

A multidisciplinary network to tackle childhood obesity in Upper Normandy (France). 5 Years after! B. GEHANNO, E. CHANONI, I. CASTRES, E. PANTIN, C. CARLIOZ, B. GROUT, E. TOURANCHEAU, A. SENGIER, C. LECOINTRE. *Réseau de Prévention et de Prise en Charge de l'Obésité Pédiatrique de Haute-Normandie (REPOPHN), Maison de l'Université, Rue Lavoisier, 76821 Mont Saint Aignan Cedex, France.* repophn@yahoo.fr

The REPOP was created in 2007 to offer to overweight children living in Upper Normandy (France) a multidisciplinary follow-up, in their living area, according to national good practice guidelines. The network includes primary care physicians, physiotherapists, psychologists, nutritionists and sport educators. It offers both individual care (8 consultations with a physician and a nutritionist over a 2-year period) and group sessions (groups of 5–6 children aged 3–7 or 8–14 and their families with nutritionists, cooks, sports teacher, psychologists). We assessed, at 5 years, the process (number of professionals and children included, number of professionals trained to the good practices) and the results (satisfaction, Z-score). Between 2008 and 2012, 1500 children (aged 1–16 year-old) have been included in the network, and 553 health professionals are members of the network. This includes 255 GPs, 66 paediatricians, 79 nutritionists, 36 psychologists and 23 sports teachers. We trained 1063 health professionals (including those who were not member of the network) during 64 training sessions. Among the 110 physicians investigated, 63% were satisfied with the network and 84% had improved their practice, even for the children not included in the network. Among 141 children followed-up at 1 year, 62% and 31% had improved, or not worsen, their Z-score, respectively. This network has brought health professionals to work together, for the benefit of overweight children. The health status of many children included in the network has improved, but more importantly, the practice of health professionals, not only physicians, has also improved.

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Psychological mechanisms underlying overweight and obesity during adolescence. Triads study from the EDUDORA² project. S. DEGRANGE^{a,f}, C. LEGRAND^{a,f}, B. PÉTRÉ^{a,f}, O. ZIEGLER^{b,f}, M. BONNEFOY^{c,f}, C. VESQUE^{c,f}, M.L. LAIR^{d,f}, S. SCHMIT^{d,f}, A. SCHEEN^{e,f}, M. GUILLAUME^{a,f}. ^aEcole de Santé Publique, Université de Liège, Liège, Belgium, ^bDiabétologie et Nutrition, CHU Nancy, Nancy, France, ^cOrsas-Lorraine, Vandoeuvre-Lès, Nancy, France, ^dCrp-Santé, Luxembourg, ^eDiabétologie, Université de Liège, Liège, France, ^fDépartement des Science de la Santé Publique: Aspects Spécifiques, Bat.B23, Avenue de l'hôpital, 3, 4000 Liège, Belgium. Sophie.degrange@ulg.ac.be

Strategies for prevention and treatment of obesity in adolescents are too often limited to lifestyle modifications and dietary counseling. EDUDORA² (*Education thérapeutique et préventive face au Diabète et à l'Obésité à Risque chez l'Adulte et l'Adolescent*) project focused on going beyond this dyadic and biological vision. 12 Triads were recruited in regions of Belgium, Luxembourg and France, each including an overweight or obese adolescent, the attending health-care professional and a family member. Each subject of the triad

was interviewed individually using the “life story” technique. Psychosocial factors influencing the degree of adherence to the prescribed treatment were assessed by speech thematic analysis. The most common strategy inside a triad remained focused on symptoms limiting the change of life style or diet. More complex and generally ignored underlying psychological mechanisms were highlighted: interaction with peers was a factor of awareness and strength for change, while food compensation difficulties, body image and devalued self-esteem were inhibitory factors for weight management. Psychological behavior affecting adolescence with respect to body ratio as well as projection of the mother's experience with her own weight further strengthened these factors. Having a global view of obesity is also essential, at least when integrated in real life situations and in the psychological development during adolescence. Therapeutic Patient Education appears as a real opportunity provided professionals are properly trained.

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The importance of psycho-social effects in family-based interventions. L.D. EDMUNDS^a, K.L. RENNIE^b, S. KING^c, H. MAYHEW^c. ^aUniversity of Oxford, Medical Sciences Division, Level 3 John Radcliffe Hospital Headington, Oxford OX3 9DU, United Kingdom, ^bUniversity of Hertfordshire, United Kingdom, ^cBeeZee Bodies Community Interest Company, United Kingdom. laurel.edmunds@medsci.ox.ac.uk

The search for effective community-based, child weight management interventions continues and guidelines recommend including a qualitative element in evaluations. The opinions and reflections presented here belong to those taking part in the BeeZee Bodies family-based weight-management programmes for 7–15 yr olds in 2010 and 2011. Six focus groups were conducted with 35 participants (24 parents and 11 adolescents) 3 months post intervention. Analyses were thematic and iterative. One of the main themes was social interactions and the role they play in establishing and sustaining behaviour change. Participants reported building new relationships between themselves and the children as being very important – they talked of “bonding” and “gelling”. For some, these friendships facilitated continued involvement in social and physical activities post-intervention. Apart from the open, accepting and encouraging attitudes of the interventionists, this “bonding” was enhanced for children by the enjoyment of taking part in physical activities where they did not feel judged, unlike the school environment. Parents also found the physical activities significant, both personally and in seeing their children's pleasure. Another key aspect was the social cohesion generated by the ‘parenting’ element of the intervention, which enabled parents to openly discuss individual challenges in a supportive environment. This also enabled some parents to engage less helpful partners and relatives in the change process. Encouraging social interactions and building friendships authentically amongst parents and children, and facilitated parental reflection were key drivers for participation and sustaining newly established patterns of behaviour beyond the end of the intervention.

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