

Results: Results indicate that mean levels of eating concerns, drive for thinness, bulimic symptoms and body dissatisfaction decreased over the 6-year period. Dietary restraint, weight and shape concerns were stable over time. Also, half of the youngsters who reported objective binge eating at baseline, still reported binge eating episodes at follow-up.

Conclusions: It can be concluded that 6 years after following structured weight-loss treatment, some eating

pathology variables still remain stable. Especially youngsters who already report loss of control over their eating at young ages appear to develop a more stable pattern of disordered eating behaviour.

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60 – Evaluation of the practices in Therapeutic Patient Education for paediatric obesity: EDUDORA project

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Introduction: Prevention and treatment of obesity in adolescents represent a real public health challenge. Recommendations in Therapeutic Patient Education (TPE) for obesity tend to appear in some countries. EDUDORA2 is a program dedicated to the management of TPE in obese and diabetic people. The present study reports an inventory of the practices in obesity in TPE in Province of Liege (Belgium), in the Grand-Duche of Luxembourg (Luxembourg) and Lorraine (France).

Method and population studied: The study was based on semi-structured individual interviews established according to French recommendations in TPE. In the main health institutions of the three regions, paediatric endocrinologists, nurses, dietitians and psychologists were interviewed.

Results: The first results of the qualitative analysis reveal a common way of obese adolescents' management

through the professionals involved. The circulation of information about the adolescents among staffs remains quite informal and education is the responsibility of nurses. To cope with adherence problems of the patient, the nursing staff show a lack of diversity in strategies of management adaptations. Very few structured programs are available. Results will be shown to compare the practices between the three regions.

Conclusions: Regarding to the increasing rate of obese adolescents, there is much need for structuring management and considering adolescents as main actors of their health. TPE appears as a real opportunity but it rarely seems implemented in the practices of medical teams. That is why the following of EDUDORA2 will investigate different working tracks to propose solutions for implementing TPE in the management of paediatric obesity.

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61 – What happens with cardiometabolic comorbidity of obese children and adolescents during 5- and 8-year follow-up?

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Table

	0–5 years (n 88)				P	5–8 years (n 24)			
	1st evaluation		5-year follow-up			5-year follow-up		8-year follow-up	
	Mean	SD	Mean	SD		Mean	SD	Mean	SD
Z-score BMI	4.6	2.0	2.9	1.6	<0.001*	3.2	1.4	2.8	2.1
%FM	38.7	7.6	34.0	9.0	<0.001*	36.0	9.0	35.2	12.0
TC ≥95th pc (%)	17.3		11.5		0.180**	23.1		7.7	
TG ≥95th pc (%)	7.3		8.2		1.000**	30.8		23.1	
HDL-c ≤5th pc (%)	17.1		18.0		0.687**	30.8		23.1	
LDL-c ≥95th pc (%)	15.9		11.7		0.344**	15.4		8.3	
SBP ≥95th pc (%)	32.1		15.6		0.035**	35.0		30.0	
≥2 CM-RF (%)	19.3		8.6			21.1		16.7	
HOMA-IR ≥3 (%)	24.1		29.2		0.503**	46.7		66.7	

%FM, %fat mass; TC, total cholesterol; TG, triglycerides; SBP, systolic blood pressure; CM-RF, cardiometabolic risk factors; HOMA-IR, homeostasis model assessment-insulin resistance.

Introduction: Cardiometabolic comorbidity of obesity is well documented, even in paediatric age.

Aim: Evaluate the tracking of cardiometabolic comorbidity in obese paediatric patients followed during 8 years.

Method: Data from eighty-eight children and adolescents (2–18 years; n 88) with nutritional obesity were collected including BMI Z-score, %fat mass (%FM) (bioelectrical impedance), lipid profile, blood pressure and HOMA-IR at baseline, 5-year (n 88) and 8-year (n 24) follow-up. Total

cholesterol (TC), triglycerides (TG), LDL-C, systolic (SBP) and diastolic blood pressure values above 95th percentile (pc), HDL-C values under 5th percentile and HOMA-IR ≥3 were considered cardiometabolic risk factors (CM-RF).

Conclusions: Even though the prevalence of CM-RF was high, a significative reduction in the magnitude of obesity and adiposity was associated with a medium-term improvement in all CM-RF, in particular SBP. HOMA-IR is an exception.

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62 – Eight years follow-up in the treatment of paediatric obesity: evaluation of success based on markers of nutritional status and body composition

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Introduction: BMI as well as percentage of fat mass (%FM) are usually used as markers of the result of intervention in obesity, even in paediatric age.

Aim: Evaluate the results of behavioural family-based intervention in obese children and adolescents (2–18 years) followed in an outpatient clinic during 8 years.

Method: A group of eighty-eight obese children and adolescents were characterized at 5-year, and twenty-four of them also at 8-year follow-up. BMI percentile, BMI Z-score, %FM (bioelectrical impedance) were collected. Reduction of BMI Z-score or %FM between evaluations was considered as success.

Table 5

	1st evaluation		5-year follow-up		P
	Mean	SD	Mean	SD	
BMI Z-score	4.6	2.0	2.9	1.6	<0.001
%FM	38.7	7.6	34.0	9.0	<0.001
BMI percentile ≥95 (%)		94		88	
Reduction of BMI Z-score (%)		–		90	
Reduction of FM (%)		–		71	
Reduction of BMI Z-score + FM (%)		–		70	

%FM, percentage of fat mass.