

Overweight-Obesity Prevalence in Children of North-West Italy: Efficacy of Counselling

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stored on a classified server. Subsequently from 2011 on, during the routine medical checks, counselling about diet, exercise and healthy life-style was given, the outcome of which was assessed with a questionnaire; the resulting data were registered and collected as well. Analysis of all the data that have been collected during the first four years of this survey, carried out in the province of Vercelli, allowed us to assess and monitor the pediatric population's overweight and obesity prevalence in this area, to evaluate the effectiveness of family pediatricians' intervention in obesity prevention and care and to address the issues that emerged along with the intervention itself.

Since January 2010, during children's programmed-routine medical checks, age ranges 3-4, 5-6, and 8-9, all the 16 family pediatricians of the province of Vercelli involved in this survey, started collecting anamnestic data about breast-feeding, suckling, diet, accidents, parents' smoking and nutritional habits and family chronic diseases, along with the anthropometric parameters. The evaluated pediatric population is representative of the pediatric population of Piedmont.

Weight and height were clinically evaluated by the pediatricians themselves and plotted on WHO age-related weight and height charts; weight didn't include clothing or shoes, height was assessed not in shoes. The Body Mass Index (BMI) was calculated according to Cole's rule ($BMI = \text{weight in Kg} / \text{height in m}^2$) and plotted on WHO 2006 and 2007 age-related BMI charts [5].

According to the WHO definitions, overweight was defined as Body Mass Index (BMI) >2 standard deviations above the WHO growth standard median; whereas obesity was defined as Body Mass Index (BMI) >3 standard deviations above the WHO growth standard median.

During the fourth year of the survey (2013), after specific training of all pediatricians, the waist circumference measure was introduced and the waist-to-height ratio was calculated in both overweight and obese subjects. The waist circumference was measured at the end of a normal expiration, with a folding ruler placed in the middle between the iliac crest and the costal arch. These last parameters, according to the most recent literature data [6-8], allow a more reliable quantification and

3-4 years	400 (M220; 55%)	53 (M21; 39.6%)	749 (M351; 46.9%)	88 (M45; 51.1%)	1023 (M497; 48.6%)	96 (M50; 52%)	940	65 (M35; 53.8%)
5-6 years	300 (M142; 47.3%)	57 (M30; 52.6%)	640 (M314; 49%)	99 (M46)	888 (M450; 50.7%)	121 (M66; 54.5%)	839	100 (M53; 53%)
8-9 years	220 (M103;							

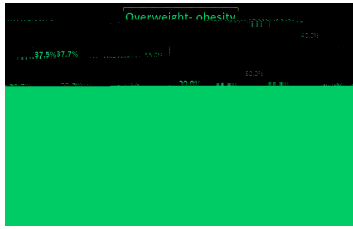


Figure 3 Overweight- obese children prevalence in 3-4, 5-6, 8-9 age ranges, years 2010-2013

In the 3-4 years range, between 2010 and 2013, there is a global drop by 10.2% that is statistically significant.

