

# Quality of Life of 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, & not merely the absence of disease or infirmity.”

- World Health Organization (1948)

# Concepts

✓ Origins

✓ Quality of Life

✓ Health Related Quality of Life

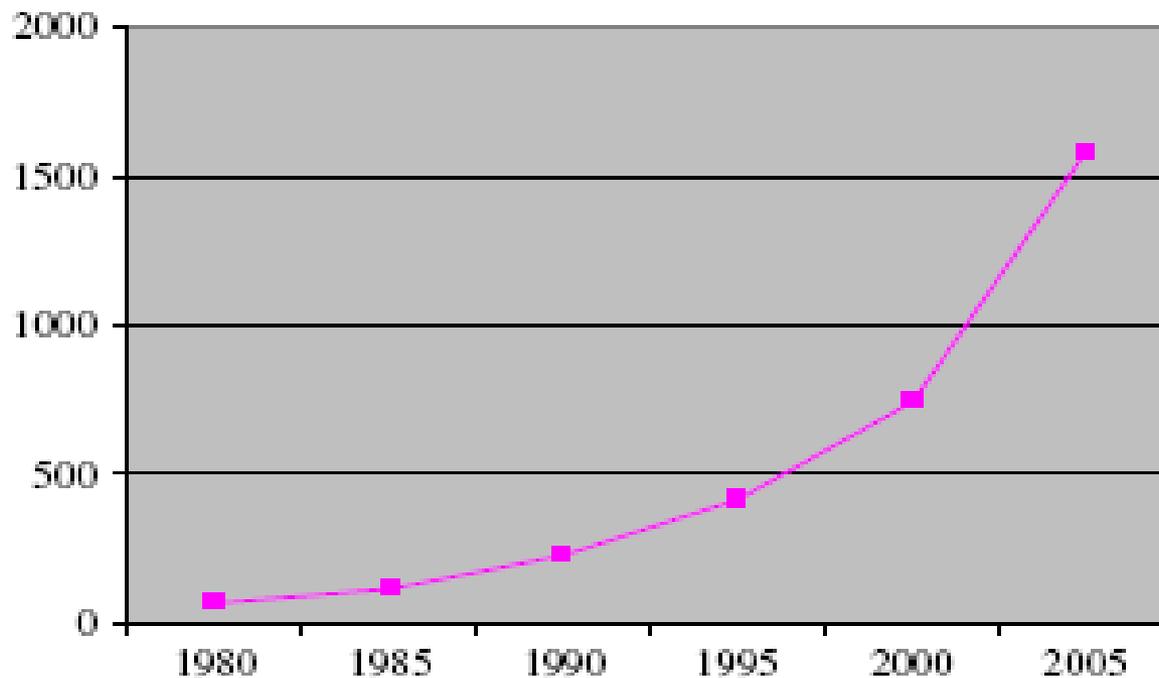
# Where Did Concept of QOL Come From?

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

# Where Did Concept of QOL Come From?

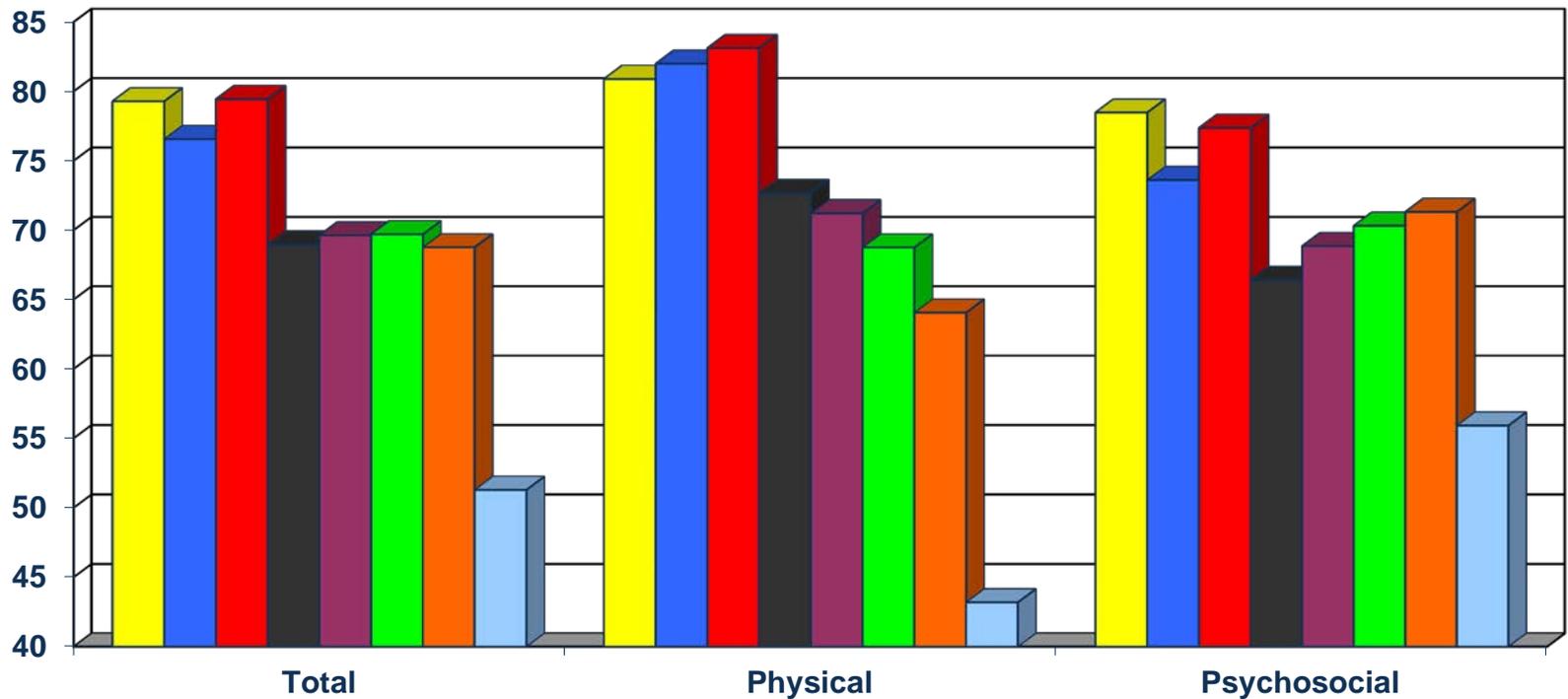
- + 1970s- focus of traditional clinical outcomes of mortality/morbidity
- + After 1970s-moved to measure more comprehensive outcomes, such as functional abilities

# 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

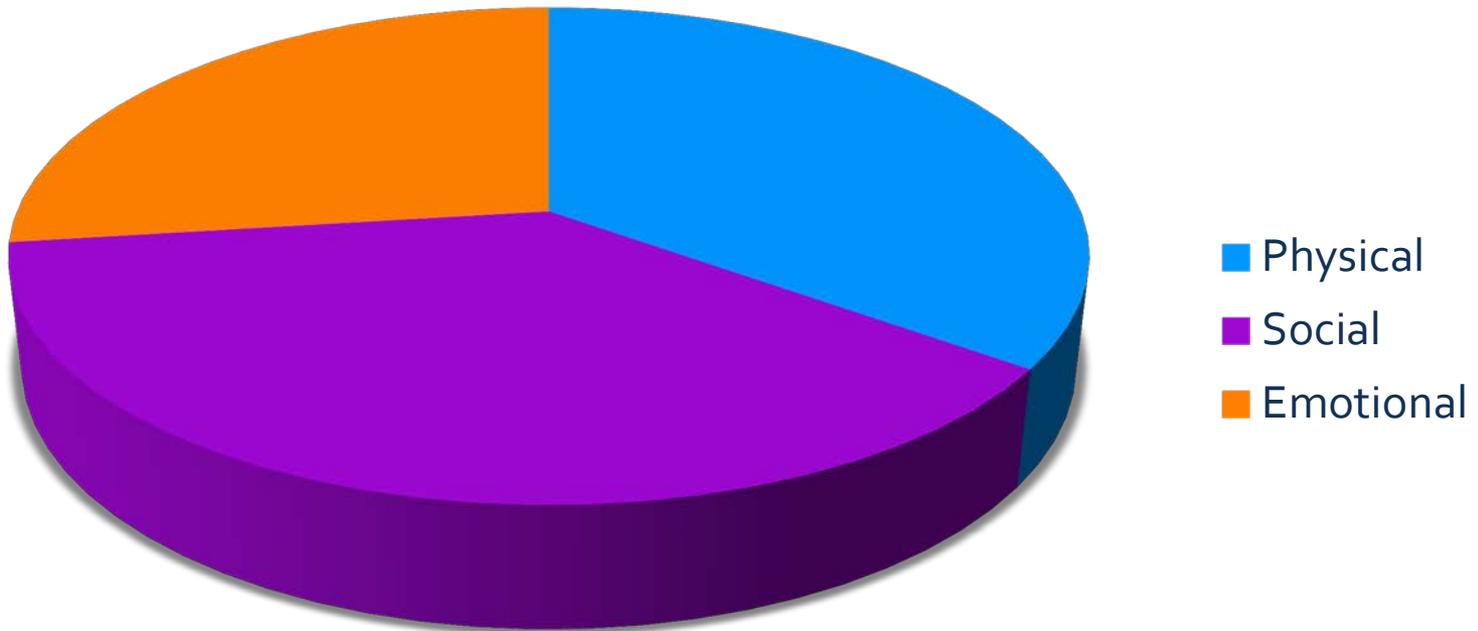
- ✓ The World Health Organization defines QOL as:  
“the **individual’s** perception of **their position in life** in the **context** of the **culture & value systems** in which they live, & in relation to **their goals, expectations, standards and concerns.**”

# Quality of Life

Composite of **physical**, **social** & **emotional/psychological** facets of the well-being that the **individual deems** as **significant & 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 & 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



TABLE 2

## EXAMPLES OF POOR QUALITY OF LIFE IN ADOLESCENT OBESITY

<u>Domain</u>	<u>Examples</u>
Emotional	Patient is withdrawn, sullen, and self-critical. He or she has poor self-esteem and partakes in suicidal ideation.
Physical	Patient has limited mobility and exertional dyspnea. He or she does not participate in sports or exercise and is chronically fatigued.
Academic	Patient falls asleep in school, submits incomplete homework assignments, and receives poor grades. He or she is frequently absent and struggles to concentrate.
Social	Patient is socially insecure and lacks social and leadership skills. He or she is often isolated, rejected, and bullied, indicating inadequate social support, few reciprocal friendships, and neither a best friend nor a romantic partner.

# QOL vs HRQOL

- ✓ Does quality of life differ from health-related quality of life?
- ✓ If so
  - ✓ HOW?
  - ✓ WHY?

**Table II: Definitions of quality of life (QOL) and health-related quality of life (HRQOL)**

<i>Type of definition</i>	<i>Example of definition</i>
<b>QOL is...</b>	
Position in life:	'Individuals' perception of their position in life, in the context of culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns' <sup>35,87</sup>
Functioning	'Multidimensional, including aspects such as physical function, psychological state, social interaction, and somatic sensation, or cognitive, social, physical, and emotional functioning' <sup>61,88,89</sup>
Functioning and feelings about functioning	'The child's perception and evaluation of performance in relevant life areas and its feeling related to problems in functioning' <sup>51</sup>
Existence, measured objectively or subjectively	'The total existence of an individual, a group or a society describing the essence of existence as measured objectively and perceived subjectively by the individual or group or society' <sup>90</sup> 'Should take into account subjective as well as objective perceptions of the circumstances of life' <sup>74</sup>
The discrepancy between actual and ideal self	'QOL in people with epilepsy is an individual's perceptions of the impact of their condition and its treatment. It reflects the discrepancy between the person's actual and desired physical and psychological health, level of independence, and social relationships' <sup>81,91</sup>
<b>HRQOL is...</b>	
Functioning	'Includes physical functioning, and emotional, social, and role functioning' <sup>56</sup> 'A multidimensional construct including three broad domains i.e. the physical, psychological, and social functioning domains' <sup>43,44</sup>
Functioning and feelings associated with functioning	'Usually defined as an individual's subjective assessment of quality of functioning and associated satisfaction or distress' <sup>35</sup>
Functioning and well-being	'A multidimensional construct covering physical, emotional, mental, social, and behavioural components of well-being and function as perceived by the patients and/or individual feelings associated with health' <sup>36</sup>
Health and feelings about health	'The combination of health status and affective responses to problems in health status' <sup>30,31,85</sup>
A component of health	'A component of overall QOL that is determined primarily by the person's health, and which can be influenced by clinical interventions' <sup>19,63</sup>
Value assigned to duration of life	'The value assigned to duration of life as modified by the impairments, functional states, perceptions, and social opportunities that are influenced by disease, injury, treatment, or policy' <sup>50,92</sup>

# Health Related Quality of Life

- ✓ Health-related-
  - ✓ interested in the **impact** of the person's **health** &/or **illness** on the person & their **QOL**
  - ✓ **HRQOL** = Functional Status + **QOL**

# Health Related Quality of Life

- ✓ Wide spectrum of definitions & 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 & 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

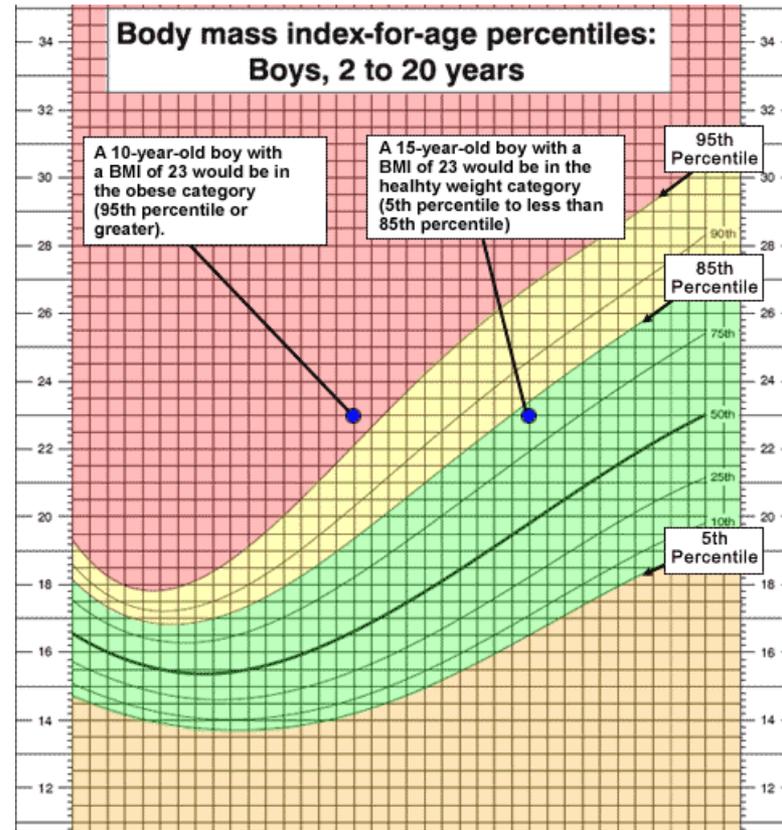


# World Health Organization (2013)

- ✓ Obesity has doubled since the 1980's
- ✓ 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

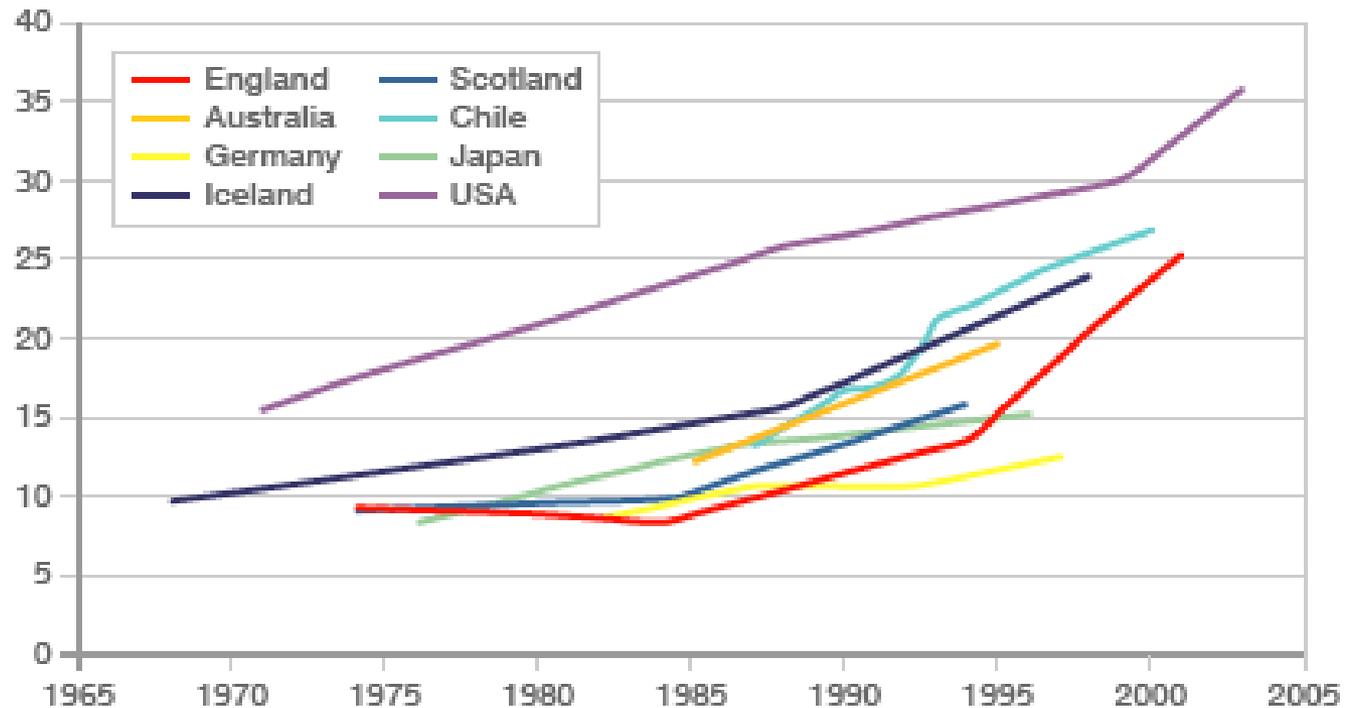
+ When child reaches above 95<sup>th</sup> percentile for body fat in their respective age & gender according to growth chart



# Childhood Obesity Worldwide

## INCREASING NUMBER OF OVERWEIGHT CHILDREN AROUND THE WORLD

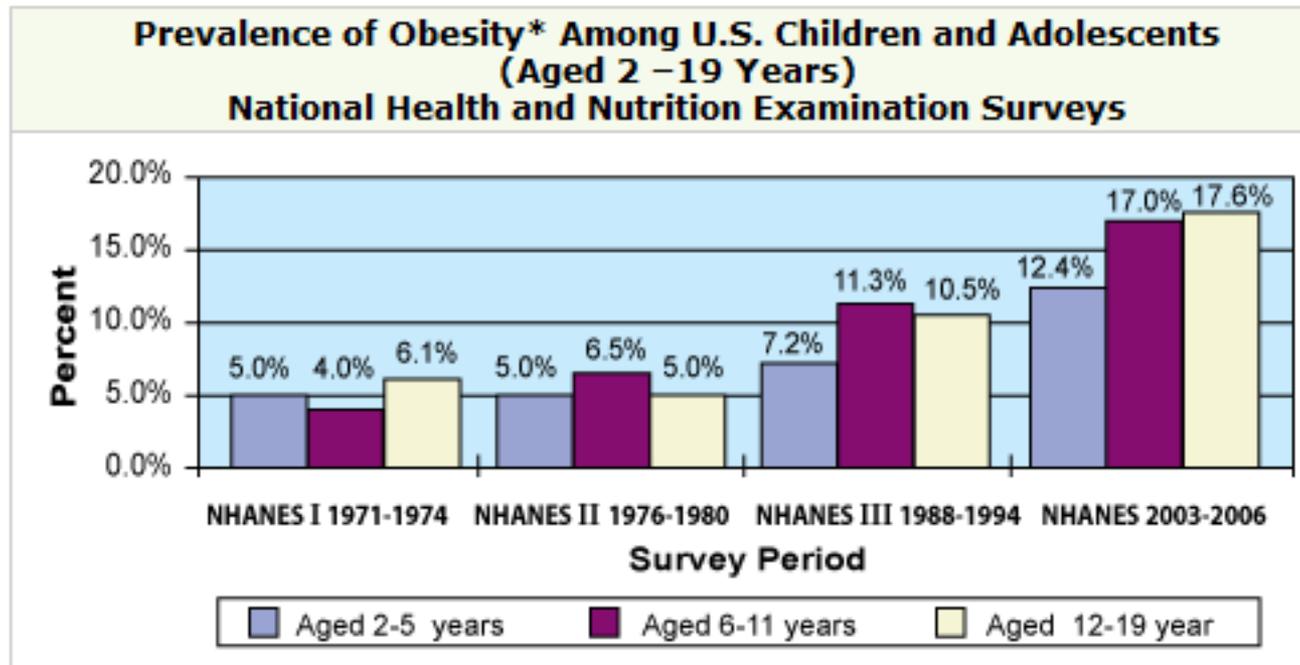
Percentage overweight



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 of 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, & physical functioning “(p. 1208). Scored significantly lower for physical functioning.

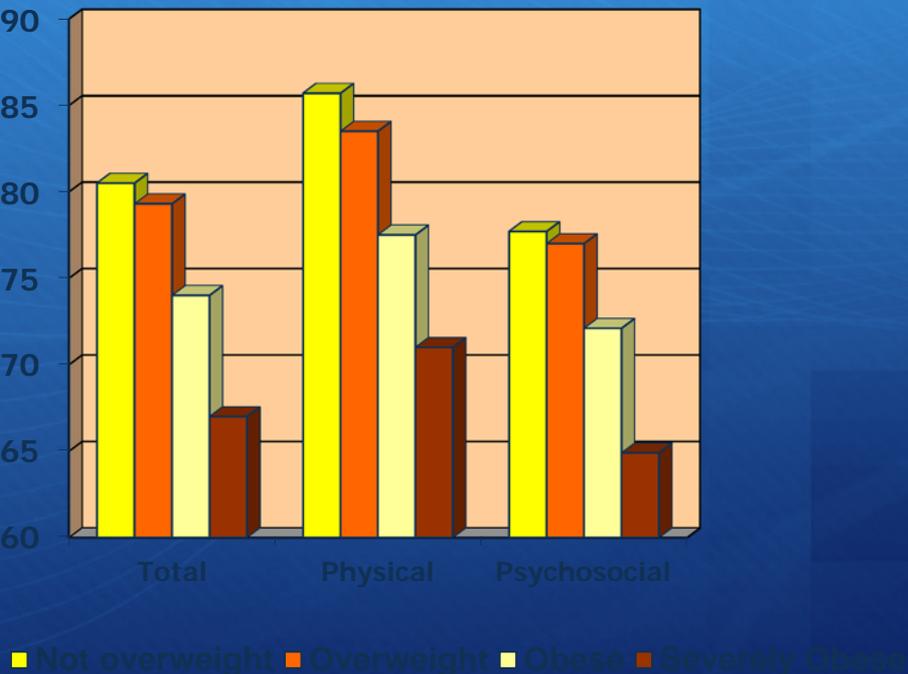
# QOL of 106 very obese children & adolescents ages 5-18 yrs.

Schwimmer, Burwinkle & Varni (2003)

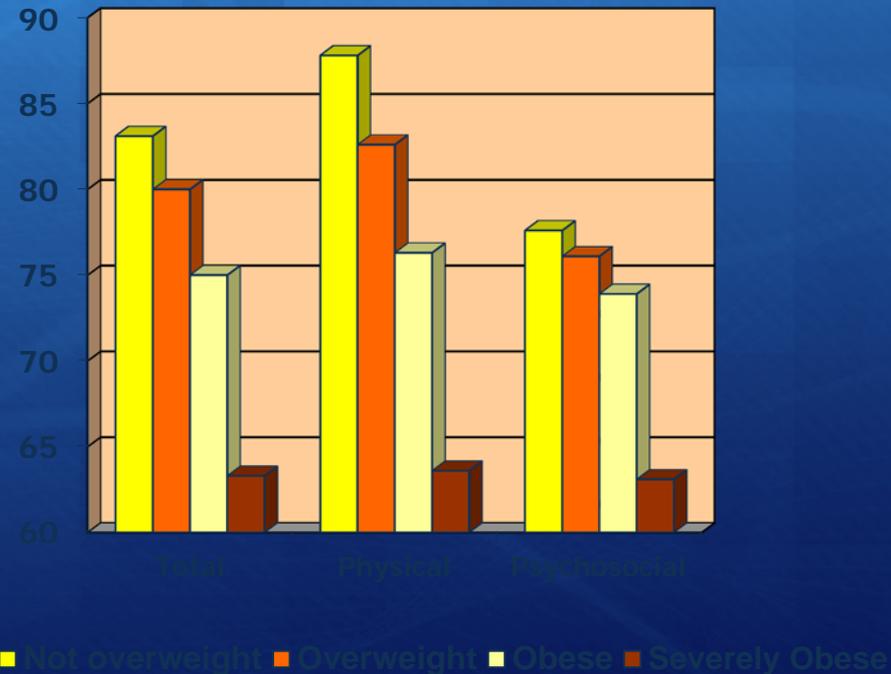
- ✓ Measurement Tool of QOL
  - ✓ PedsQL 4.0™ Physical
  - ✓ Social
  - ✓ Psychological
  - ✓ School Functioning
  
- ✓ Generic
  - ✓ Child self report
  - ✓ Parent proxy report
  
- ✓ Findings: the QOL of very obese children & adolescents was low as & comparable to the QOL of children who have cancer.
  
- ✓ 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



## 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 & 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

## The Obesity Stigma

Low self-esteem

Sloppy

Linked to poverty

Eating Disorders

Depression

Earn less money than slimmer co-workers

Lazy

<http://www.bellygonefat.com>

[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 & Adolescence

- + 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 & Adol

- + 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 Wt 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

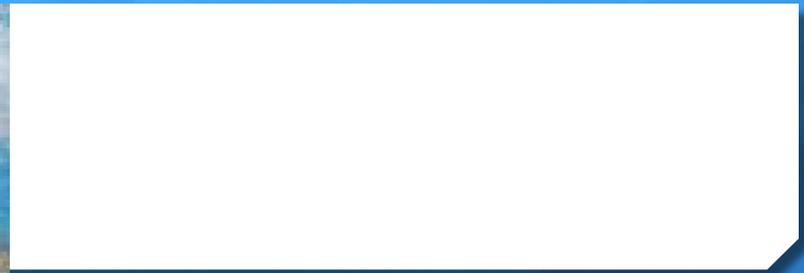
## 6. Emphasize health rather than thinness.

- + 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