

Psychological sequelae in obese paediatric patients and predictors for weight loss

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Background

There is limited data on the psychological impact obesity has on paediatric patients. Previous data report increased prevalence of anxiety, depression, poor self-esteem and reduced quality of life (QoL)^{1.} This study assesses psychological wellbeing within a cohort of obese children attending a tier 3 obesity clinic.

Aim	Quality of life
 To assess the prevalence of psychological co-morbidities within the obese paediatric cohort using internationally validated self-report questionnaires. To identify vulnerable patients who require additional support. To explore whether reported patient and parent motivation scores can be used as a predictor for weight loss. 	 Patients (combined male and female scores) scored below normal threshold levels for QoL within the social, psychosocial and physical domains, and overall QoL. Parents scored their children below normal threshold values for the above domains and also emotional well-being. Females reported lower QoL scores for all domains, with clinically significant lower scores in social, psychosocial and provide the social of the social values for the scores in social.
Methods	 psychosocial and overall QoL. Children between the ages of 10-15.9 years (n=9) reported the lowest QoL scores for social, schooling, psychosocial, physical domains and overall QoL.
 Internationally validated self-report questionnaires were distributed to patients and their parents attending a tier 3 paediatric obesity clinic at the Royal Manchester Children's Hospital. These included: Paediatric Index of Emotional Distress (PI-ED); (completed by) 14 children². Beck Youth Inventory[™] exploring self-perceptions of competency, potency and self-worth; 15 children³. 	 Parents reported their children ≥16 years (n=5) to have the lowest QoL scores across all domains (except physical). Children <10 years and their parents (n=3) reported the highest QoL scores across all domains (except emotional well being).
 Pediatric Quality of Life Inventory (PedsQL[™]); & Parent-Proxy report (PedsQL[™]Parent) 17 children and parents⁴. Two in-house derived motivation (weight management) questionnaires for parents and patients; 18 children, 19 parents. 	80 9 70 60 50 50

Questionnaire manuals were used to allocate raw scores to determine levels of self-esteem, emotional distress and QoL. An in-house scaling system was used to evaluate levels of motivation.

Weight change in children was measured over a one year period using change in BMI standard deviations (SDS).

Emotional distress

- Over half of patients reported emotional distress.
- More females reported emotional distress compared to males.
- The majority of patients participating were between the age of 10-15.9 years (n=11). Within this age group 6 patients reported emotional distress, 5 reported no distress.

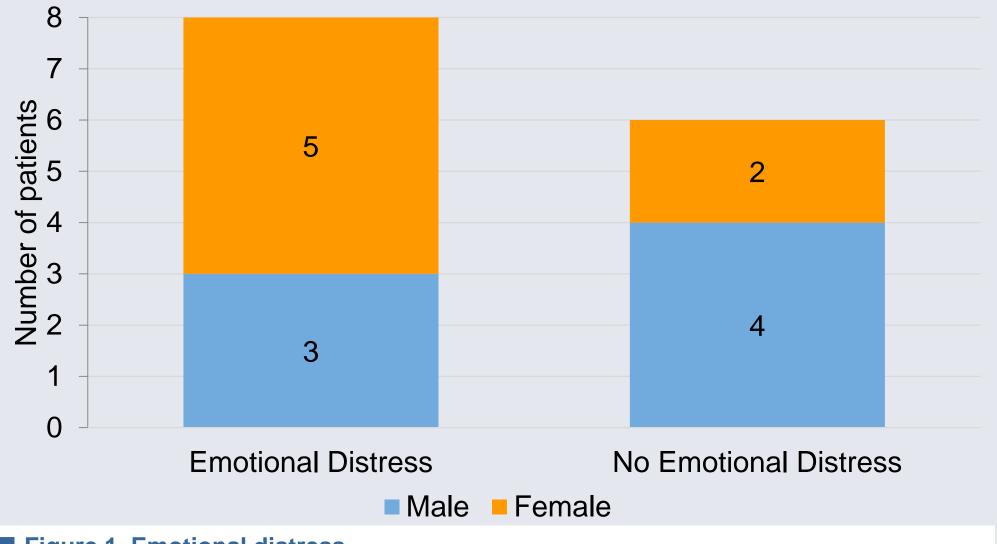
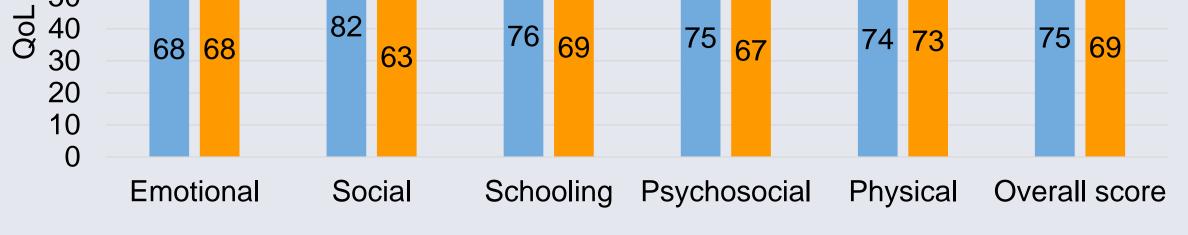


Figure 1. Emotional distress

Self-esteem

- Over half of patients scored below average levels for self-esteem.
- No patients reported above average levels for self-esteem
- Levels were equally distributed between genders.
- The majority of scores were for those between the ages of 10-15.9 years (n=10).
- Of those patients between 10-15.9 years, 5 reported average levels of self esteem and 5 reported below or much lower than average levels of self-esteem.



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Figure 3: Quality of life

Motivation (weight management)

- Patients and their parents reported high (16 patients, 18 parents) or medium motivation scores (2 patients, 1 parent) with none reporting low motivation.
- However, motivation scores were not significantly correlated against BMI SDS change at one year (R²=0.119).

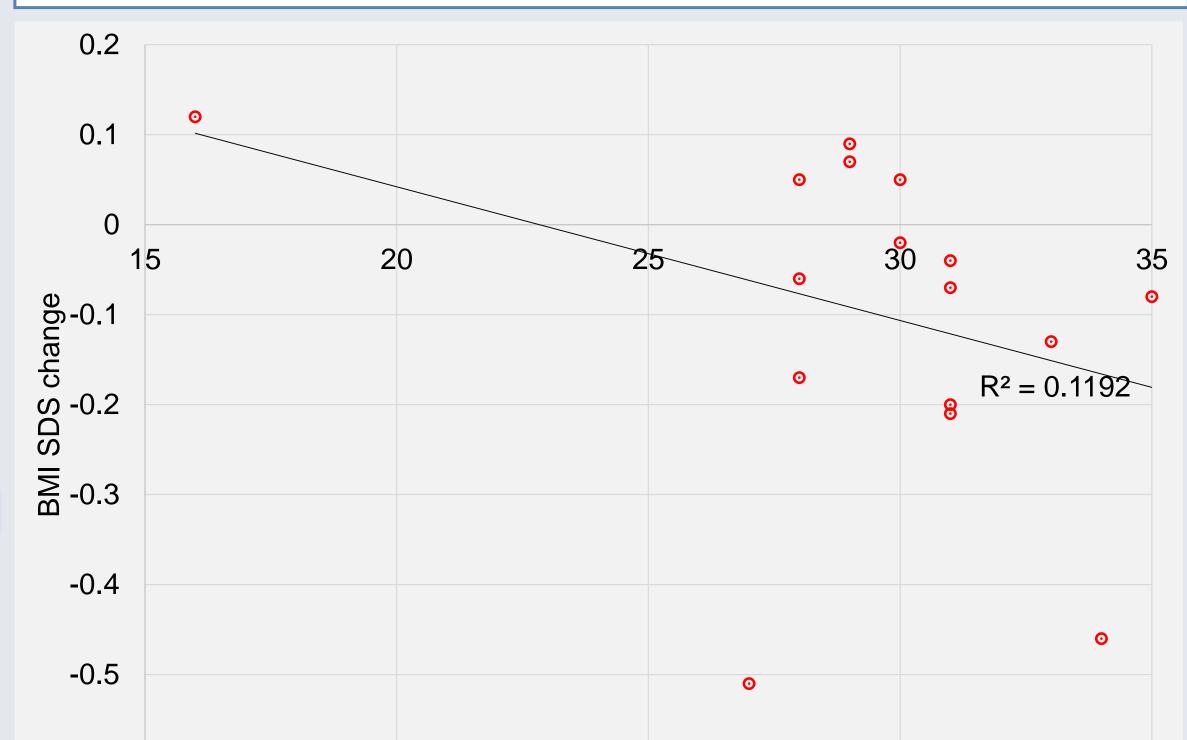




Figure 2: Self esteem-levels

References; (1) Russell-Mayhew S, McVey G, Bardick A, Ireland A. Mental Health, Wellness, and Childhood Overweight/Obesity. J Obes. 2012 [cited 2015 May 16]; (2) O' Connor S, Carney T, House E, Ferguson E, Caldwell F, O'Connor R. PIED Paediatric Index of Emotional Distress. GL Assessment Ltd; 2010.http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3388583 (3) Beck JS, Beck AT, Jolly JB, Steer RA. Beck Youth Inventories for children and adolescents, Manual. PsychCorp; 2005. (4) Varni JW. Scaling and Scoring of the Peadiatric Quality of Life InventoryTM (PedsQLTM); Mapi Research Trust; 2014 [cited 2015 Jun 15]. http://www.pedsql.org/PedsQL-Scoring.pdf

Reported Motivation score

-Linear (BMI SDS change)

Figure 4: Change in BMI SDS with motivation score

-0.6

Conclusions

- More than half of this cohort of obese paediatric patients report emotional distress and low self-esteem levels.
- They also report reduced QoL within social, psychosocial, physical domains and overall QoL.
- The data demonstrates that females are the most likely to experience psychological comorbidities.
- The data suggests that those >10 years are more likely to experience reduced QoL.
- Patients and parents report high level of motivation but patient motivation levels were not significantly correlated with weight loss after one year.