

QUALITY OF LIFE AND PSYCHOLOGICAL ASSESSMENT OF OBESE CHILDREN

Thesis

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SUMMARY AND CONCLUSION

According to WHO definition Quality of life is defined as an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, level of independence, social relationships, and their relationships to salient features of their environment (*WHOQOL Group 1993b*).

Health related quality of life (HRQL) has been recognized as an important pediatric outcome measurement. One of the more promising measures to emerge in recent years is the Pediatric Quality Of Life Inventory (PedsQL) (*Varni et al., 2001*)

Recommendations for valuing preference-based quality-of-life for child maltreatment will vary by developmental level and type of maltreatment (*Prosser and Corso, 2007*)

Obesity is one of the most common chronic disorders in childhood and its prevalence continues to increase rapidly. There is a growing awareness of the long-term health complications of obesity in children and adolescents, yet many pediatricians do not offer treatment to obese children and adolescents in the absence of comorbid conditions. However,



*First and foremost, thanks to **ALLAH**, to whom I related any success in achieving any work in my life.*

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

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LIST OF ABBREVIATIONS

Abbrev.	Meaning
AAFP:	American Academy of Family Physicians.
AGB:	Adjustable gastric banding.
AgRP:	A gouti-related protein.
ALT:	Alanine aminotransferase.
BED:	Binge eating disorder.
BMI:	Body mass index.
BMI SDS:	Body mass index standard deviation score.
BMI z:	Standardized Body mass index.
CART:	Cocaine and amphetamine regulated transcript.
CBT:	Cognitive–behavioral therapy.
CCK:	Cholecystekinin.
CDC:	Centers for Disease Control and Prevention.
CF:	Child form.
CHD:	Coronary heart disease.
CHQ:	Child Health Questionnaire.
CV:	Cardiovascular.
DMH:	Dorsomedial hypothalamic.
DSM:	The Diagnostic and Statistical Manual of Mental Disorders.
DXA:	Dual-energy X-ray Absorptiometry
EGJ:	Eosophageal Gastric junction.
FDA:	Food and Drug Administration.
GAD:	Generalized anxiety disorder.
GD:	Gallbladder disease.
GEPG:	Gastroeosophageal pressure gradient.
GERD:	Gastroeosophageal reflux.
GHSR:	Growth hormone secrstagogue hormone.
GLP-1:	Glucogen like peptide-1.
GnRH:	Gonadotropin relasing hormone.
GPs:	General Practitioners.

LIST OF ABBREVIATIONS (Cont...)

Abbrev.	Meaning
HDL:	High –density lipoprotein.
HEDIS:	Health Plan Employer Data Information Set.
Height SDS:	Height standard deviation score.
HF:	Heart failure.
HPV:	Hypothalamic previnctular nucleus.
HRQOL:	Health-related quality of life.
IBD:	Inflammatory bowel disease.
LBP:	Low back pain.
LDL:	Low density lipoprotein.
LHA:	Lateral hypothalamus area.
MAOIs:	Mono amine oxidase inhibitor.
MC3:	Melanocortin3 receptor.
MC4:	Melanocortin4 receptor.
MSH:	Melanocyte stimulating hormone.
NAFLD:	Non alcoholic fatty liver disease.
NES:	Night eating syndrome.
NHMRC:	National Health Medical Research Council.
NPY:	Neuropeptide y.
OA:	Osteoarthritis.
OCD:	Obsessive-compulsive disorder.
OHS:	Obesity hypoventilation syndrome.
PCOS:	Polycystic ovary disease.
PD:	Panic disorder.
PedsQL:	Pediatric Quality of Life Inventory.
PedsQL 4.0:	Pediatric Quality of Life Inventory, Version 4.0.
PF:	Parent form.
POMC:	Pro-opiomelanocortin.
PTSD:	Post-traumatic stress disorder.
QOL:	Quality of life.
RCTs:	Randomized controlled trials.
RST:	Ratio of soft tissue attenuation at two photon energies.

LIST OF ABBREVIATIONS (Cont...)

Abbrev.	Meaning
SAD:	Social anxiety disorder.
SCHIP:	State Children's Health Insurance Program.
SEIQoL:	Schedule for the Evaluation of Individualized Quality of Life.
SF:	Short Forms.
SSRIs:	Selective Serotonin Reuptake Inhibitor.
STORM:	Sibutramine Trial of Obesity Reduction and Maintenance.
T2DM:	Type 2 diabetes mellitus.
TACQOL:	TNO-AZL (The Netherlands organization for Applied Scientific Research Academic medical Centre) children's Quality of Life.
TAPQOL:	TNO-AZL (The Netherlands organization for Applied Scientific Research Academic medical Centre) Preschool children Quality of Life.
TCAs:	Tricyclic anti- depressants.
VMN:	Ventromedial nucleus of hypothalamus.
WC:	Waist circumference.
WC SDS:	Waist circumference standard deviation score.
WHOQoL:	World Health Organization Quality of life.
WHR:	Waist-hip ratio.
WTR:	Waist-thigh ratio.

INTRODUCTION

Although definition of obesity and overweight has changed over time, it can be defined as an excess of Body Fat (BF) (*Dehghan et al., 2005*). In children, a BMI greater than the 85th percentile for age is considered overweight and greater than the 95th percentile is classified as obese (*Abitbol and Rodríguez, 2009*). Childhood and adolescent overweight and obesity have increased substantially in the past 2 decades, raising concerns about the physical and psychosocial consequences of childhood obesity (*Swallen et al., 2005*).

Obesity is associated with physical problems, such as hypertension, coronary arteriosclerosis, elevated cholesterol, type 2 diabetes, joint problems, stroke, and certain types of cancers. Psychologically, it is associated with several problems, such as lower self-concept, negative self-evaluation, decreased self-image, anxiety and depression, which are related to somatic and psychological symptoms (e.g. being teased, hit, or bullied, and presenting high-risk behaviour (*Lofrano-Prado et al., 2009*). In addition, obesity has also adverse physical, social, and economic consequences that can negatively affect quality of life (QOL) (*Lofrano-Prado et al., 2009*).

It has been observed that by six years old, children have picked up societal messages that overweight is undesirable, and overweight children may encounter rejection and become socially isolated, or they may develop a distorted body image.

The social burden of obesity affects educational attainment and interpersonal relationships (*Edmunds et al., 2001*).

Psychosocial factors seem to be more important than the functional limitations of obesity itself. This means that we might help the obese child better by social support to a minor part of the population than to focus on the child's obesity as a cause of psychological problems (*Flodmark, 2005*).