

Introduction: Eating issues of childhood and teenage have a complex and manifold nature due to genetic, environmental and psychological elements. Integrated approach to patients affected by eating disorders (ED), thus, can be the joint among several different specific competences, where doctors and psychologists work together. In the clinical field, an interdisciplinary model and integrated approach, joining together organic/biological and more abstract/psychological observations and interventions, while integrating them into a consistent theoretical system, become essential.

Results: Basing on such considerations, the essay will describe the long-lasting experience of the Center for Dietology and Paediatric Nutrition of 'La Sapienza'

University of Rome, where the team of paediatricians, nutritionists, and cognitive-relational psychologists interact and integrate the therapeutic protocols for patients aged 4–18 years. Keeping an eye on the epidemiological and clinical data collected in the past 10 years on over 3000 new overweight/obese patients, the presentation will specifically focus on the relationship between the initial and after follow-up nutritional status. The psychological and emotional development's assessment of obese children/teenagers and their families, partly obtained with the help of the Obesity Risk Factors Questionnaire (ORF), a tool that allows to evaluate the quality of individual and familial relations according to a cognitive systemic model.

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58 – The integrated approach to paediatric obesity: from 'fat child' to the 'family with difficulties'

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The integrated medical-psychological approach implemented for almost 20 years in the 'Center for Paediatric Dietology and Nutrition' of 'La Sapienza' University of Rome allows, straight from the first meeting with the family, the re-definition of the problem of obesity, which is seen by the large majority of our patients' families only in terms of nutrition and biology, if even. Already the presence of a clinical psychologist (in the specific case relational or systemic-cognitive oriented) is in contrast with the initial expectations of families, when they first meet the Centre's staff and the 'healing system'. The introduction of relational issues, already explored during the medical history interview, favours the beginning of a re-thinking about the origin of the pathology. Since the first

questions, the therapeutic team introduces a new formulation of the problem, thus allowing the change from a focus exclusively centred on the obese child towards a systemic definition of a 'family with difficulties'. This therapeutic step immediately helps to reduce the child's sense of guilt, giving back competence and problem-solving power to those who felt implicitly impotent: the parental couple. The goal is to re-design the symptom and to re-define the meaning attributed by the family to the pathology. This way there's a shift from the 'spoiled and unmanageable child' towards the 'sensitive offspring that shows a familial unease', from the 'gordy prat' to the 'offspring that allows a couple reflection', from the 'fat kid' to the 'family with difficulties'.

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59 – The long-term outcome of eating pathology in overweight youngsters following weight-loss treatment

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Introduction: The present study aimed to investigate the stability of eating disorder symptoms over a 6-year period among overweight youngsters having undergone weight-loss treatment.

Method: Structured clinical interviews and self-report questionnaires were administered to a sample of fifty-six overweight youngsters (mean age = 13 years) who were at the start of weight-loss treatment in 2000 and again 6 years later.

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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