

Childhood obesity in Malta – a crisis in the making

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Maltese childhood obesity is the worst in the world. This article indicates the complications of this morbid condition and outlines suggestions for possible interventions, not only by individuals and families, but also by the Health Authorities.

Childhood obesity is becoming a major problem worldwide in both developed and developing countries and occurs when energy intake exceeds energy expenditure over a long period of time. At least 155 million school-age children worldwide are overweight or obese.

Closer to home, it is calculated that over half a million children in the EU are suffering from classic middle-aged health problems because of overweight or outright obesity. These are at a higher risk of developing potentially crippling or even fatal complications such as hypertension, diabetes, high cholesterol, stroke and ischaemic heart disease. For example, it is estimated that in the EU, there are about 10,000 children suffering from what was previously called adult-onset diabetes.

Risk factors for excess weight gain include excessive food intake, especially with inappropriate types of foods and lack of exercise.

A list of complications of excessive body weight includes:

Diabetes
Ischaemic heart disease
Hypertension
High cholesterol
Stroke

Arthritis
Slipped epiphyses
Blount's disease (tibia vara)
Polycystic ovarian syndrome
Irregular menses
Some forms of cancer
Victims of bullying
Low self-esteem
Depression
Gallstones
Asthma
Sleep apnea
Pseudotumor cerebri
Osteoporosis

- In children, there is also advancement of maturation with early growth, early puberty and early cessation of growth.
- It is important to remember that the above list can lead to additional complications. For example, just to mention one complication, both diabetes

and hypertension damage blood vessels, and if untreated, may result in blindness and renal failure.

- One must also bear in mind that other potential risk factors for the above complications may also be present in obese individuals, such as smoking.

An estimated two to eight per cent of healthcare expenditure in developed countries is attributable to obesity. For example, the cost of obesity in the US in 2000 was more than \$117 billion. Indeed, obesity-related conditions are second only to smoking as a cause of preventable death. For example, a 40 year follow-up of overweight children revealed double the rate of cardiovascular disease and hypertension and triple the rate of diabetes when compared with normal-weight children. 80% of adult-onset diabetes, 70% of cardiovascular disease, 42% of breast and colon cancer and 30% of gall bladder surgery is related to obesity.

Where does Malta stand in this scenario? *Malta excels!* A 2002 World Health Organisation health behaviour survey among school children placed Maltese 13-year old boys and girls at the first place, higher even than the USA, with 13.5 per cent of 13-year old boys and 17 per cent of girls of the same age classified as obese.

Significant and long-term weight loss is achievable by a combination of diet modification, behaviour modification, physical activity and social support. Weight loss should be slow (about half a kilogram a week) and steady.

Suggestions and recommendations:

- Health Authorities should mount a sustained and intensive public education campaign to improve parents' and children's understanding of the benefits of healthy living.
- There should be mandatory nutrient and compositional standards for any school meals and maximum/minimum levels should be set for fat, sugar, salt, vitamins and minerals.
- The sale of unhealthy food and drink products from school vending machines and tuck shops should be banned.

- All schools should make free water available from clean and hygienic sources.
- Government should consider subsidising the cost of fruit and vegetables in order to encourage healthy eating.
- All manufacturers should be legally obliged to reduce salt, sugar and fat in pre-prepared meals to an agreed level within a defined time frame.
- There should be a ban on the advertising of unhealthy foodstuffs, including inappropriate sponsorship programmes targeted at school children.
- Celebrities and children's television characters should only endorse healthy products that meet nutritional criteria laid down by the foods standards agencies.
- Resources should be allocated to create specialist obesity services and to allow children to gain access to such specialist obesity services.
- Government should increase funding and improve access to sport and recreation facilities within school and communities.

Authorities must remember that any costs incurred at this stage in the primary prevention of overweight and obesity will be more than offset by savings from treatment of the above mentioned complications. In this context, effective primary prevention will undoubtedly be extremely cost-effective.

Further reading:

Currie C. et al (eds.) 2004. Young People's Health in Context: international report from the HBSC 2001/02 survey. WHO Policy Series: Health policy for children and adolescents Issue 4, WHO Regional Office for Europe, Copenhagen.

The international report on the 2001/02 HBSC survey (launched 4th June 2004 in Edinburgh, Scotland). The report, entitled 'Young People's Health in Context' was published as the fourth volume in the WHO Health Policy for Children and Adolescents (HEPCA) Series. ☐

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