

Obesity Facts

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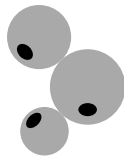
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Introduction: Poor cardiometabolic health in severe mentally ill (SMI) patients, mostly schizophrenia, reduces life expectancy up to 30 years, partly due to unhealthy lifestyle behaviours. The Effectiveness of Lifestyle Interventions in P_Sychiatry trial (ELIPS) aimed at improving SMI inpatients' cardiometabolic health by addressing the obesogenic environment, focusing on diet and physical activity.

Methods: ELIPS is a multi-site cluster randomised controlled trial. Residential and long-term clinical care teams were randomised to intervention (N = 15) or control (N = 14) arm, resulting in 365 and 371 patients per arm, respectively. In the intervention, lifestyle coaches supported teams in improving healthy behaviours in patients according to pre-set study goals for three months, followed by monitoring for nine months. Control patients received care as usual. Waist circumference (WC) and body mass index (BMI) were measured at baseline, 3 and 12 months. Data were analysed intention-to-treat using multi-level linear mixed models with adjustment for age, gender, residential or long-term setting and anti-psychotic medication.

Results: Data of 365 intervention and 371 control patients (48.5 ± 12.5 years, 63.2% men) showed a decrease in waist circumference of 1.51 cm (95% CI = -2.99; -0.04; p = 0.044) in the intervention group compared to the control group after three months and a tendency for a decrease of 1.28 cm (95%CI = -2.79; 0.23; p = 0.097) after twelve months. The intervention had no effect on BMI at three and twelve months.

Conclusion: Improving the obesogenic environment for SMI inpatient had small but beneficial effects on waist circumference. In general, heterogeneity in the observed changes was large. Future analyses should consider non-response in the intervention teams and uncontrolled lifestyle activities in the control teams. If sustained over a longer period of time, a small step approach focussed on the obesogenic environment of patients who live in sheltered and long-term care facilities may have the potential to produce clinically relevant reductions in adiposity and thereby reduce cardiometabolic risk.

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PP5 – Clinical Management II

PP5.01

Mental health status in treatment-seeking young adults with obesity compared with matched normal-weight young adults: Case-control study

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Background and Aims: Studies suggest an inverse association between obesity and mental health, although there is uncertainty about this association for young adults. Young adulthood is a vulnerable period for weight gain and incidence of psychiatric disorders.

Objectives: To compare the prevalence of mental health problems in young adults (18–25 y) with severe obesity enrolling in a specialist obesity treatment clinic in Stockholm, Sweden, with young adults in the general population. We also explored potential differences in mental health between the obese treatment-seeking patients and obese non-treatment-seeking controls.

Material & Methods: Case-control study of 119 patients (mean BMI 39.8 kg/m², SD 5.3, mean age 20.8, SD 2.3, 81% women), and 363 controls (BMI 22.4 kg/m², SD 2.3, age 20.8, SD 2.3, 81% women), matched for age, gender and socioeconomic status. Participants completed a questionnaire on present mental and physical health. Results were analysed by independent samples t-test, univariate analysis of variance and logistic regression

with established cut-offs for mental illness, using General Health Questionnaire (GHQ-12) as the primary outcome. Patients were also compared to two groups of matched controls (age, gender, socioeconomic) with a mean-BMI of 34.4 (n = 107) and 40.0 kg/m² (n = 36) respectively.

Results: GHQ-12 (likert-scoring) was 26.8 points (estimated marginal means, 95% CI:25.7–27.9) in patients and 23.0 in controls (95% CI:22.3–23.6)(p < 0.01, higher scores denote poorer mental health) with an adjusted odds ratio for mental illness of 2.2, 95% CI:1.4–3.6 when controlling for gender, age, smoking, alcohol, pain and sexual orientation. In patients, mental illness was associated with non-heterosexuality, non-smoking and pain (all, p ≤ 0.03). Using independent samples t-test, patients scored higher in GHQ-12 than matched control groups with a mean-BMI of 34.4 or 40.0 (22.8 and 23.1 points respectively, both p < 0.01).

Conclusion: Treatment-seeking young adults with obesity constitute a risk group for mental illness compared to controls from the general population. The poor mental health status may constitute a major barrier to treatment progress.

PP5.02

Who's getting engaged? Factors associated with parent engagement when up-scaling the PEACH™ program for overweight primary school aged children

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Background & Aims: Parenting, Eating and Activity for Child Health (PEACH™) is a lifestyle intervention for parents of overweight primary school-age children demonstrated to be efficacious in a RCT. (1) In Queensland (Australia) PEACH™ is being translated to a large scale community intervention with a pre- post- evaluation design. PEACH™ Qld comprises nine facilitated group sessions and a final review and measurement session at six months. Engagement (recruitment and retention) of parents and children is critical to achieving program outcomes but is proving challenging. The aim is to explore factors associated with parent engagement and the potential need for adaptation of implementation processes, to improve engagement when upscaling.

Objectives: To examine associations between socio-demographic and parent characteristics and session attendance and whether these relationships were mediated by parent and child factors.

Methods: This study use baseline data collected from parents who attended at least one session of the PEACH™ Qld program. Parent attendance was treated as a continuous variable. Data relating to: socio-demographic factors, program referral, parent beliefs and self-efficacy and child behaviors (diet, physical activity, screen time) were utilized. Mediation analyses were performed using multi-level regression analyses (participants-in-intervention group).

Results: 519 children (467 families) were enrolled. 79% (n = 411) of children (with a parent) attended at least one session. Attendance was Mean 5.7 ± 3.2; Median 7 (IQR 3–9) sessions. The children (55% girls) were 9.0 ± 1.8 years old. Socio-economic status (SES) and education level, were directly associated (p < 0.01) with parent attendance/engagement. Single parents (p < 0.05) and those referred by a health professional (vs self-referral, p < 0.01) had lower attendance rates. Parent beliefs and child behaviors did not mediate associations between socio-demographics factors and attendance rates.

Conclusion: Neither parent beliefs of child behavior explained differences in attendance. Research is required to understand what/how program-level