CORRESPONDENCE

Weight Loss in Children and Adolescents: A Systematic Review and Evaluation of Conservative, Non-Pharmacological Obesity Treatment Programs

by Dipl.-Psych. Yvonne Mühlig, Prof. Dr. med. Martin Wabitsch,
Dr. biol. hum. Anja Moss, Prof. Dr. med. Johannes Hebebrand in issue 48/2014

Increased Quality of Life

I like to make a small critical point to the excellent systematic review by Dipl.-Psych. Mühlig et al. (1). I cannot agree with the authors' statement that the evidence currently available only supports short-term improvements in quality of life under conservative weight-loss treatments. As early as 2001, a research team led by Petra Warschburger conducted a randomized controlled long-term study including 197 children and adolescents that showed an increase in health-related quality of life even 12 months after an 8-week period of multimodal cognitive-behavioral treatment for obesity (2). Furthermore, the recent analysis of the German LOGIC study (Long-term effects of lifestyle Intervention and Genetic Influence in Children) demonstrated that the quality of life of overweight/obese children and adolescents remained significantly improved 2 years after the end of the treatment. "Self-esteem" was the dimension where patients benefited the most from the program (3). I think we should make more use of volitional and awareness-based weight management strategies for obese or overweight patients, including children.

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REFERENCES

1. Mühlig Y, Wabitsch M, Moss A, Hebebrand J: Weight loss in children and adolescents—a systematic review and evaluation of conservative, non-pharmacological obesity treatment programs. *Dtsch Arztebl* Int 2014; 111: 818–24.
2. Warschburger P, Fromme C, Petermann F, Wojtalla N, Oepen J: Conceptualisation and evaluation of a cognitive-behavioural training programme for children and adolescents with obesity. *Int J Obes Relat Metab Disord* 2001; 25 (Suppl 1): 93–5.
3. Rank M, Wilks DC, Foley L, et al.: Health-related quality of life and physical activity in children and adolescents 2 years after an inpatient weight-loss program. *J Pediatr* 2014; 165: 732–7.e2.

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Conflict of interest statement

The author declares that no conflict of interest exists.

In Reply:

Our discussion of the impact of weight-loss treatments on the quality of life is limited to the studies we included in our review and is by no means exhaustive

(1). Several well-designed randomized controlled trials with quality of life as the primary endpoint would be required to fully answer the question. Due to their methodological limitations, it is difficult to draw conclusions about the impact of weight-loss treatments on quality of life from the studies cited in the reader's comment (2, 3). Whether the study mentioned first (2) was designed as a randomized, controlled trial remains unclear. Irrespective of this, it was not possible to link the demonstrated improvement in quality of life specifically to the weight-loss treatment, as patients of the control group treated with a relaxation technique also improved in this respect. In the study mentioned second (3), the critical methodological limitation is the lack of a control group, as without control group no conclusion about the specific effectivity of the weight-loss treatment can be drawn. Nevertheless, improved quality of life independent of a change in weight is an interesting finding, raising further questions. Lastly, the need for further research on this aspect is highlighted by the fact that only one of the studies we included in our review used quality of life as its primary outcome measure (4). Whether it is necessary to address the issue of obesity to improve quality of life remains to be ascertained. Here, the decisive factor could be to break the social isolation of those affected. If this were the case, it would allow to improve the quality of life of patients with obesity using simple approaches.

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REFERENCES

1. Mühlig Y, Wabitsch M, Moss A, Hebebrand J: Weight loss in children and adolescents—a systematic review and evaluation of conservative, non-pharmacological obesity treatment programs. *Dtsch Arztebl* Int 2014; 111: 818–24.
2. Warschburger P, Fromme C, Petermann F, Wojtalla N, Oepen J: Conceptualisation and evaluation of a cognitive-behavioural training programme for children and adolescents with obesity. *Int J Obes Relat Metab Disord* 2001; 25: 93–5.
3. Rank M, Wilks DC, Foley L, et al.: Health-related quality of life and physical activity in children and adolescents two years after an inpatient weight-loss program. *J Pediatr* 2014; 165: 732–7.e2.
4. Walpole B, Dettmer E, Morrongiello BA, McCrindle BW, Hamilton J: Motivational interviewing to enhance self-efficacy and promote weight loss in overweight and obese adolescents: a randomized controlled trial. *J Pediatr Psychol* 2013; 38: 944–53.

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