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Tackling childhood overweight and obesity after the COVID-19 pandemic



Childhood obesity is a serious public health challenge. Globally, over 42 million children aged younger than 5 years are overweight or obese, and this number is projected to increase to approximately 70 million by 2025 based on current trends.¹ Children who are overweight or obese often have impaired physical and psychological health.^{1,2} In the short term, these effects could be associated with poor self-esteem and negative body image, both of which can lead to reduced confidence and an increased risk of being bullied at school.¹ Children with overweight or obesity also have an increased risk of developing various non-communicable diseases and obesity in adulthood.²

Although essential, there are indications that interventions to curb the COVID-19 pandemic are worsening the childhood overweight and obesity crisis globally.^{3,4} Restricted use of public spaces and play areas mean children have fewer opportunities to engage in physical activities than they had before the pandemic. The closure of schools has compounded the situation; studies have shown that children are more likely to gain excess weight during holiday periods when they are out of school than during term time.³ This gain in weight could be due to the loss of the positive influence schools tend to have on key risk factors, such as defined mealtimes, physical activity, and sleep schedule.⁴ Compared with before the pandemic, children are currently more reliant on family members to make dietary decisions, which might not always have a positive effect on these risk factors and could potentially lead to unhealthy weight gain.⁵ The excess weight gained by children during this pandemic could be difficult to reverse and might contribute to overweight and obesity in adulthood.⁴

Governmental policies do not often show an adequate appreciation of these complex issues or address them sufficiently.⁶ The UK Government recently announced plans to restart the National Child Measurement Programme (NCMP) in September, 2021, and to increase the frequency of weighing from twice overall to once per year during primary school education in an effort to address the obesity crisis. Although this strategy will provide comprehensive data on trends, there are concerns

that weighing children in schools once per year could lead to an undue focus on physical appearance among children. Such emphasis could intensify the existing bullying and stigmatisation, and worsen the mental health of children with overweight and obesity.^{1,2} As part of the UK Government's plan, information about children's weight categories will be provided to parents with the expectation that they will be motivated to make positive dietary or activity level changes, or both, for their children. In reality, the provision of such information, without the appropriate support, will be insufficient to motivate parents, and could even be counterproductive. Efforts to tackle this situation need to go beyond its quantification and characterisation.

As a starting point, it is essential that the complex nature of childhood overweight and obesity is acknowledged. Issues such as deprivation and parental obesity have been shown to be strongly associated with childhood obesity in the UK.⁵ The combined NCMP data from 2016 and 2017 show that more than a quarter of children with obesity in England are living in a household in which at least one parent is obese, and that approximately half of parents who have children with obesity and over 85% of parents with children who are overweight think that their child has a healthy weight.⁵

There is a need for the governmental approach to shift from one focused on personal responsibility and individual action to a more empathetic approach, which recognises the influence of environmental, cultural, and socioeconomic factors that contribute to childhood overweight and obesity, especially as children have little or no control over these factors.⁷ A whole-society approach has been advocated, whereby individuals (ie, parents), businesses, schools, local authorities, health organisations, and national government work together and take swift decisive actions to address the situation.⁷ This strategy would require sustained commitment from all stakeholders and considerable resources to be successful.

It is also crucial that governmental policies and clinical guidelines are clear, actionable, and informed by high-quality evidence to ensure they are effective. However,



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a 2017 Cochrane review of randomised controlled trials of treatments for overweight and obesity in children worryingly stated that the overall quality of evidence was either low or very low.⁸ The review also reported substantial heterogeneity between these trials and marked variation in the duration of follow-up between the studies.⁸

Given the challenges associated with weight-loss maintenance, it is necessary for future studies to have longer follow-up periods than previous trials to establish which interventions provide the best long-term outcomes. Being overweight or obese affects children psychologically as well as physically. Therefore, future interventions should consider using patient-reported outcome measures to evaluate their effects on dimensions such as quality of life, anxiety, and self-confidence, in addition to clinical parameters, such as the body-mass index Z score. Researchers also need to be aware of and responsive to changes in the research landscape of obesogenic behaviours and environments caused by the COVID-19 pandemic.⁹ Policy makers should be sensitive to these changes when considering the evidence generated before the pandemic.

A report published in 2020 estimated that the National Health Service in England would save approximately £37 billion, and the wider UK society £202 billion, through improved productivity, reduced hospital admissions, and increased workforce participation if the government achieves its goal of halving childhood obesity by 2030 in the current cohort.⁷

Tackling childhood overweight and obesity after the pandemic will not be easy and might require decades to fully reverse current trends. Genuinely committed and

sustained collaborative actions are urgently required to address childhood overweight and obesity and the complex underlying issues.

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Himmat Singh Badesha, Gurvir Bagri, Amrit Nagra, Kirandip Nijran, Gurjivan Singh, *Olalekan Lee Aiyegbusi
o.l.aiyegbusi@bham.ac.uk

Centre for Patient Reported Outcomes Research, Institute of Applied Health Research (OLA), University of Birmingham (HSB, GB, AN, KN, GS), Birmingham B15 2TT, UK

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Call for emergency action to limit global temperature increases, restore biodiversity, and protect health

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The UN General Assembly in September, 2021, will bring countries together at a critical time for marshalling collective action to tackle the global environmental crisis. They will meet again at the biodiversity summit in Kunming, China, and the UN Climate Change Conference of the Parties (COP26) in Glasgow, UK. Ahead of these pivotal meetings, we—the editors of health journals

worldwide—call for urgent action to keep average global temperature increases below 1.5°C, halt the destruction of nature, and protect health.

Health is already being harmed by global temperature increases and the destruction of the natural world, a state of affairs health professionals have been bringing attention to for decades.¹ The science is unequivocal;