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EU childhood obesity “out of control”

14 million overweight including 3 million obese

The epidemic of childhood obesity and overweight is accelerating, according to new IOTF figures released in Prague today.

An analysis of data of surveys conducted throughout Europe since the mid-1970s reveals a rapid shift in the trend during the mid-1990s.

The number of children affected by overweight and obesity is now rising at more than 400,000 a year and already affects almost one in four across the entire EU, including accession countries in 2002. The new prevalence of 24% in 2002 is five points higher than had been expected based on original trends in the 80s and is already higher the predicted peak for 2010.

At present it is estimated that 14 million children are overweight, using the IOTF standard definition for international data comparisons, and of them 3 million are obese.

The latest numbers were released at an IOTF workshop of childhood obesity experts in Prague during the European Congress on Obesity, where the IOTF’s report to the World Health Organization on the global crisis was launched on Friday.

Prof Philip James, chairman of the International Obesity TaskForce, warned “The epidemic appears to be accelerating out of control. Things are worse than our gloomiest predictions.

"This provides a compelling a compelling case for the whole of the European Union to act together to tackle this. We need to develop a coordinated approach to ensure that we do not get cross-border influences due to some countries, which are dominated by intense marketing of inappropriate foods and drinks, having a weak approach to safeguarding the health of their children and providing the safe havens for television marketing to be beamed into children in countries where there are already laws to protect them," he said.

The IOTF report showed that worldwide one in 10 children is overweight, a total of 155 million and around 30-45 million are classified as obese. In Europe the report found that childhood obesity has increased steadily in this region with the highest prevalence in southern European countries. In northern Europe an overweight prevalence of 10–20% was found for children, while in southern Europe the prevalence was 20–35%. Recent surveys found that 36% of 9-year-olds in mainland Italy and Sicily were overweight or obese, while in Greece the prevalence was 26% in boys and 19% in girls aged 6–17 years. In Spain, 27% of children and adolescents were affected while in Crete 39% of children aged 12 were found to be overweight. In the UK the figure reached 20% of children in 1998 using the IOTF's strict reference assessment methods.¹

The report was prepared by a special IOTF childhood obesity working group chaired by Professors Ricardo Uauy and Louise Baur, and coordinated by Dr Tim Lobstein with the help of expert groups including the Federation of International Societies for Paediatric Gastroenterology, Hepatology and Nutrition (FISPGHAN) and backed by the International Paediatrics Association (IPA). It identifies examples of problematic social trends:

- Increase in use of motorized transport, e.g. to school.
- Fall in opportunities for recreational physical activity.
- Increased sedentary recreation.
- Multiple TV channels around the clock.
- Greater quantities and variety of energy dense foods available.
- Rising levels of promotion and marketing of energy-dense foods.
- More frequent and widespread food purchasing opportunities.
- More use of restaurants and fast food stores.
- Larger portions of food offering better 'value' for money.
- Increased frequency of eating occasions.
- Rising use of soft drinks to replace water, e.g. in schools.

The report concludes that the domination of 'obesogenic' or obesity-promoting environmental factors means that treatment is unlikely to succeed without strategies to deal only the prevailing environment through a broad-based, public health programme, and urges policy-makers to develop strong policies to stem the rising problem.

“It must be concluded that interventions at the family or school level will need to be matched by changes in the social and cultural context so that the benefits can be sustained and enhanced. Such prevention strategies will require a co-ordinated effort between the medical community, health administrators, teachers, parents, food producers and processors, retailers and caterers, advertisers and the media, recreation and sport planners, urban architects, city planners, politicians and legislators,” the report states.

While in some developing countries childhood obesity was most dominant in wealthier social groups, it is also rising among the urban poor “possibly due to their exposure to Westernized diets coinciding with a history of undernutrition.” Children in lower-income families in developed countries are particularly vulnerable because of poor diet and limited opportunities for physical activity. The report found that in the USA overweight rose twice as fast in Hispanic and African–American pre-teenage children compared to white children during the 1990s.

Calling on the WHO to help countries to develop National Obesity Action Plans with a high priority set for tackling the prevention of childhood obesity, the report says action is needed to:

- provide clear and consistent consumer information, e.g. on food labels;
- encourage food companies to provide lower energy, more nutritious foods marketed for children;
- develop criteria for advertising that promotes healthier eating;
- improve maternal nutrition and encourage breast-feeding of infants;
- design secure play facilities and safe local neighbourhoods;
- encourage schools to enact coherent food, nutrition and physical activity policies;
- encourage medical and health professionals to participate in the development of public health programmes.

Co-chair Prof Louise Baur, who is based at University of Sydney Department of Paediatrics and Child Health, in Australia, commented: "Almost daily we receive new reports of the impact of type 2 diabetes affecting younger and younger children because of obesity. That alone should make it imperative that all nations take urgent action to address the key issues affecting the growth of obesity.

Prof Ricardo Uauy, from Chile, chair of public health at the London School of Hygiene and Tropical Medicine, added: "This report is the result of one of the most comprehensive collaborations between experts in the pediatric field, all seriously concerned about what is happening to children throughout the world. We really cannot afford delay any longer. We need to address this challenge with an effective global strategy on diet, activity and health. We must act quickly. The world's children deserve no less."

The report is available upon request from

Childhood Report *
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* A charge may be required. For details see website: www.iotf.org/childhood

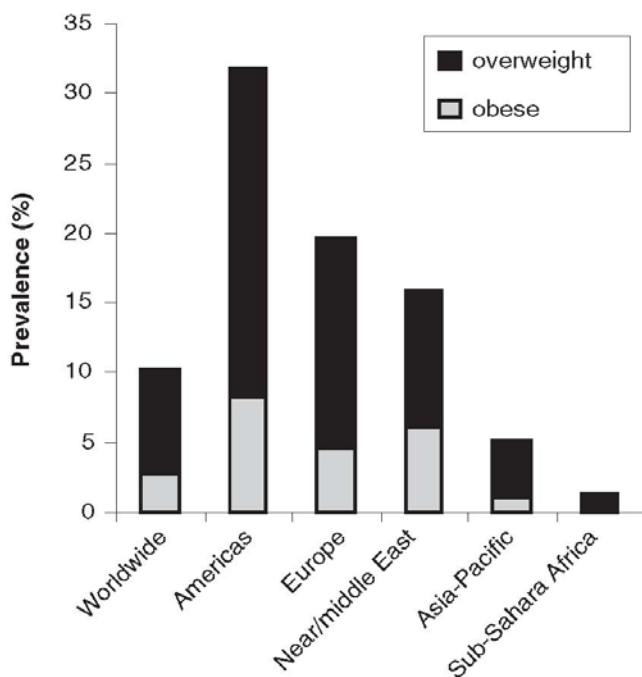


Figure 1 Prevalence of overweight and obesity among school-age children in global regions. Overweight and obesity defined by IOTF criteria. Children aged 5–17 years. Based on surveys in different years after 1990. Source: IOTF.

Click on graph to see larger version. Right click to download.

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ⁱ Cole TJ, Bellizzi MC, Flegal KM, Dietz WH. Establishing a standard definition for child overweight and obesity worldwide: international survey. *BMJ* 2000; **320**: 1240–1243.

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*** The IOTF is part of the International Association for the Study of Obesity, a global federation of research associations dedicated to the advancement of the understanding of obesity.**