Childhood obesity - the need to translate research into daily practice. Announcing the Annals of Nutrition and Metabolism as the official journal of the European Childhood Obesity Group (ECOG)

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Short title: Tackling childhood obesity in Europe

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Obesity is a complex, chronic disease. Since it emerged around 30 years ago, the relentless epidemic has led to an upsurge of studies, passionate debates, and a substantial improvement in the understanding of the genetic background and its numerous environmental drivers. Despite myriads of projects, programmes and initiatives in many countries and regions, the worldwide prevalence of obesity continues to rise in adults and children [1]. Alarmingly, morbid obesity is the fastest growing subcategory of childhood obesity [2]. Most adolescents who are obese remain so in adulthood. In a recent study, among obese adolescents, the most rapid weight gain had occurred between two and six years of age [3].

Multicomponent family‐based interventions have been shown to be effective and are considered the current best practice in the treatment of childhood obesity in children under 12 years of age. These interventions appear to be most effective up to the age of six years [4]. However, there is a limited understanding of the long‐term effects of multidisciplinary treatment programs. The results of studies that examined an extended follow‐up time have shown inconsistent outcomes regarding maintainable lifestyle changes leading to weight loss and health improvement, thus questioning the efficacy of present interventions [5,6]. In addition, evidence suggests rather to focus on health risk assessment, on health improvement, not just reduction in body size (or BMI corrected for age and sex), in particular in vulnerable target groups. It underlines the importance of a multi-layered approach from primary to specialist care, the need to intervene earlier, with lifestyle interventions that recognize the chronic nature of obesity and the need for long-term care. Most importantly, effective treatment of childhood, adolescent and adult obesity calls for translation of guidelines [7] into national legislation, the dissemination of internationally harmonized, nationally inter-coordinated action plans that are tailored to respective national and regional cultural and legislative circumstances.

The latter also applies to the prevention of childhood obesity. The most recent report of the Commission on Ending Childhood Obesity (ECHO) of the World Health Organization (WHO) presents recommendations and proposes actions and responsibilities of key stakeholders [8]. The publication recognizes the primary role and responsibility of governments in responding to the challenge of non-communicable diseases and the important role of international cooperation to support national efforts. However, policy implementation often occurs in a non-systematic manner. Thus, WHO recently published a set of tools for Member States to determine and identify priority areas for action in the field of population-based prevention of childhood obesity [9] and has provided policymakers with a list of ‘best buys’ and other recommended interventions to address non communicable diseases (NCDs) [10].

Overall, despite the many shortcomings of current treatment options and the patchy progress in prevention, there are glimmers of hope. Firstly, as delineated above, there is evidence for effective treatment. Secondly, novel pharmacological treatments are now available for the adult population and will be available for children and adolescents in the future. Thirdly, prevention may be more effective if organized comprehensively.

Clearly, there is a need to share and exchange knowledge and skills between all professionals involved (physicians, psychologists, nutritionists, geneticists, physical activity experts, nurses, economists and others), to train paediatricians and general physicians in primary and specialized care worldwide according to their specific demands and according to a standardized syllabus. Training must include teams of allied health care professionals of all disciplines involved and must include quality management process know-how and skills. International guidelines on screening, risk stratification, and hence individualized treatment from early childhood on need to be translated into national and regional settings. Specific tasks have to be assigned to primary, secondary and specialized care. Hence, adequate resources for the respective levels of care must be made available. Finally, medical and in particular non-medical stakeholders and policy-makers in all parts of society need to be sensitized to and trained in effective prevention measures.

At the end of the day, curbing the obesity epidemic will only succeed if action plans are put into execution. Just as there are campaigns to reduce smoking and prevent/treat HIV/AIDS in many countries, financial and intellectual resources have to be allocated to tackle childhood obesity.

**The role of the European Childhood Obesity Group (ECOG)**

ECOG is a pan-European group of professionals dealing with childhood obesity and overweight. ECOG brings together experts from across the board including pediatricians, psychologists, nutritionists, geneticists, physical activity experts, economists and many more. Constituted almost 30 years ago, its mission is to help the European community at large to fully understand the specific health, social, psychological and economic impacts of childhood obesity, and work together to take this growing problem off the menu in Europe. Among other goals, ECOG intends to

* facilitate the interchange of views and experience so as to improve and transfer knowledge, skills and clinical practice in all aspects of childhood obesity;
* train health professionals and other stakeholders and policy-makers in all aspects of the management and prevention of childhood obesity.

**What can ECOG do for you?**

#### ***The ECOG Education and Training*** **programme** includes **ECOG EXCHANGE**, a platform to facilitate the exchange between ECOG members of different disciplines and age. ECOG EXCHANGE is designed to go hand in hand with the **ECOG Mentoring Programme**.

#### ***The ECOG Dissemination Programme* includes:**

* **ECOG´s Childhood Obesity eBook (https://ebook.ecog-obesity.eu)**

**With more than one million hits, t**his [initiative](https://ebook.ecog-obesity.eu/) is a ground-breaking and ongoing success story since its launch about three years ago. The First Free Reference eBook on Childhood and Adolescent Obesity, available in English, is being translated into five languages and can be downloaded.

* Next to the development of new content and translations in more languages, the development of “hands on – how to” **eModules is under way.**
* The [***Annals of Nutrition and Metabolism***](https://www.karger.com/Journal/Home/223977) **now is the official ECOG journal. This** is both a clear recognition of ECOG’s voice and a new opportunity to amplify this voice. We encourage you to rely on the *Annals of Nutrition and Metabolism* as a high-quality source of scientific information and to submit your own work for publication.

Given the enormous tasks outlined above, experts dealing with childhood obesity have to join forces. ECOG and its members are closely collaborating with numerous colleagues and institutions in Europe and around the globe. We invite you to be part of our mutual exchange and to share with us the task of being advocates of children’s health.

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