



Doctors target roots of childhood obesity

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What a way to celebrate your first birthday — in a pediatrician's office, having your one-year checkup and getting shots in both arms at once.

Dr. Eddy Lau's theory is that giving the vaccinations simultaneously causes less distress. Sure enough, Lucas Wagner doesn't seem to know which jab to howl about first. So he contents himself with a few token wails and then goes back to his playful, smiling self.

He's already had a real birthday treat at home — his first taste of chicken and asparagus.

Lau is delighted to hear it, and also that Lucas is happy to try whatever his mom Ewa cooks, from Italian food to curry. "And he loves fruit," she says.

All this makes Lucas an ideal recruit for a groundbreaking, grassroots study into childhood obesity. He comes from an active, health-conscious family with parents who care about what their three children eat and do. The two eldest are just getting into gymnastics.

Named TARGeT Kids (TARG stands for Toronto Area Research Group), the study is led by SickKids pediatrician Dr. Catherine Birken. The research is done in family clinics, where children can be tracked and monitored easily.

"When someone is taking their child to their doctor about 14 times before they're 6, you're able to gather cross-sectional data," Birken says. "Weight, health, lifestyle . . . then keep following through to see what the



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Ewa Wagner holds son Lucas, 1, as pediatrician Eddy Lau listens to his heart. Lucas is part of a SickKids study.

changes are.”

Another advantage is that if a pediatrician spots the need for a behavioural change, it can be implemented on the spot.

“We’re trialling actual interventions,” Birken says. “For instance, we’re really interested in TV time and screen time — video games, etc. There’s a direct correlation in older kids between screen time and obesity, but not a lot of work has been done with preschoolers.”

The research so far indicates that about one in 10 preschoolers has a TV in his or her room and likely eats at least one meal in front of it.

“We looked at about 160 3-year-olds,” says Birken. “We found kids who watch TV during lunch and dinner, and families with rules that reduced screen time. That gives us a tool to put together an intervention.”

This can be as simple as cutting out mealtime TV, which, she says, some parents use as a distraction.

“Childhood obesity can lead to emotional, psychological and physical problems, including such life-threatening disorders as diabetes, heart disease, high blood pressure and cancer.

Studies show 26 per cent of 12- to 17-year-olds are obese, says research assistant Laurie Thompson, “but very little is known about 1- to 5-year-olds, or even at what age it becomes a problem..”

Over two years, Birken’s team has recruited about 3,500 children to the study. She and her researchers work with five large group medical practices, including Village Park Paediatrics on Roncesvalles Ave., where Lau works with Dr. Brian Chisamore.

The two doctors are also associated with nearby St. Joseph’s Medical Centre, where Lau is chief of pediatrics.

Lau and Chisamore figure on recruiting patients as young as 1 and tracking them perhaps until they’re 10. They have between 700 and 800 kids in the obesity study.

Parents fill out an extensive questionnaire that covers not only eating habits and physical activity, but also factors such as the age of the family’s house and if a parent works in an industry that uses lead — obesity can also have environmental causes.

“The point is to define parameters of what normal is,” Lau says. “We’ve found most parents are really keen. They want to know. They want what’s best for their children.”

Wagner certainly does. She was happy to sign Lucas up.

“You want to give back, to help,” she says. “But even more so, you want what’s best for your child. This kind of study can point you in the right direction.

The dangers of hitting the bottle

It may come as a surprise, but milk doesn't always do a growing body good.

Children who drink too much milk are likely to develop iron and vitamin D deficiencies and perhaps obesity. Iron deficiency, in particular, can lead to long-term development problems. "So you change that trajectory," says childhood obesity researcher Dr. Catherine Birken. "When they come to their doctor at about 9 months, you say, 'Here's a cup; stop using a bottle.' Or if the mother is still breastfeeding, you move the child straight from there to using a cup.

"This is something we can do right on the spot and very easily."

Dr. Eddy Lau, whose pediatrics practice is involved in Birken's study, echoes this.

"Parents tend to parent the way they were parented," he says. "That's not always the best thing.

"We shock grandmothers sometimes by saying, 'Too much milk.' But if a child is having more than two cups a day, it starts replacing other things that should have been eaten.

"Some kids take a bottle to bed with them at night in case they wake up. Adults can get through the night without eating and babies, from 6 or 7 months onward, can do without it, too."

It's simple enough, Lau says, "to change the whole gestalt, break the bottle habit and get them to use a sippy cup."

"That automatically cuts their milk intake," he says. "You don't want to try to make kids lose weight; rather, not to gain weight (in the first place). One's a lot easier than the other."