

# Quality of Life in Obese Children

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# Outline

## Concepts

Quality of Life

Health Related Quality of Life

Why important?

## Child Obesity

HRQOL Research Obese Children

## Weight Bias

# Health Definition

“Health as a state of complete physical, mental, & social well-being, and not merely the absence of disease or infirmity.”

World Health Organization (1948)

# Concepts

Origins

Quality of Life

Health Related Quality of Life

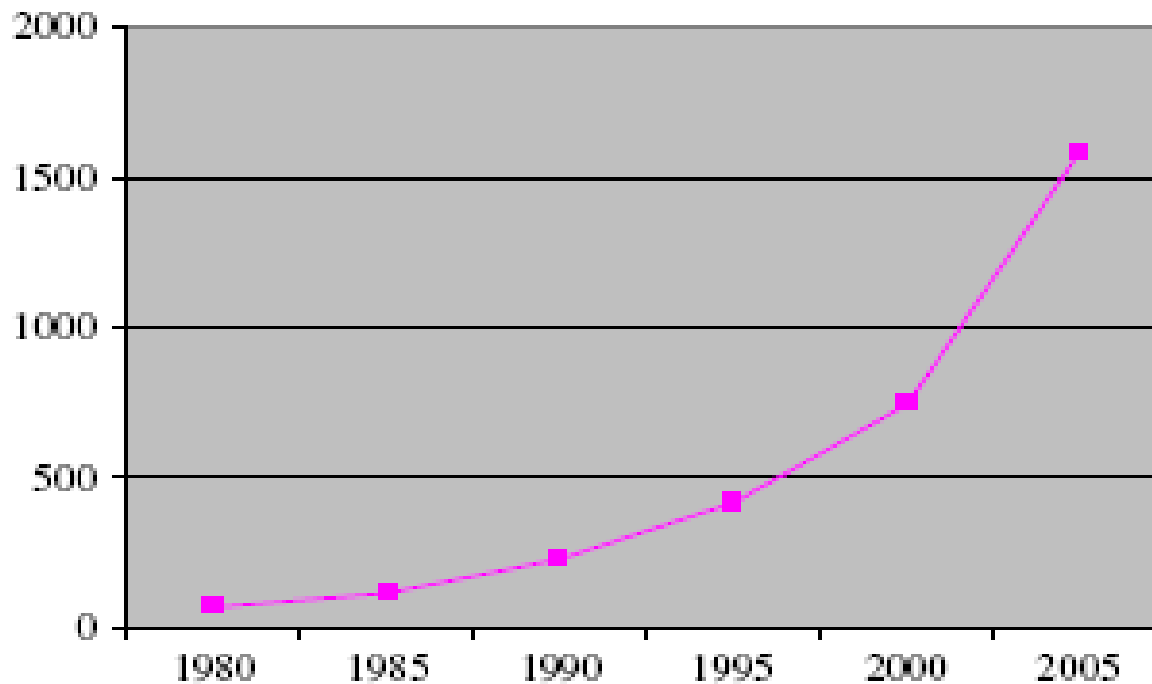
# Where Did Concept of QOL Come From?

As people today **survive** what used to be **primarily fatal diseases**, and learn to **live with complex chronic conditions**, the **impact of treatment & disease on QOL** has become increasingly **important to clinicians, researchers and patients**

# Where Did Concept of QOL Come From?

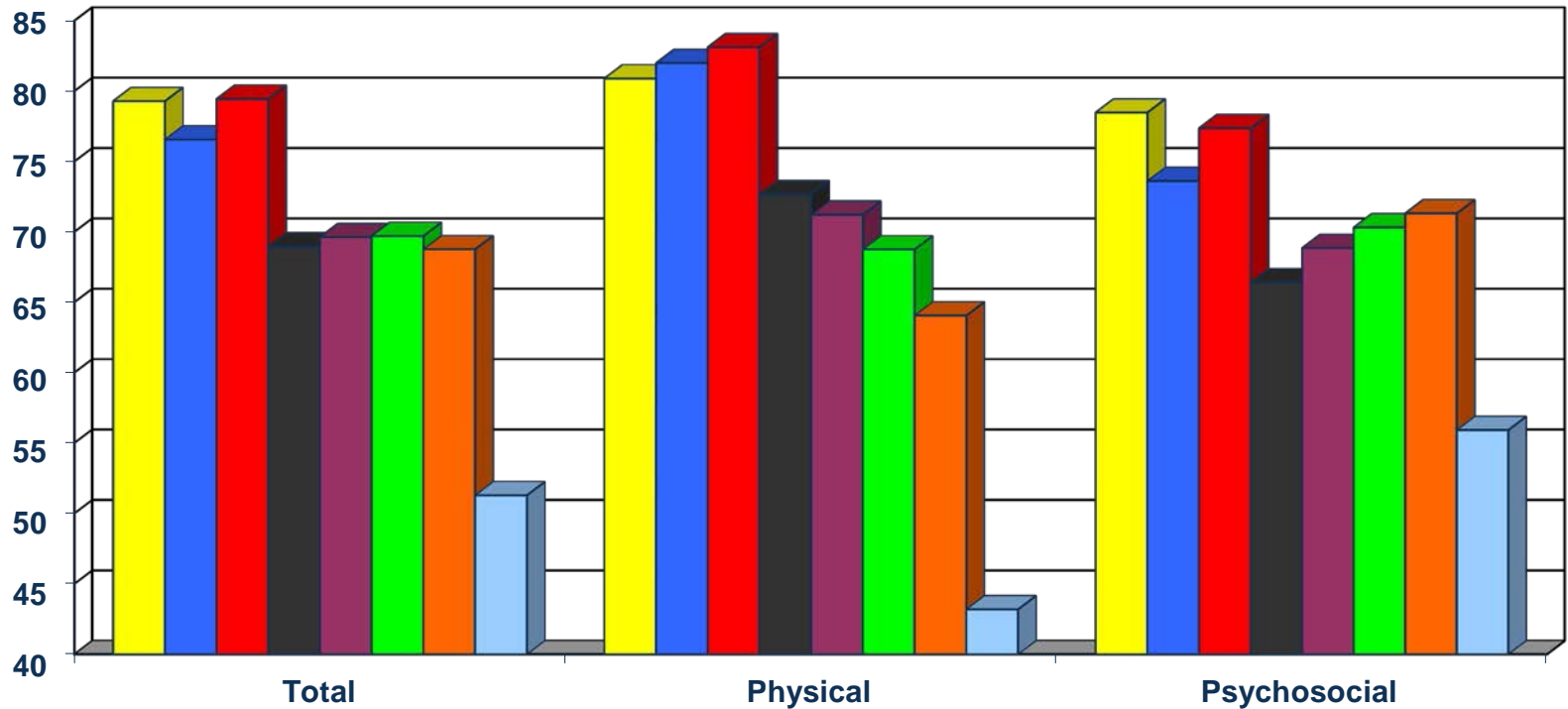
- 1970s- focus of traditional clinical **outcomes of mortality/morbidity**
- After 1970s-moved to measure more **comprehensive outcomes**, such as **functional abilities**

# Pediatric QOL Publications (Klassen et al.2007)



*Fig. 1.* Number of articles using the phrase "quality of life" and limited to children aged 0 to 18 years as identified in the PubMed database (1980–2005).

# Comparisons Across Chronic Health Conditions- Parent Report



■ Healthy ■ Diabetes ■ Cardiac ■ Asthma ■ ESRD ■ Cancer ■ Rheumatology ■ CP



What is YOUR Concept of QOL?

Think....

What does it mean to YOU?

YOUR concept might be different  
than that of your friend, neighbor,  
client..

# Quality of Life - WHO

The World Health Organization defines QOL as:

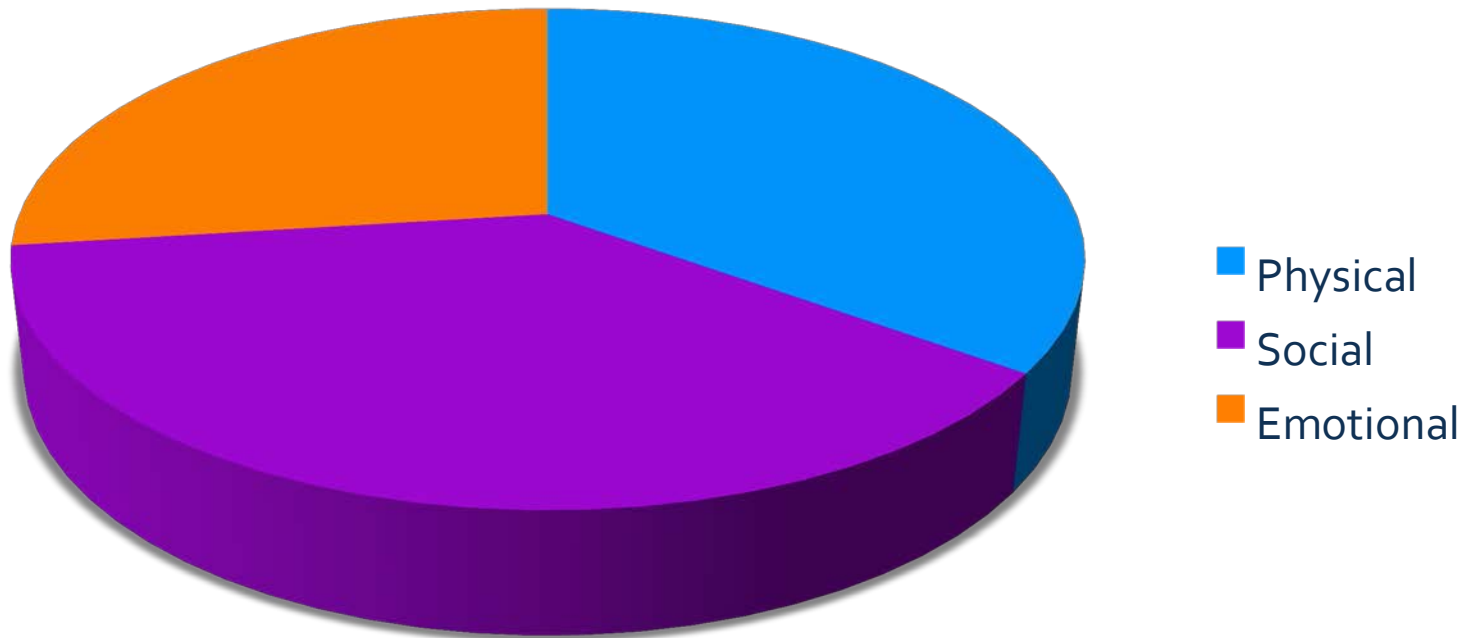
“the **individual's** perception of **their position in life** in the **context** of the **culture & value systems** in which they live, & in relation to **their goals, expectations, standards and concerns.**”

# Quality of Life

Composite of **physical**, **social** & **emotional/psychological** facets of the well-being that the **individual deems** as **significant** and **relevant**<sup>1</sup>.

# Quality of Life – Physical, Social, Emotional

## Quality of Life



Individual's subjective perception of

their **situation in life** as

evidenced by their

**physical, psychological**

and **social** functioning <sup>9</sup>

# Why Perspectives on QOL MATTER

Child

Parent or outside observer or  
“proxy”

Health professional –which  
ones & does this matter?

Community Perspective

# QOL vs HRQOL

Does quality of life differ from health-related quality of life?

If so

HOW?

WHY?

# Health Related Quality of Life

Health-related-

interested in the **impact** of the person's **health**  
**and/or illness** on the person & their **QOL**

**HRQOL** = Functional Status + **QOL**



# Health Related Quality of Life

Wide spectrum of definitions and often no distinction is made between measures of QOL & HRQOL

Not uniformly defined but can be seen as a subset of QOL, specific to the person's health (Seid, Varni & Jacobs, 2000).

HRQOL diminished & complicated by obesity experienced by children & adolescents

Why is Measuring HRQOL Important?

# How does Measuring HRQOL Help Children & Adolescents with Obesity?

Clinically reveals *areas of illness* where *person is most affected* to help clinician make *best choices* to care for patient<sup>4</sup>

Measures *change in quality of life* over *course* of treatment

Understanding of *how disease affects a patient's quality of life*, helping to improve practitioner-patient relationship

*Evaluate* health services *quality & patient perception*

# How does Measuring HRQOL Help Children and Adolescents with Obesity?

**Research** by assessing *how disease impairs* the patients' *subjective well being*

**Assess** *effectiveness & different benefits of different treatments*

**Helps** *create policies & monitoring of policy changes*

**Increasingly important** *measure of outcome* in child & adolescent *research & clinical practice*

# Child Obesity

# World Health Organization (2013)

Obesity has doubled since the 1980s

65% of world's population is overweight or obese

60% of children who are overweight before puberty will remain overweight as adults

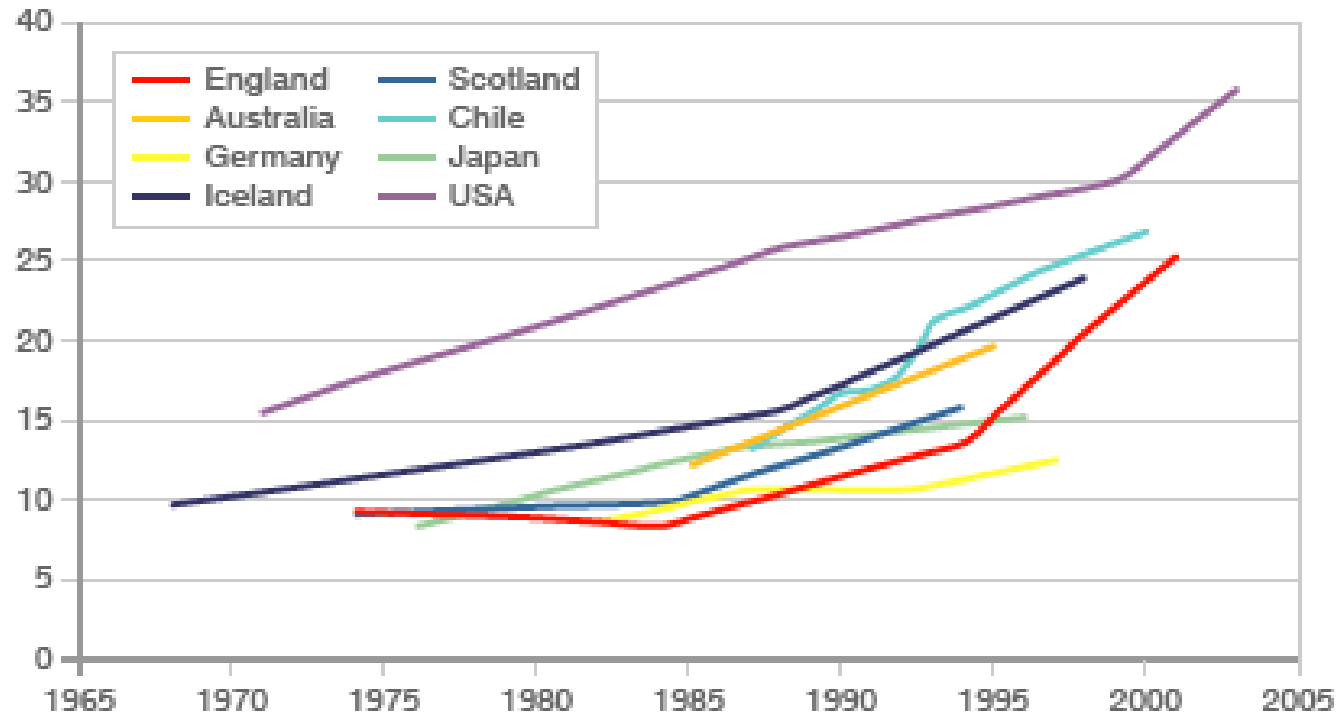
# Definition of Child Obesity

When child reaches **above**  
**95<sup>th</sup> percentile** for body  
**fat** in their **respective age &**  
**gender** according to growth  
chart

# Childhood Obesity Worldwide

## INCREASING NUMBER OF OVERWEIGHT CHILDREN AROUND THE WORLD

Percentage overweight

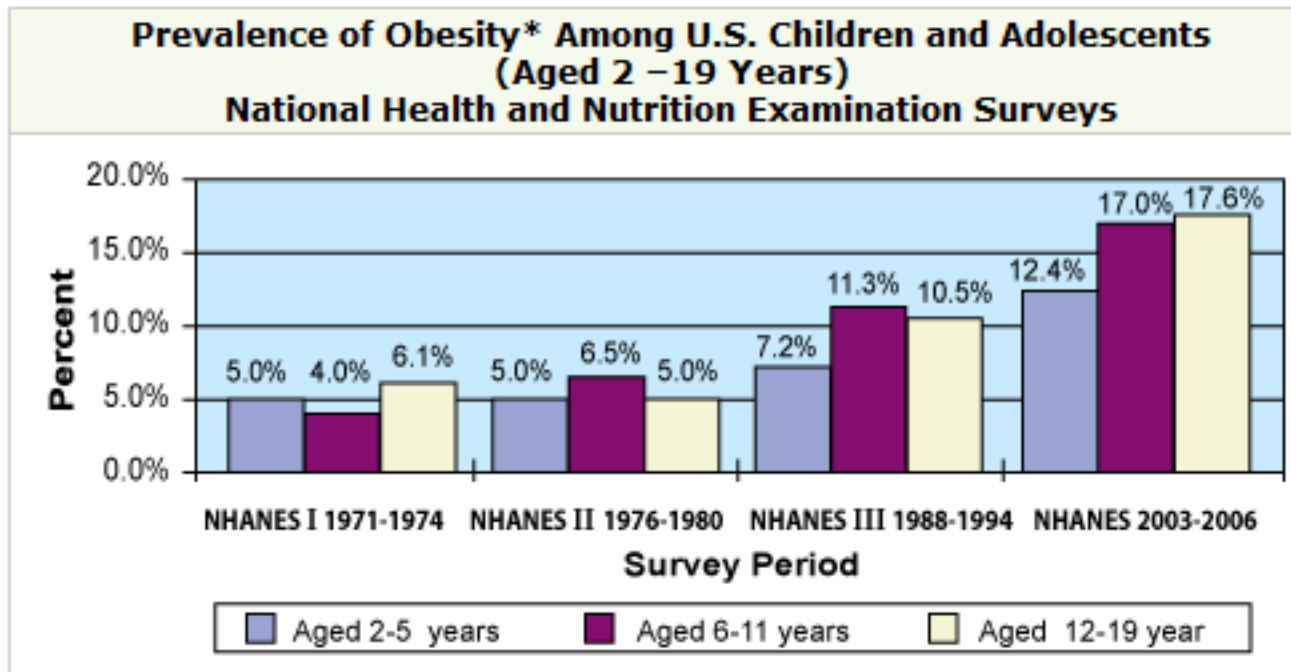


SOURCE: Government Office for Science



# Epidemiology

Percentage increase of obese children in the U.S. has increased from 7% to nearly 18% within past 30 years (Centers for Disease Control & Prevention, 2013).



# Tools for Measuring HRQOL

Is it reliable?

In what populations has this measure been used

Does it **always** measure what it says it is measuring?

Is it valid?

Does it measure what we want it to measure?

# HRQOL Research on Obese Children

# Proxy-reports HRQOL

Patient self-report is considered the gold standard in HRQOL assessment

Children as young as 6 years are able to understand questions about their QOL & to give valid & reliable answers

However self report not always available or possible

Too sick, doesn't want to do it, can't read it, poor language skills, attentional issues

Proxy ratings provide different perspective.

# Assessed HRQOL of 371 obese children ages 8-11 years.

Friedlander, Larkin, Rosen, Palermo & Redline (2003)

## Measurement Tool of HRQOL

### **The Child Health Questionnaire (CHQ)-Parent Form 50 –**

- 1) Bodily Pain
- 2) Physical Functioning
- 3) Mental Health
- 4) Behavior
- 5) Role/Social

Findings: obese children were **two to four times** more likely to “**have low scores for psychosocial health, self-esteem, and physical functioning**” (p.1208). Scored significantly **lower** for **physical functioning**.

# QOL of 106 very obese children and adolescents ages 5-18 yrs.

Schwimmer, Burwinkle & Varni (2003)

## Measurement Tool of QOL

PedsQL 4.0™ Physical

Social

Psychological

School Functioning

## Generic

Child self report

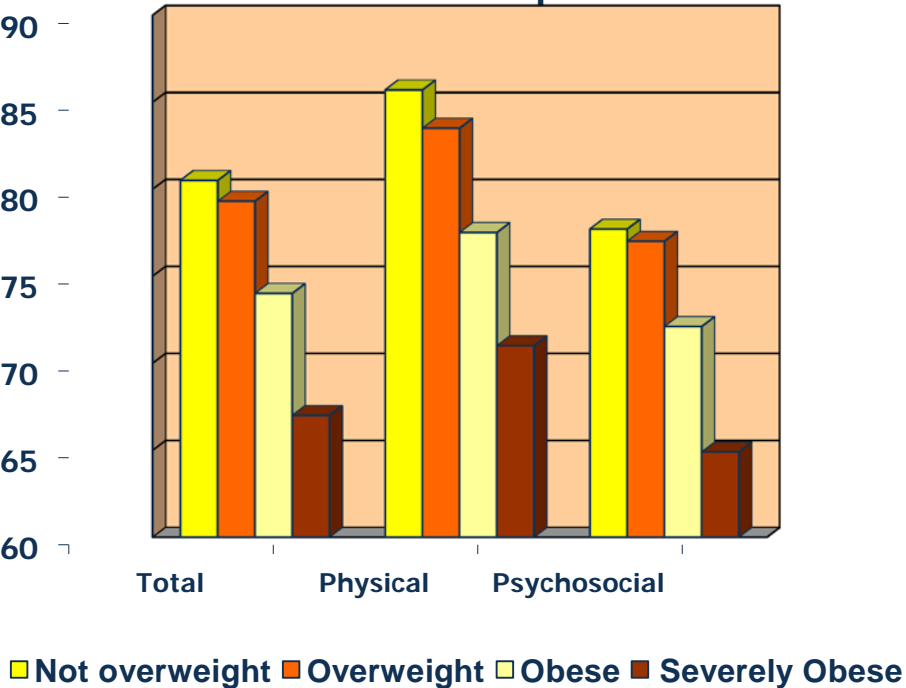
Parent proxy report

Findings: the QOL of very obese children & adolescents was low as & **comparable to the QOL** of children who have **cancer**.

**Health care providers, parents, and teachers** need to be informed of the **risk for impaired health-related QOL** for obese children and to **develop targeted interventions** to enhance health outcomes.

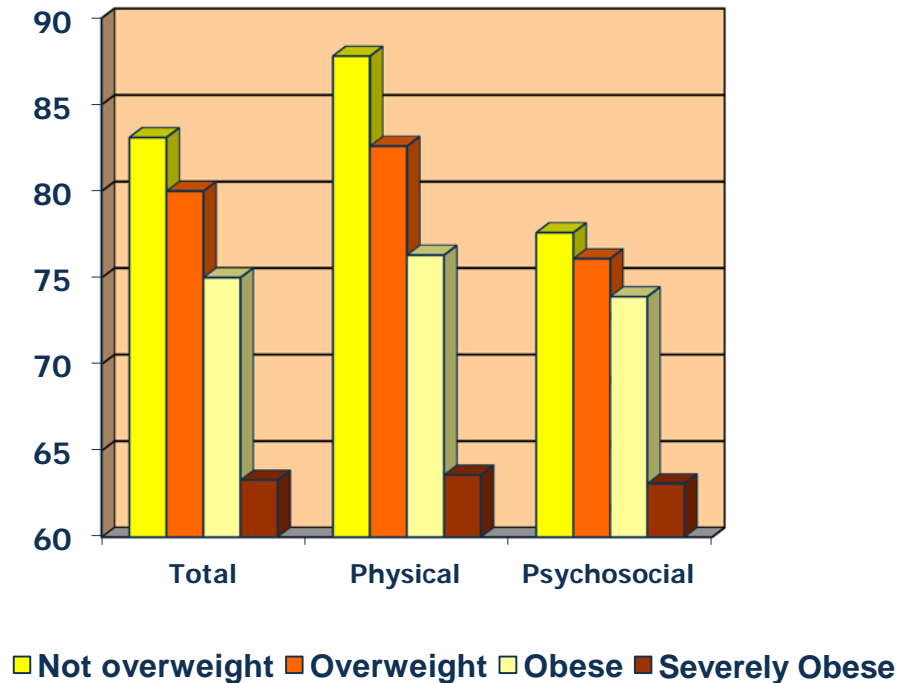
# Sensitivity of the PedsQL™: Weight Status

## Child Self-Report



P<.001 for Total & Physical

## Parent Proxy-Report



P<.001 for Total & Physical

Note: group differences do not include severely obese

# Australia's Health of Young Victorians Study

Williams, Wake, Hesketh, Maher & Waters (2005)

Cross-sectional data collected in 2000 within the Health of Young Victorians Study, a longitudinal cohort study commenced in 1997.

Of the 1943 children in the original cohort, 1569 (80.8%) were resurveyed 3 years later at a mean age of 10.4 years.

## Measurement Tool QOL:

PedsQL 4.0™

Child

Parent-Proxy

Summary scores for total, physical and psychosocial health and subscale scores for emotional, social and school functioning

Findings: the HRQOL scores significantly decreased as the child's weight increased ( $p < .00$ ), revealing statistically lower physical & social functioning for obese children ( $p < .00$ ).



# HRQOL Tools for Children and Adolescents

- Child Health Questionnaire (CHQ)
- *Pediatric Quality of Life Inventory (PedsQL 4.0) proven success in measuring the QOL across different diseases in children & is well validated in different languages.*
- Child Health & Illness Profile
- *KIDSCREEN-27*
- International Classification of Functioning, Disease & Health by WHO assess degree of disability caused by disease or disorder
- *International Classification of Functioning, Disease, & Health* <sup>6</sup>

# Weight Bias



[https://www.youtube.com/watch?feature=player\\_detailpage&v=hMHbY-7wgXo](https://www.youtube.com/watch?feature=player_detailpage&v=hMHbY-7wgXo)

# Weight Bias at Home and School

<https://www.youtube.com/watch?v=bCJe42LGnB4>

# Weight Bias

Societal prejudice against obesity is widespread, even toward children and adolescents.

High rates of childhood obesity and continued rising numbers of overweight youth gives cause for concern

Children are vulnerable of so many children to the immediate and long term effects of negative consequences of weight bias and stigma.

**Childhood Obesity and Stigma**

*by Rebecca Puhl, PhD*

# Weight Bias and Youth

## **Vulnerable to verbal teasing by peers**

name calling

derogatory remarks

being made fun of

## **Physical bullying**

Hitting

Kicking

Pushing

Shoving

## **Social exclusion**

Ignored or avoided

Excluded from peer activities

Target of rumors

# Sources of Weight Bias Toward Children and Adolescents

Negative attitudes from some teachers

Obese children are **untidy**, **more emotional**, **less likely to succeed at work** and **more likely to have family problems**

**46% of teachers** agreed **that** obese persons are undesirable marriage partners **for non-obese people**

**Unexpected source of weight stigma toward youth is parents**

# Sources of Weight Bias Toward Children and Adolescents

Peers in school setting

Begin early as preschool 3 to 5 yrs old

Report that overweight peers are

Mean, mean, stupid, ugly unhappy, lazy, have few friends

Prefer nonoverweight playmates

Consequences of these attitudes and stereotypes are bullying and teasing

Teased by peers at school-  $\frac{1}{3}$  or overweight girls and  $\frac{1}{4}$  of overweight boys and those with highest rates of obesity report 60% peer victimization

# Consequences of Weight Bias for Youth?

Negative effects on psychological, social and physical health

More vulnerable to

Depression

Anxiety

Lower self esteem

Poor body image

May be two to three times more likely to have suicidal thoughts and behaviors than overweight children who are not victimized

Social isolation



# Effect on Quality of Life

Consequences of weight bias can substantially reduce a child's quality of life.

Research shows that obese youth have much lower scores on quality of life compared to non-obese children, including physical health, psychosocial health, emotional and social well-being and school functioning.

This research concluded that obese children have a quality of life comparable to children with cancer.

# What Can You Do to Reduce Weight Bias?

## 1. Increase awareness of personal attitudes about weight.

Become aware of your own weight-based assumptions, as these are often communicated to children – even if unintentionally.

Here are some questions to consider:

*Do I make assumptions based on a person's weight about their character, intelligence or lifestyle? What are my views about the causes of obesity?*

*Does this affect my attitudes toward obese persons? What are common stereotypes about obese persons?*

*Do I believe these to be true or false? Why?*

# What Can You Do to Reduce Weight Bias?

## **2. Use sensitive and appropriate language about weight.**

Children are very perceptive of attitudes.

Avoid making negative comments about your own or other people's weight in front of children.

Avoid making negative associations with being overweight

Be careful not to use pejorative terms to describe body weight.

## **3. Intervene to reduce weight-based teasing.**

Look for signs of peer harassment, teasing, or victimization of overweight children

Talk to children if there is a problem and to find ways to intervene and provide support in dealing with these difficult experiences.

# What Can You Do to Reduce Weight Bias?

## 4. Increase awareness of weight bias at school.

Therapists/counselors/social workers/nurse practitioners/doctors/psychologists can be **powerful advocates** of change in schools.

Helpful to talk to teachers or the principal in the school to promote awareness of weight bias  
**Ask what the school can do to address bias and promote weight tolerance.**

## 5. Find role models to build confidence and self-esteem.

Important for children **to see examples of positive role models who aren't thin.**

**Teach** children that **overweight individuals can be successful and accomplish important goals.**

Look for **examples of individuals who challenge common weight-based stereotypes, and share these** with children

## 6. Emphasize health rather than thinness.

Sure that your **focus is on child's health** – and not just on their appearance or how much they weigh

# Conclusion

Children universally viewed as hope for future

Epidemic of obesity places future in jeopardy

This could be *first generation in history* to have *shorter life expectancy* than their *parents*

As mental health clinicians we have the power to support and help children who are obese fight weight stigma

# Learning Objectives

The learner will list two domains in the measurement of HRQOL.

The learner will be able to describe three methods to combat weight bias in their community with children who are obese.

The learner will identify two purposes of assessing HRQOL in children who are obese.

# Multiple Choice Question

1. HRQOL of life is

A) the same as QOL

B) an old concept of little usefulness

C) examines a person's health as it relates to QOL

# Multiple Choice Question

2. Methods to reduce weight bias include all but

A) Focus on how important thinness is instead of health

B) Increase awareness of personal attitudes about obese individuals

C) Intervene to reduce weight based teasing



### 3. Multiple Choice Question

3. The QOL of children with obesity is comparable to that of children with

- A) Asthma
- B) Cancer
- C) Diabetes