



LEEDS
BECKETT
UNIVERSITY

Citation:

Sharman, K and Nobles, JD (2016) Using a stepped-care approach to help severely obese children and young people. *Primary Health Care*, 26 (7). pp. 32-38. ISSN 0264-5033

Link to Leeds Beckett Repository record:

<https://eprints.leedsbeckett.ac.uk/id/eprint/4081/>

Document Version:

Article (Accepted Version)

The aim of the Leeds Beckett Repository is to provide open access to our research, as required by funder policies and permitted by publishers and copyright law.

The Leeds Beckett repository holds a wide range of publications, each of which has been checked for copyright and the relevant embargo period has been applied by the Research Services team.

We operate on a standard take-down policy. If you are the author or publisher of an output and you would like it removed from the repository, please [contact us](#) and we will investigate on a case-by-case basis.

Each thesis in the repository has been cleared where necessary by the author for third party copyright. If you would like a thesis to be removed from the repository or believe there is an issue with copyright, please contact us on openaccess@leedsbeckett.ac.uk and we will investigate on a case-by-case basis.

Strengths and Limitation of Interventions

INTERVENTION	STRENGTHS	LIMITATIONS	COSTS PER PARTICIPANT
<p>BARIATRIC SURGERY*</p> <p><i>Team required:</i> Paediatricians, Specialist Surgeons & Support Staff</p>	<ul style="list-style-type: none"> Rapid weight loss can increase motivation and improved emotional well-being Can reduce risk of co-morbidities or prevent deterioration Leads to better quality of life 	<ul style="list-style-type: none"> Post-operative complications (nutrient deficiencies, hair loss, stomach ulcers, wound infection, mortality) Does not challenge underlying behaviours Often requires cosmetic surgery after weight loss - not funded by the NHS Extremely high cost 	Very High
<p>PHARMACOTHERAPY*</p> <p><i>Team required:</i> Paediatric Consultant</p>	<ul style="list-style-type: none"> May give a morale boost if weight loss achieved Can achieve 5-10% weight loss in one year when combined with low calorie diets (not recommended for CYP) and physical activity 	<ul style="list-style-type: none"> Gastrointestinal upset; diarrhoea, flatulence, oily faecal discharge from rectum, halitosis Can prevent absorption of vitamins A, D, E & K Does not address emotional eating Weight tends to regain quickly once medication stops 	High
<p>RESIDENTIAL</p> <p><i>Team required:</i> Core staff; Counsellor; Nutritionist, Sports Instructor + SHINE Facilitators with specialist obesity training</p>	<ul style="list-style-type: none"> Intense structured programme of learning including psychosocial aspects Improved social interaction and psychological state e.g. self-esteem Better understanding of nutrition involved in planning, planning and preparing meals Increase confidence in new physical activities Gaining independence 	<ul style="list-style-type: none"> Controlled environment may not match home environment Some CYP may find being away from home difficult Difficult to sustain changes when return home High cost 	Moderately High
<p>PSYCHOLOGICAL THERAPIES</p> <p><i>Team required:</i> Qualified and Specialist Therapists</p>	<ul style="list-style-type: none"> One-to-one sessions Identify underlying factors leading to obesity Professional support to develop healthier management of emotional eating Develop coping strategies to reduce risk of relapse and improve likelihood of sustained changes Develop self-management skills to reduce need for future professional input Encourages personal responsibility for change 	<ul style="list-style-type: none"> Long waiting lists due to limited funding Increased intervention may indicate to individual a failed effort Limited therapists specialising in weight management for CYP More expensive than less intense treatments (e.g. PSI, bibliotherapy) 	High
<p>NUTRITIONAL THERAPY</p> <p><i>Team required:</i> Qualified Nutritionists</p>	<ul style="list-style-type: none"> One-to-one sessions Experienced and professional guidance and support Develops understanding of healthy eating behaviours 	<ul style="list-style-type: none"> General widespread knowledge of basic healthy eating principles Long waiting list due to limited funding Focus mainly on nutrition and food More expensive than less intense treatments (e.g. PSI, bibliotherapy) 	Moderate
<p>PSYCHOSOCIAL INTERVENTION (PSI)</p> <p><i>Team required:</i> SHINE Facilitators with specialist obesity training</p>	<ul style="list-style-type: none"> Group peer support reduces isolation and provides motivation to continue Increases awareness of multifaceted elements of obesity Self-empowerment: develop problem solving and decision making skills to embed learning Cost effective: educate a group together 	<ul style="list-style-type: none"> Individuals with low confidence could struggle in group setting May be difficult for those with poor literacy skills May be emotive when exploring underlying issues Requires commitment to attend for twelve weeks 	Moderately High
<p>BIBLIOTHERAPY</p> <p><i>Team required:</i> Administrator or Youth Worker with specific obesity training</p>	<ul style="list-style-type: none"> Cost effective Widely distributable Increases motivation and knowledge Can effectively build confidence before joining a group programme 	<ul style="list-style-type: none"> Need to be motivated to read Open to misinterpretation - no clarification of learning Requires literacy skills No individual assessment of need Limited follow up or assessment of progress Limitations reduced by Guided Bibliotherapy 	Low / Moderately Low

*Levels on the SCA not delivered by SHINE