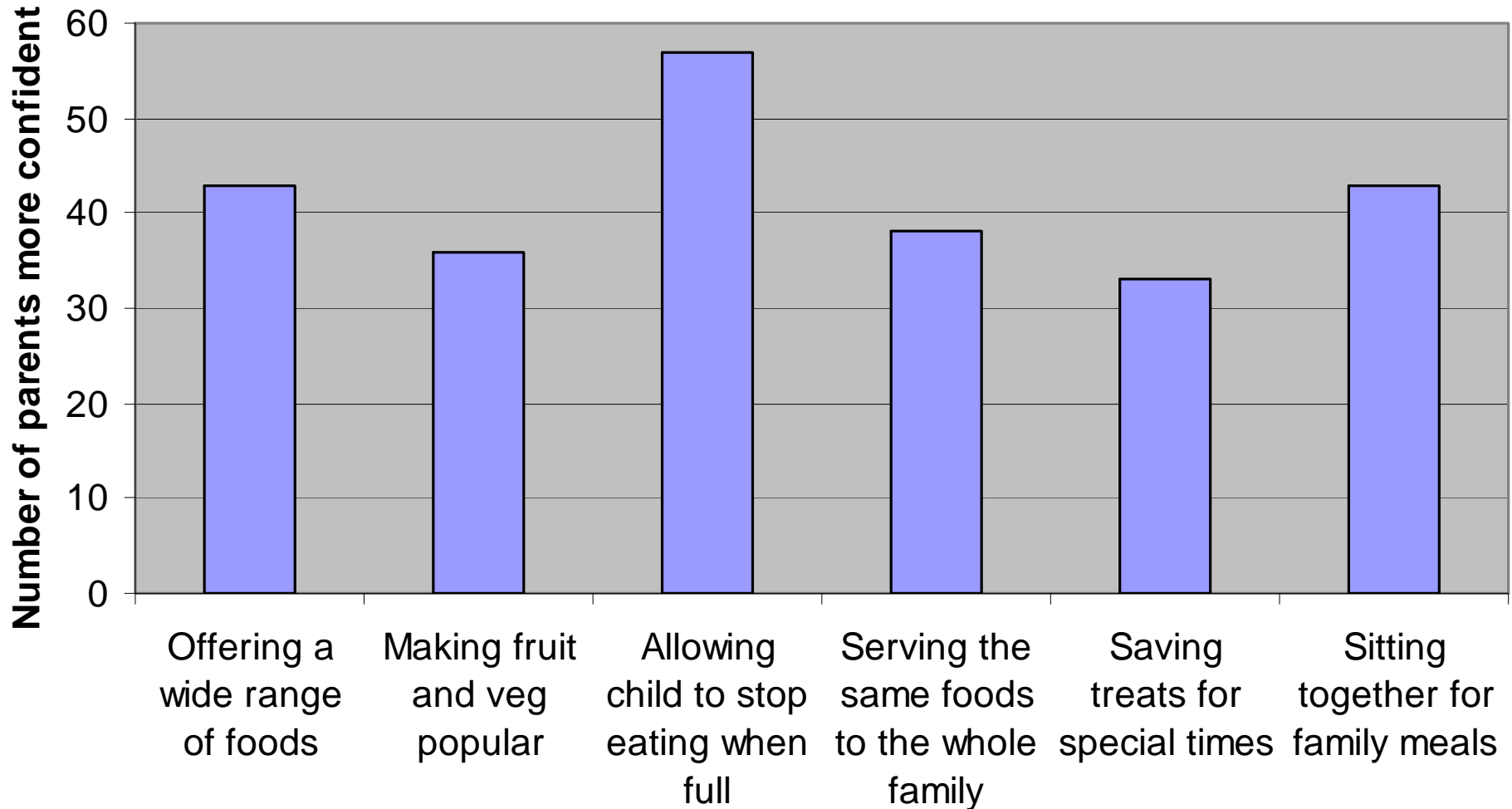


# Which messages had most impact?

- Ask children how much food they wanted on their plate
- Allow children to stop eating once full
- Continue to offer new foods even if initially disliked, to build familiarity
- Save treats for special times



# Parental confidence re healthy eating behaviours





# What this study tells us

- Existing barriers to discussing eating behaviour in children can be broken down by a cheap, quick intervention and minimal training.
- Parents want more behavioural information
- Primary care is well-placed to carry out child obesity prevention work if resources are available



# Conclusions

Further research into brief obesity prevention programmes in primary care are needed to assess

- longer term impact on behaviour change
- effectiveness in engaging the primary care workforce in obesity prevention initiatives



# Further information

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