

What is Needed for Parents to Work Together with Primary Care Physicians in Dealing with Childhood Obesity and Overweight?

O que É Necessário para Pais e Médicos dos Cuidados de Saúde Primários Abordarem a Obesidade Infantil e o Excesso de Peso?

Keywords: Child; Family Practice; Health Knowledge, Attitudes, Practice; Overweight; Parents; Pediatric Obesity

Palavras-chave: Conhecimentos, Atitudes e Prática em Saúde; Criança; Excesso de Peso; Medicina Geral e Familiar; Obesidade Pediátrica; Pais

Dear Editor,

Parents' inaccurate perception of their children's weight, on which the study by Rodrigues *et al*¹ was focused, seems to us to be a key determinant of the difficulties experienced by primary care physicians (PCP) in preventing and treating childhood obesity. Parents may underestimate their children's weight, especially if their children are overweight or obese, which is more common in families with a low socioeconomic status.^{1,2} Rodrigues *et al*¹ reported that parents' inability to detect obesity in their children increased by around 50% in 2016 - 2017 compared with 2009 - 2010.¹ These results are particularly worrying in a post-pandemic world in which the prevalence of obesity and overweight has increased again, contrary to the downward trend that had been seen since 2008 in Portugal and many other countries.³

Parents are the main source of influence on their children. Their perception of their children's weight and their beliefs about health and illness are influenced by cultural and ethnic factors and are often distorted by the media,¹ which adds critical challenges to PCP activity in today's

multicultural society.

As some parents do not consider their children's overweight to be a health problem,² they do not seek medical advice regarding this issue.⁴

When analyzing the barriers identified by both parents⁴ and PCPs⁵ to manage childhood obesity (Table 1), they seem to almost mirror each other and to mainly stem from problems in the doctor-parent-child communication.

To prevent and treat childhood obesity, it is necessary to invest in an effective relationship in this triad, respect cultural differences and provide tools to improve parental perception of their children's weight, in order to encourage their children to adopt healthy lifestyle behaviors. Health education in schools and in the community must be maintained, and advertisements promoting healthy eating choices and physical activity in-between children's television programs should be introduced as they positively influence the whole family. It would be important for Primary Health Care to start raising awareness of childhood obesity during antenatal visits and childbirth preparation programs. Additionally, for parents who are overweight or obese themselves, PCPs should address the problem early on and implement measures to address it effectively.

Above all, there is an urgent need to implement patient-centered strategies during visits to the PCP, namely motivational interviewing, in order to adapt the management of childhood overweight and obesity to the stage of health behavior change that the parents are in, as well as to aggregate social, economic, and political efforts to effectively tackle childhood obesity.^{1,2}

Table 1 – Barriers identified in the management of childhood obesity in primary care

By parents	<ul style="list-style-type: none"> • Lack of knowledge and resources of PCPs to treat childhood obesity. • Focus of visits only on the child's weight. • Concern about being blamed by the PCP for their child's weight. • Fear of social services involvement. • Restricted PCP time spent with parents and child. • Limited accessibility for both initial contact and follow-up visits. • Fear of a negative impact of the appointment on the child's mental well-being. • Unhelpful or judgmental advice from PCPs. • Lack of comprehension by the PCPs regarding economic difficulties in buying healthy food.
By primary care physicians	<ul style="list-style-type: none"> • Lack of appropriate training in management of childhood obesity. • Lack of confidence in their ability to work with parents and motivate them to change family lifestyles. • Lack of scheduling and consultation time. • Fear of triggering psychological problems in the child. • Fear of damaging the doctor-patient relationship. • Discomfort with parents' reactions. • Cultural factors that influence parents' beliefs about health and illness. • Communication problems and language barriers with parents from other cultures. • Inconsistent messages from different sources about lifestyle changes received by parents. • Perceived lack of parental motivation and resistance to change. • Powerlessness and inefficacy of their efforts. • Complex family situations, including low socio-economic status and overweight problems of parents themselves.

PCP: primary care physician

AUTHOR CONTRIBUTIONS

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COMPETING INTERESTS

The authors have declared that no competing interests exist.

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