



OBESIDAD INFANTO-JUVENIL: LA ENFERMEDAD QUE NOS AFECTA A TODOS





650 M

Personas afectadas por
obesidad

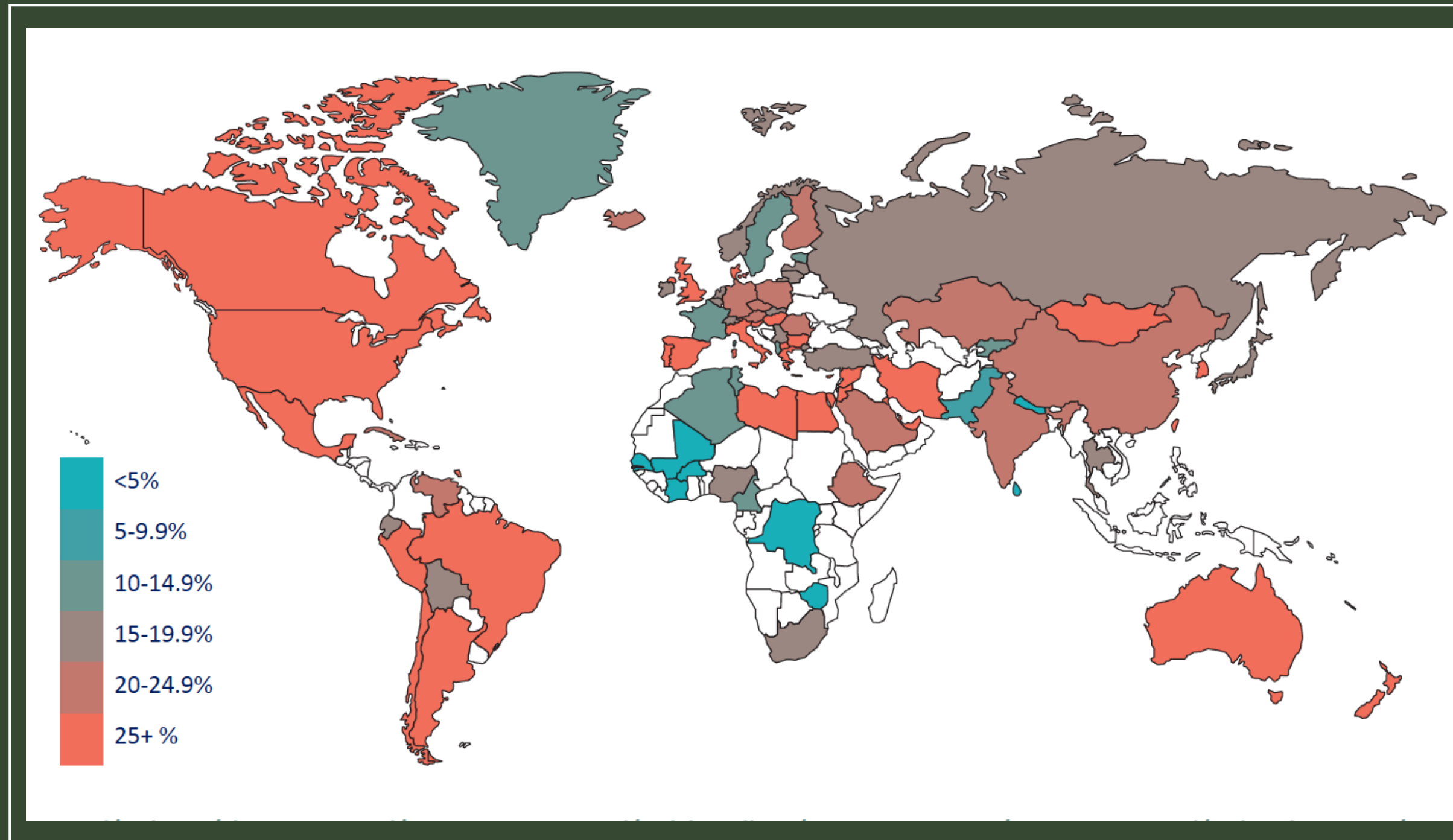
29 M 

Gasto de obesidad en España

Prevalencia de sobrepeso en la población infantil

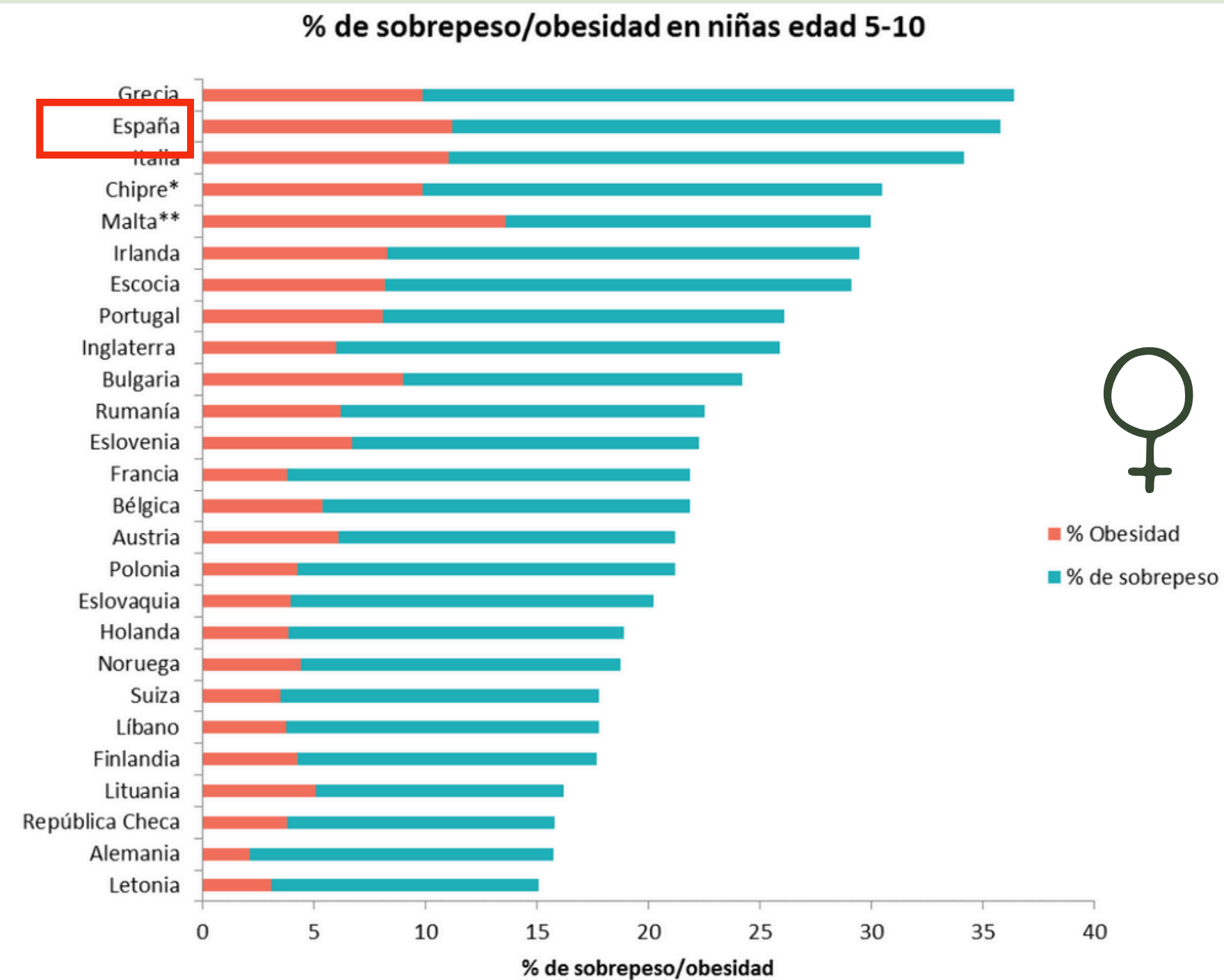
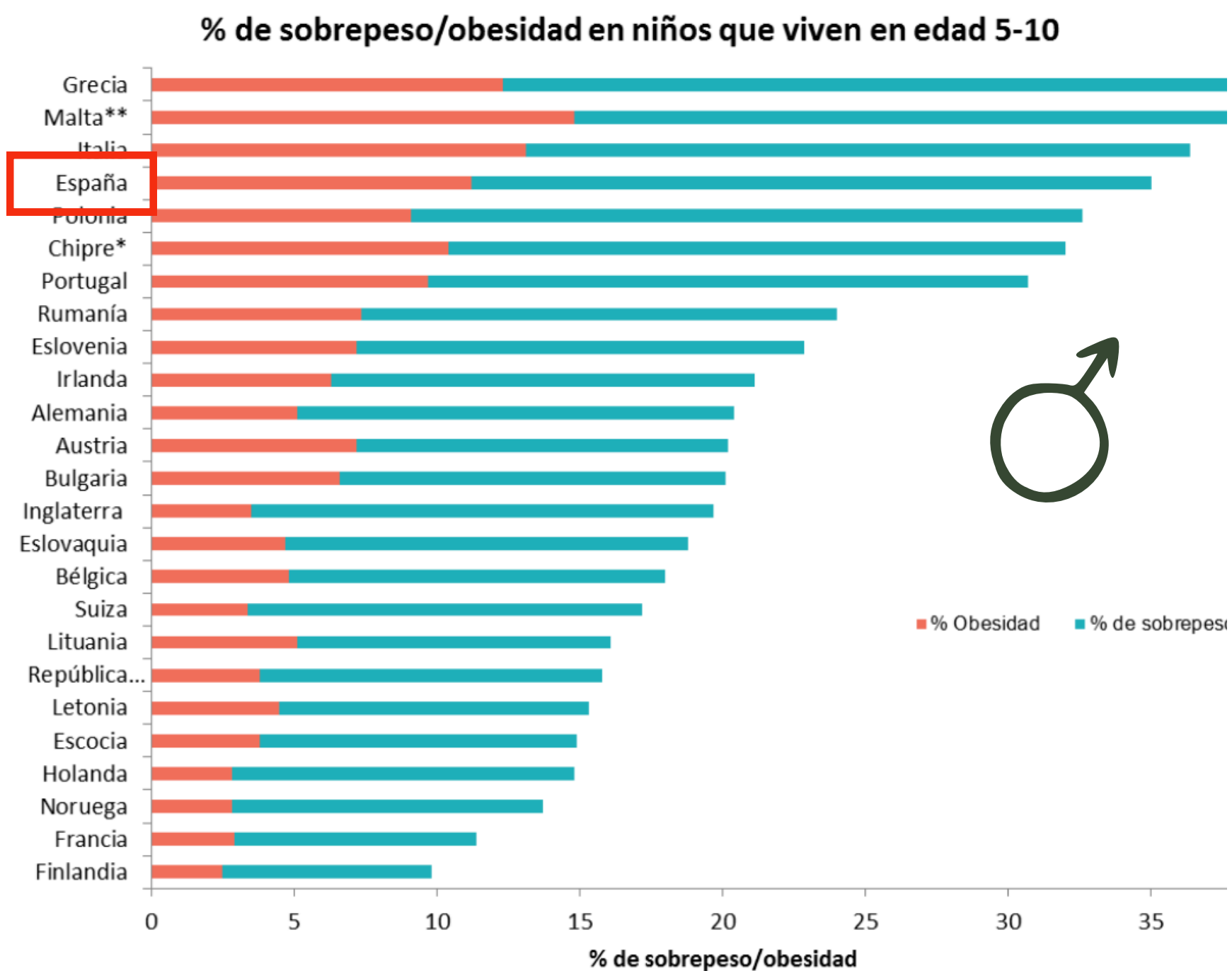


ESPAÑA ESTÁ DENTRO DE LOS PAISES CON MÁS PREVALENCIA





Prevalencia exceso de peso Europa



* 6-11.9, ** 10-17

* 6-11.9, ** 10-17

World Obesity Federation 2017



APRÓXIMADAMENTE EL

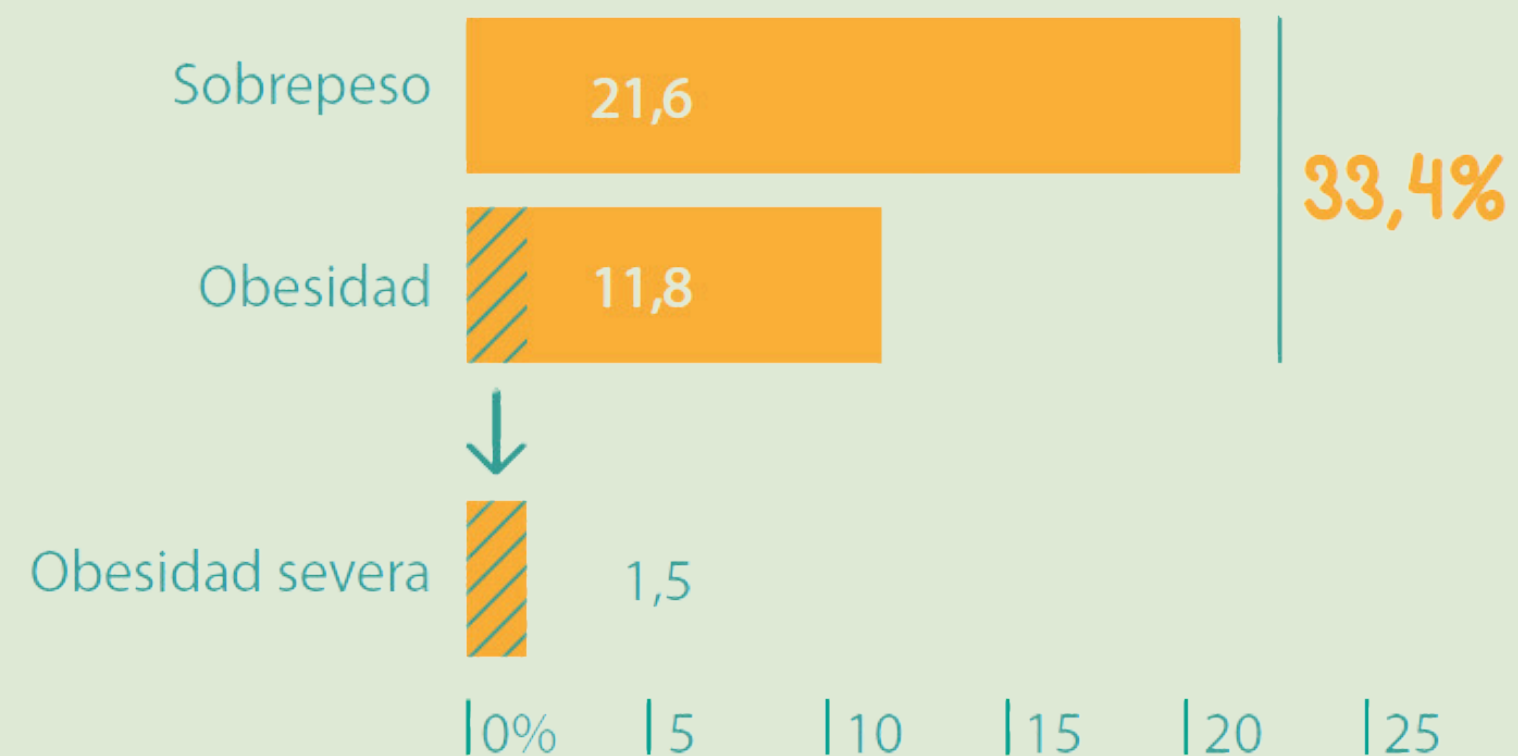
34%

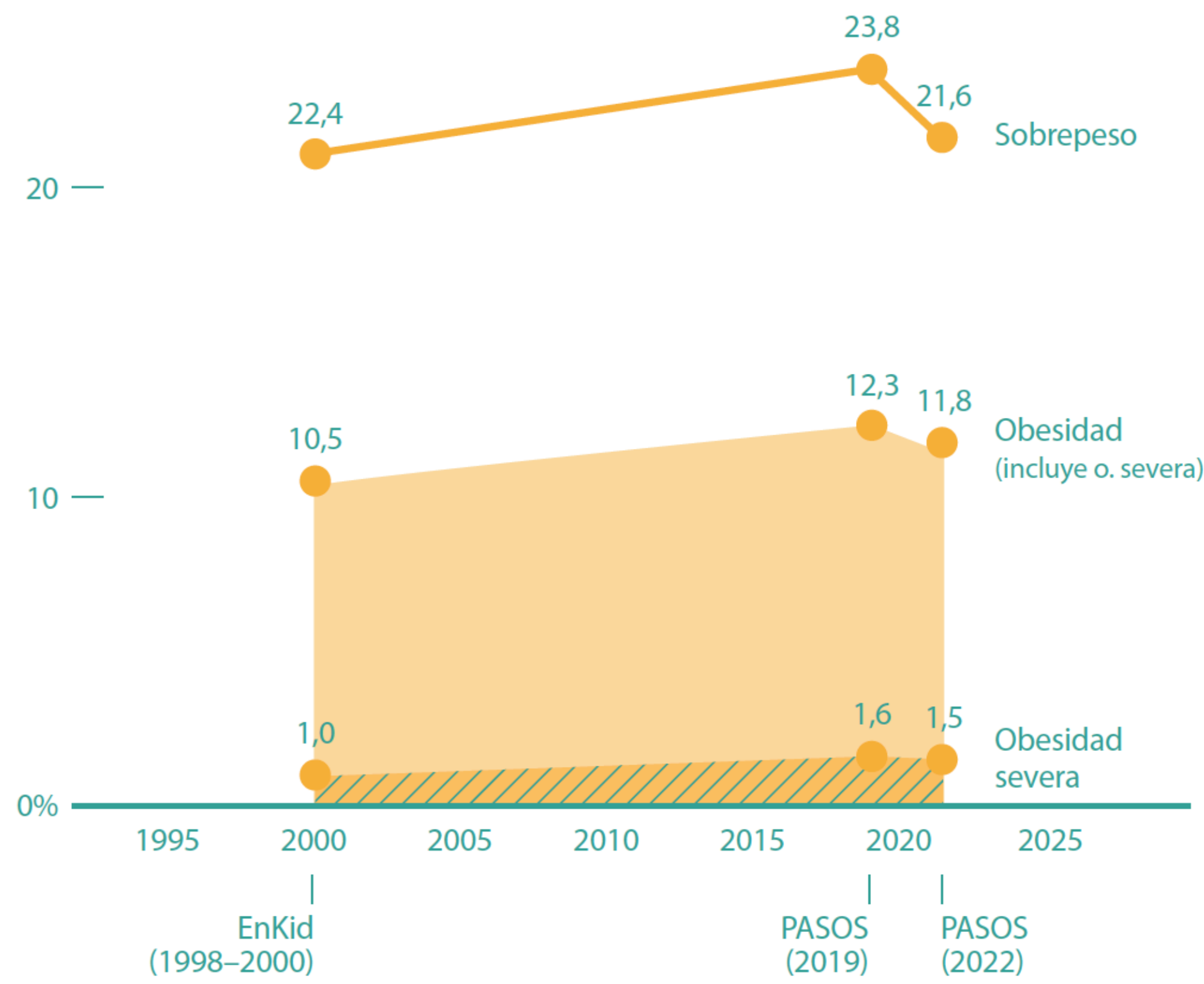
de la población ESPAÑOLA
padece de obesidad

EN ESPAÑA

1 de cada 4

entre 5 y 19 años de edad
presenta sobrepeso u obesidad





Evolución de la prevalencia de sobrepeso y obesidad infantil entre los años 2000, 2019 y 2022

PARECE QUE ALGO ESTAMOS MEJORANDO!



IN FOCUS | [VOLUME 9, ISSUE 7, P418, JULY 01, 2021](#)

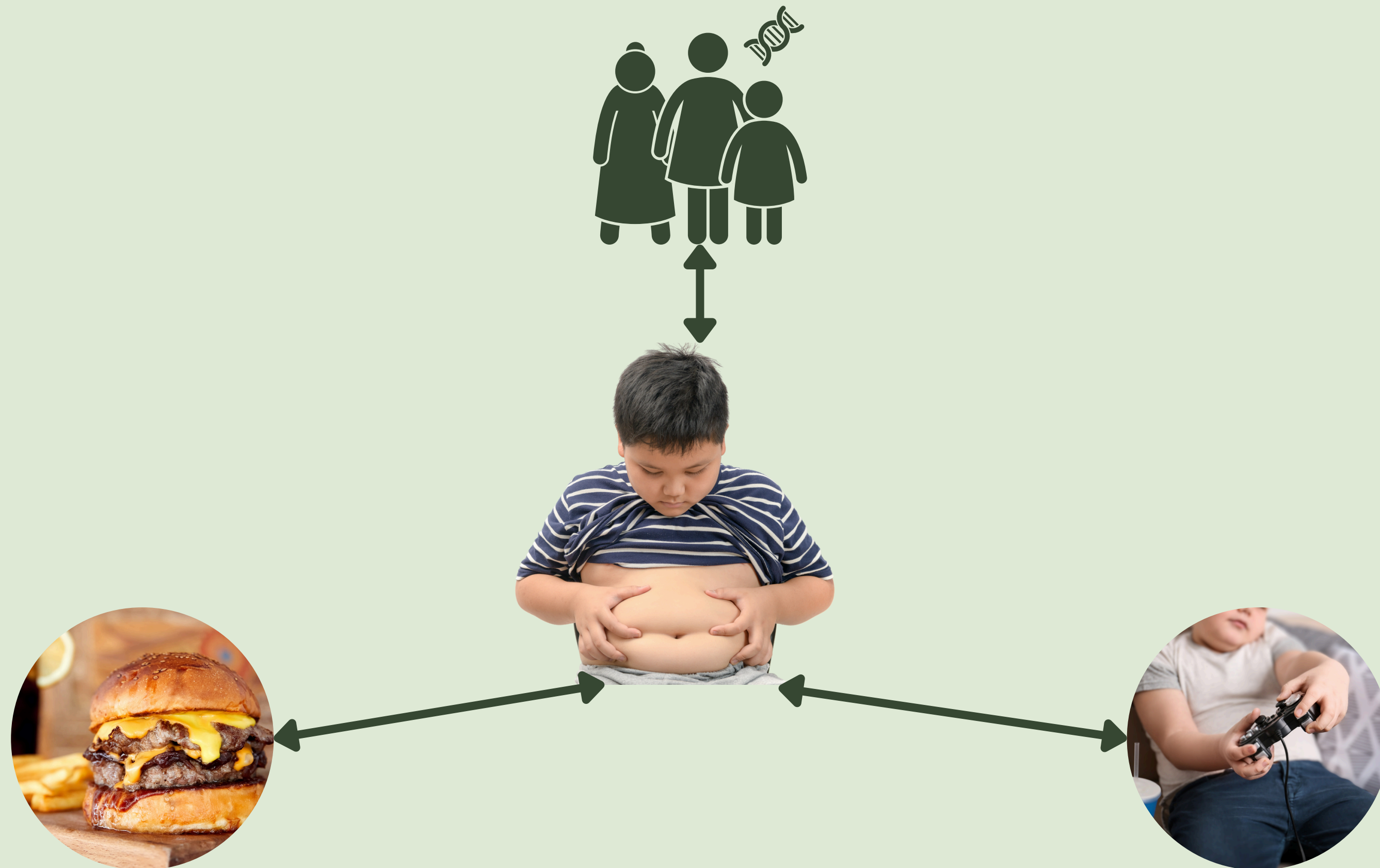
European Commission classifies obesity as a chronic disease

[Talha Burki](#)

Published: June 01, 2021 • DOI: [https://doi.org/10.1016/S2213-8587\(21\)00145-5](https://doi.org/10.1016/S2213-8587(21)00145-5)

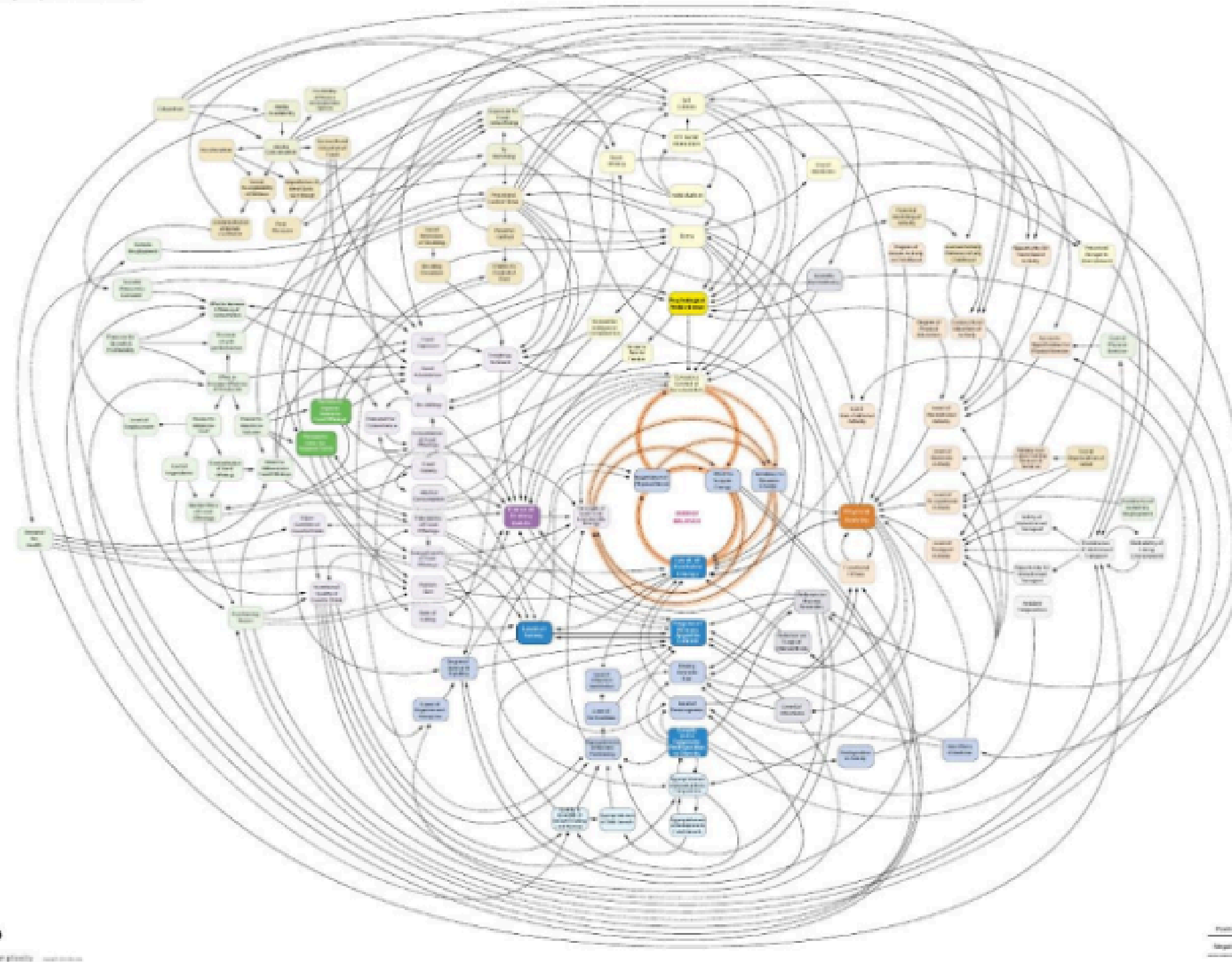


ENFERMEDAD MULTIFACTORIAL Y COMPLEJA



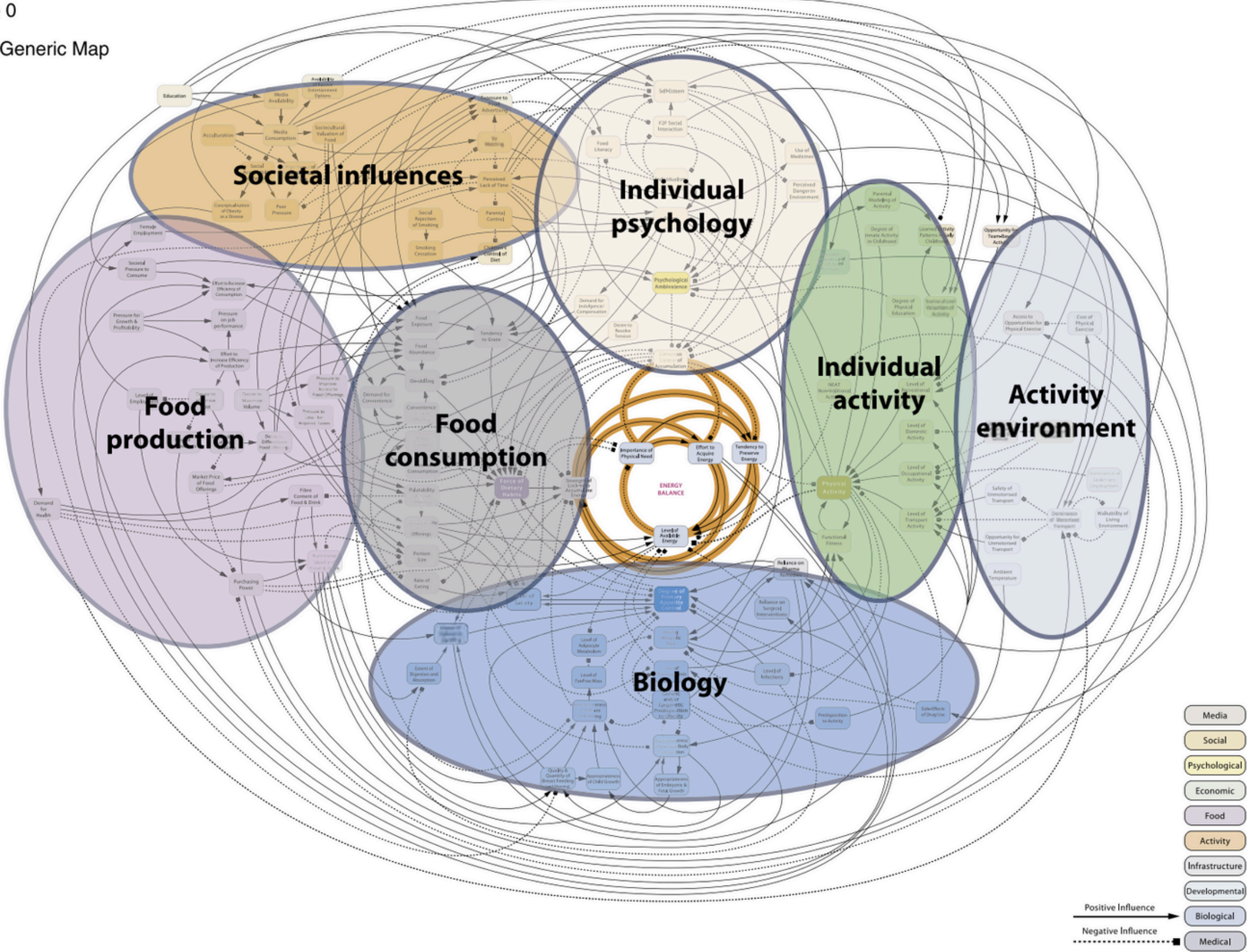
ENFERMEDAD MULTIFACTORIAL Y COMPLEJA

Obesity System Map



ENFERMEDAD MULTIFACTORIAL Y COMPLEJA

Map 0
Full Generic Map

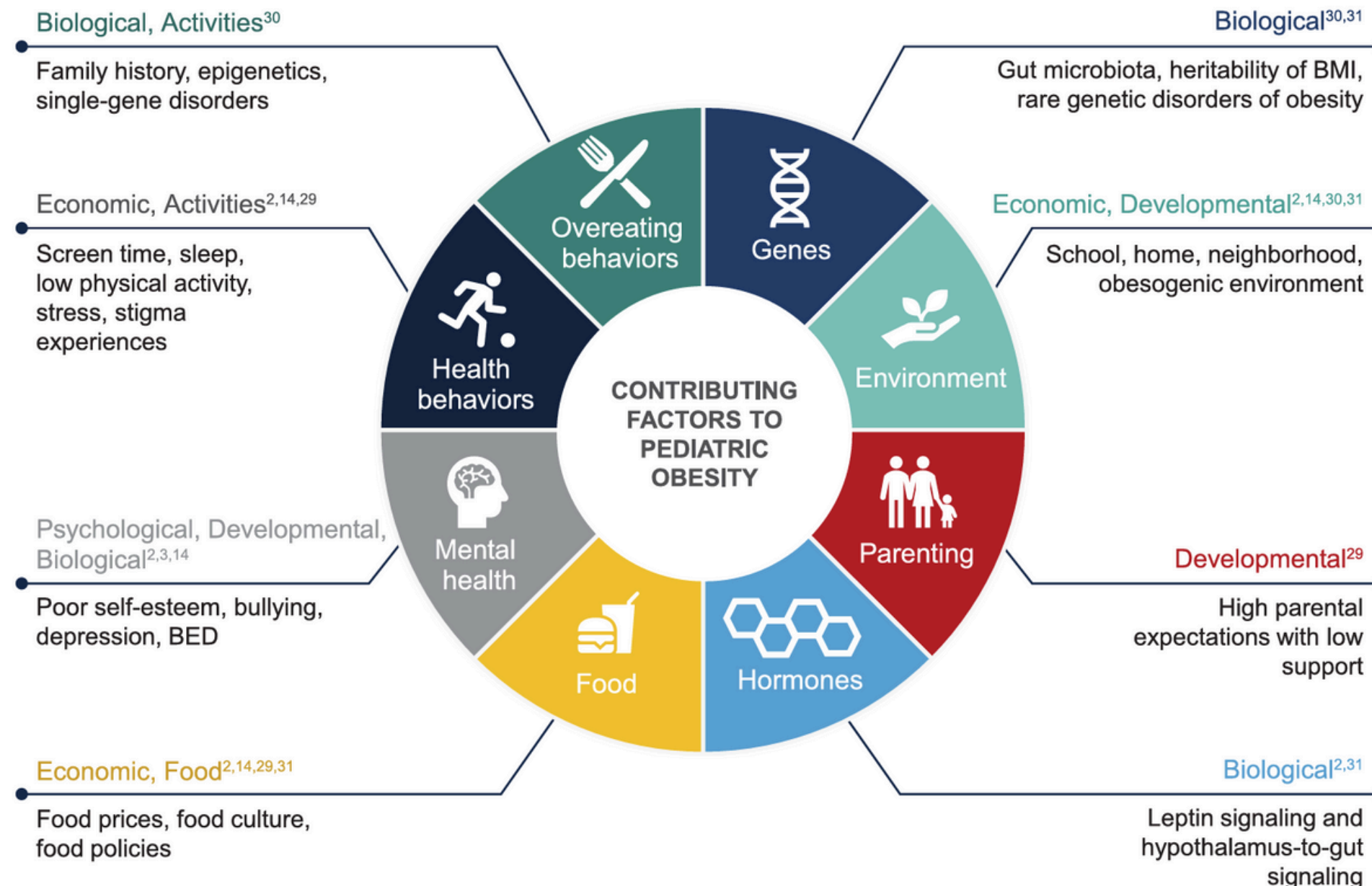


**Enfermedad
crónica
prevalente,
compleja,
progresiva y
recidivante**

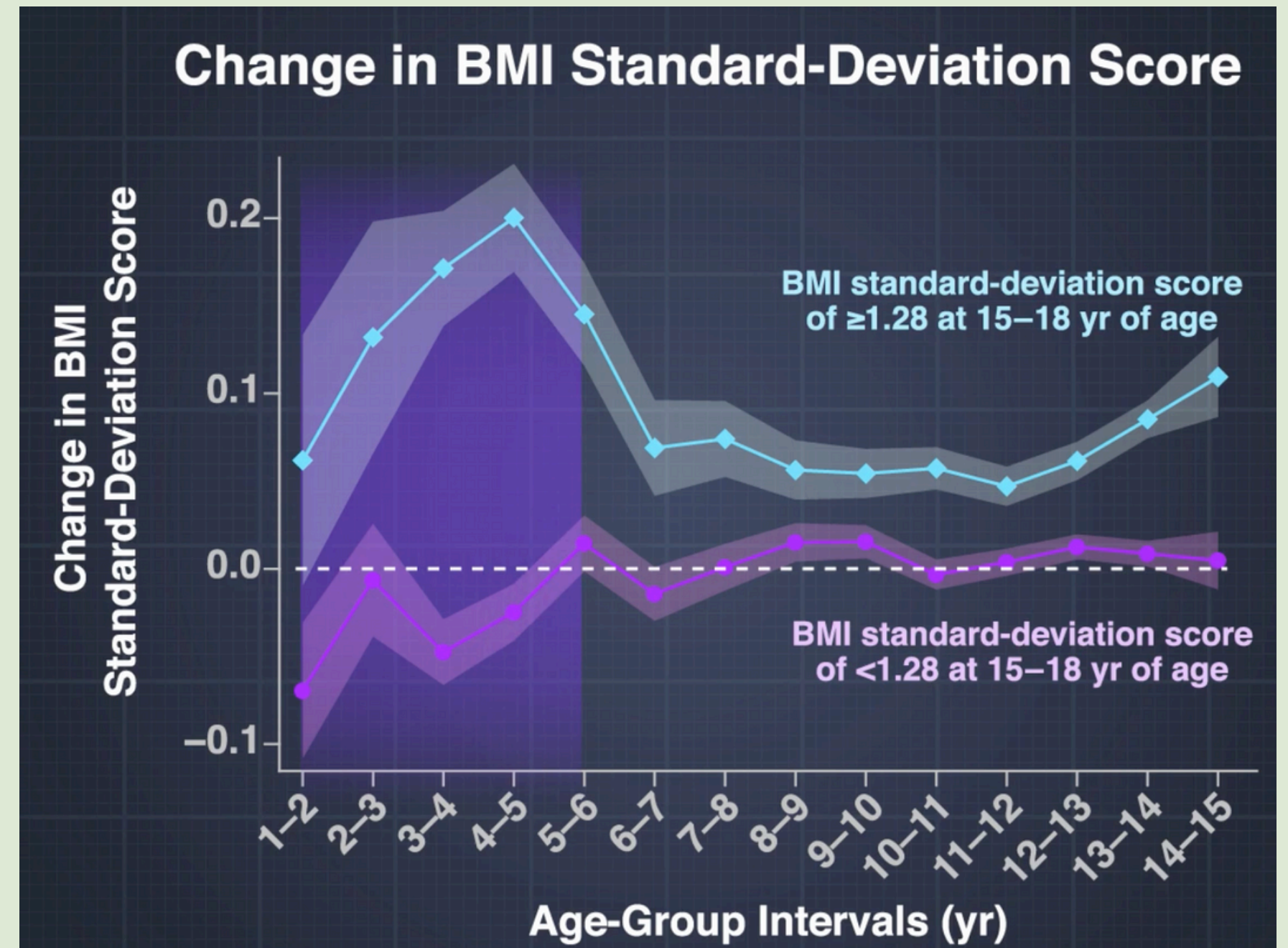
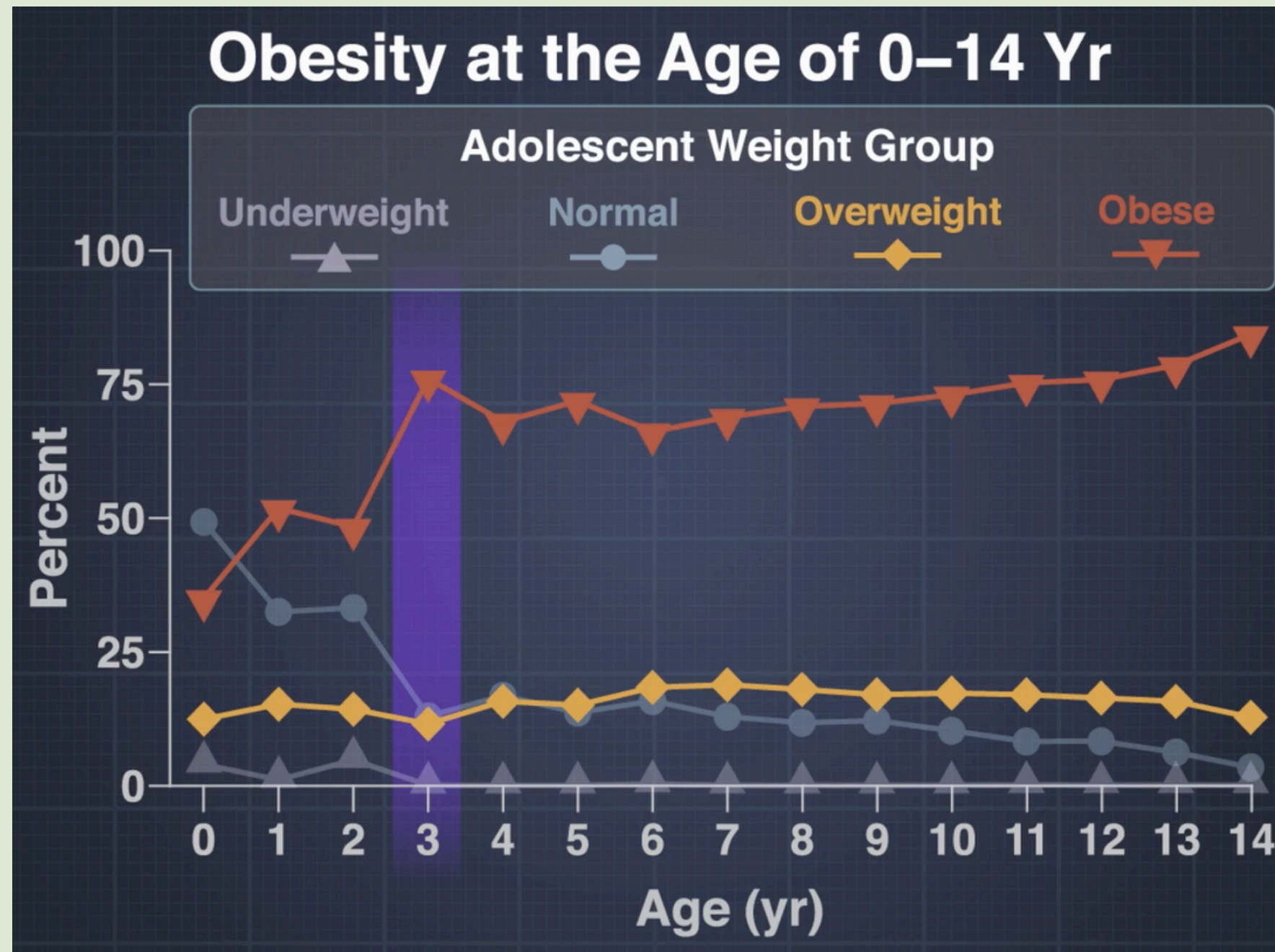
**Resultado de la
interacción
entre factores**

The Complexity and Stigma of Pediatric Obesity

Andrea M. Haqq, MD, MHS, FRCP(C), FAAP,^{1,2} Maryam Kebbe, PhD,³
Qiming Tan, MS,¹ Melania Manco, PhD,⁴ and Ximena Ramos Salas, PhD⁵



Acceleration of BMI in Early Childhood and Risk
of Sustained Obesity



Un niño obeso en la infancia será obeso en la edad adulta

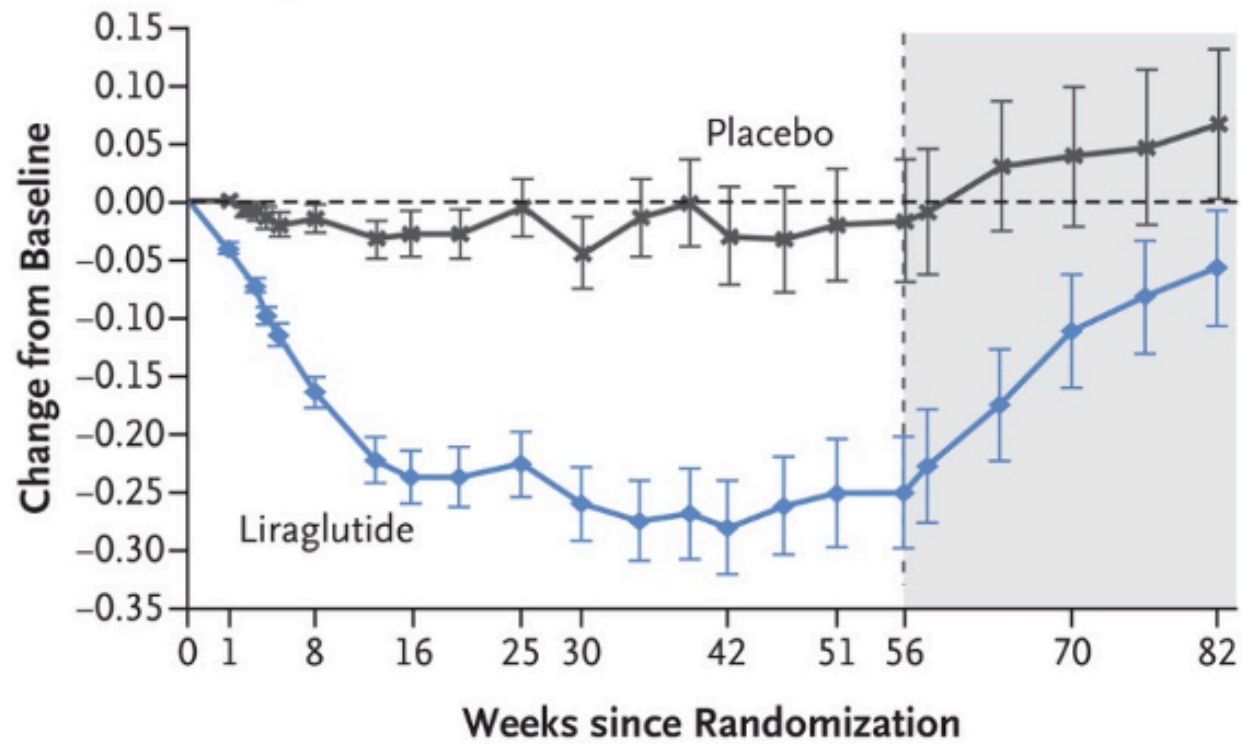
ORIGINAL ARTICLE

A Randomized, Controlled Trial of Liraglutide for Adolescents with Obesity

Aaron S. Kelly, Ph.D., Pernille Auerbach, M.D., Ph.D., Margarita Barrientos-Perez, M.D., Inge Gies, M.D., Ph.D., Paula M. Hale, M.D., Claude Marcus, M.D., Ph.D., Lucy D. Mastrandrea, M.D., Ph.D., Nandana Prabhu, M.Sc., and Silva Arslanian, M.D., for the NN8022-4180 Trial Investigators*

RECIDIVANTE

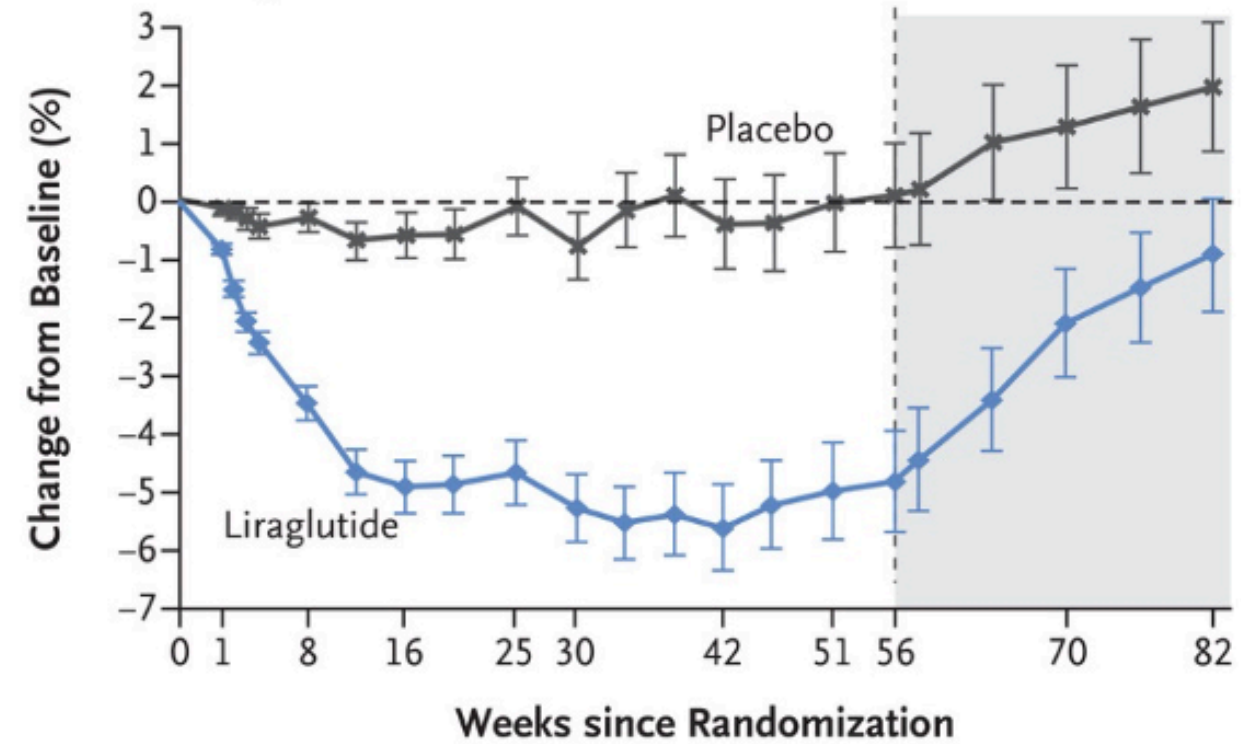
A Absolute Change in BMI Standard-Deviation Score



No. of Participants

Placebo	126	125	123	116	116	105	101	105	97	102
Liraglutide	125	123	119	118	119	110	107	113	106	112

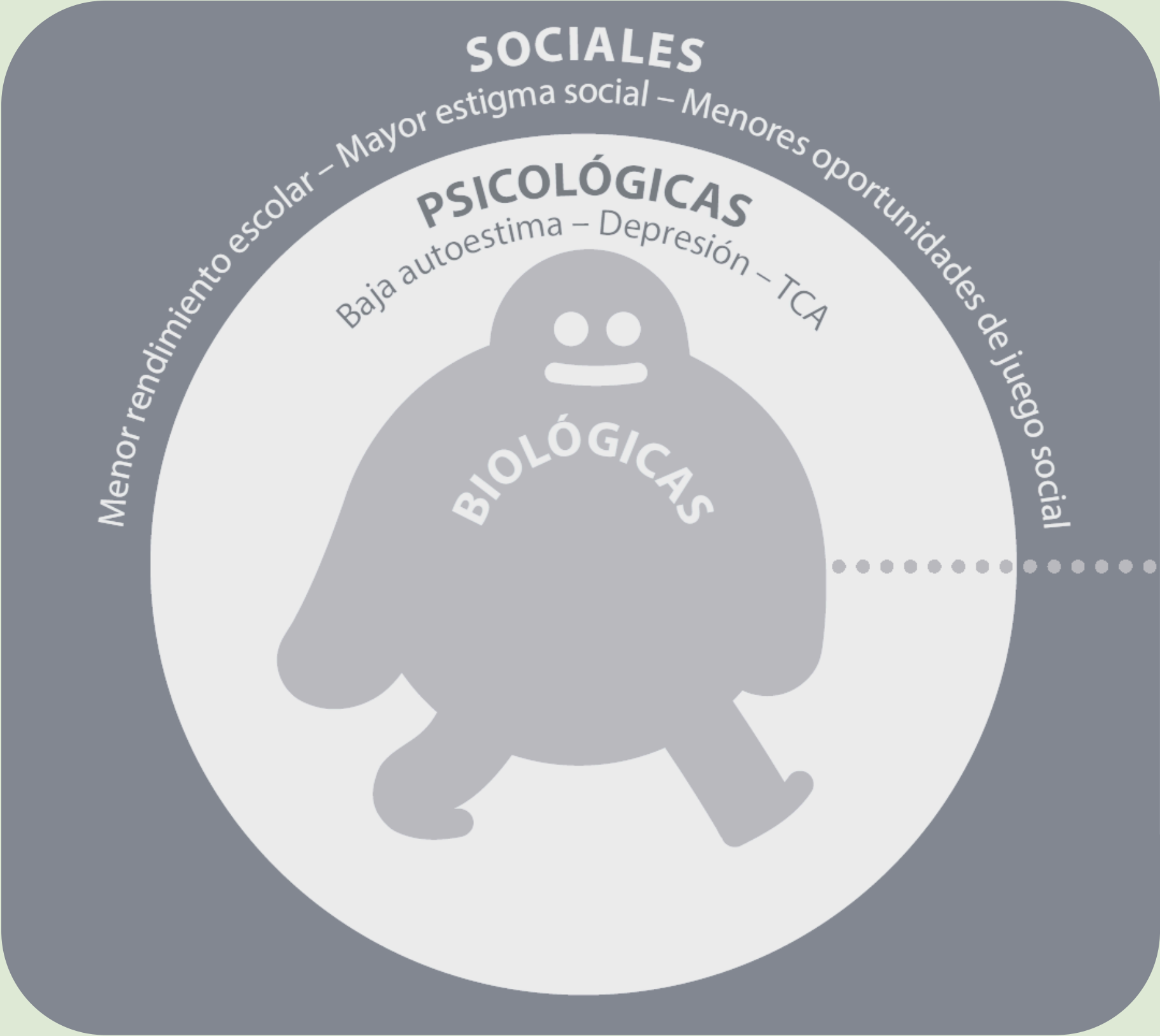
B Relative Change in BMI



No. of Participants

Placebo	126	125	123	116	116	105	101	105	97	102
Liraglutide	125	123	119	118	119	110	107	113	106	112

Consecuencias biopsicosociales



Consecuencias biológicas

Problemas de salud mental:

- Baja autoestima
- Ansiedad
- Depresión
- Trastornos de conducta alimentaria

Problemas sociales:

- Discriminación y acoso
- Aislamiento
- Peor desempeño escolar

Enfermedades pulmonares y del sueño:

- Síndrome de apnea del sueño
- Asma
- Hipersensibilidad bronquial

Enfermedades cardiovasculares:

- Hipertensión arterial

Alteraciones de la piel:

- Estrías y rozaduras
- Aumento sudoración

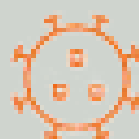
Enfermedades metabólicas:

- Alteraciones metabolismo azúcares y grasas
- Diabetes
- Alteraciones hormonales

Acumulación crónica de grasa en hígado

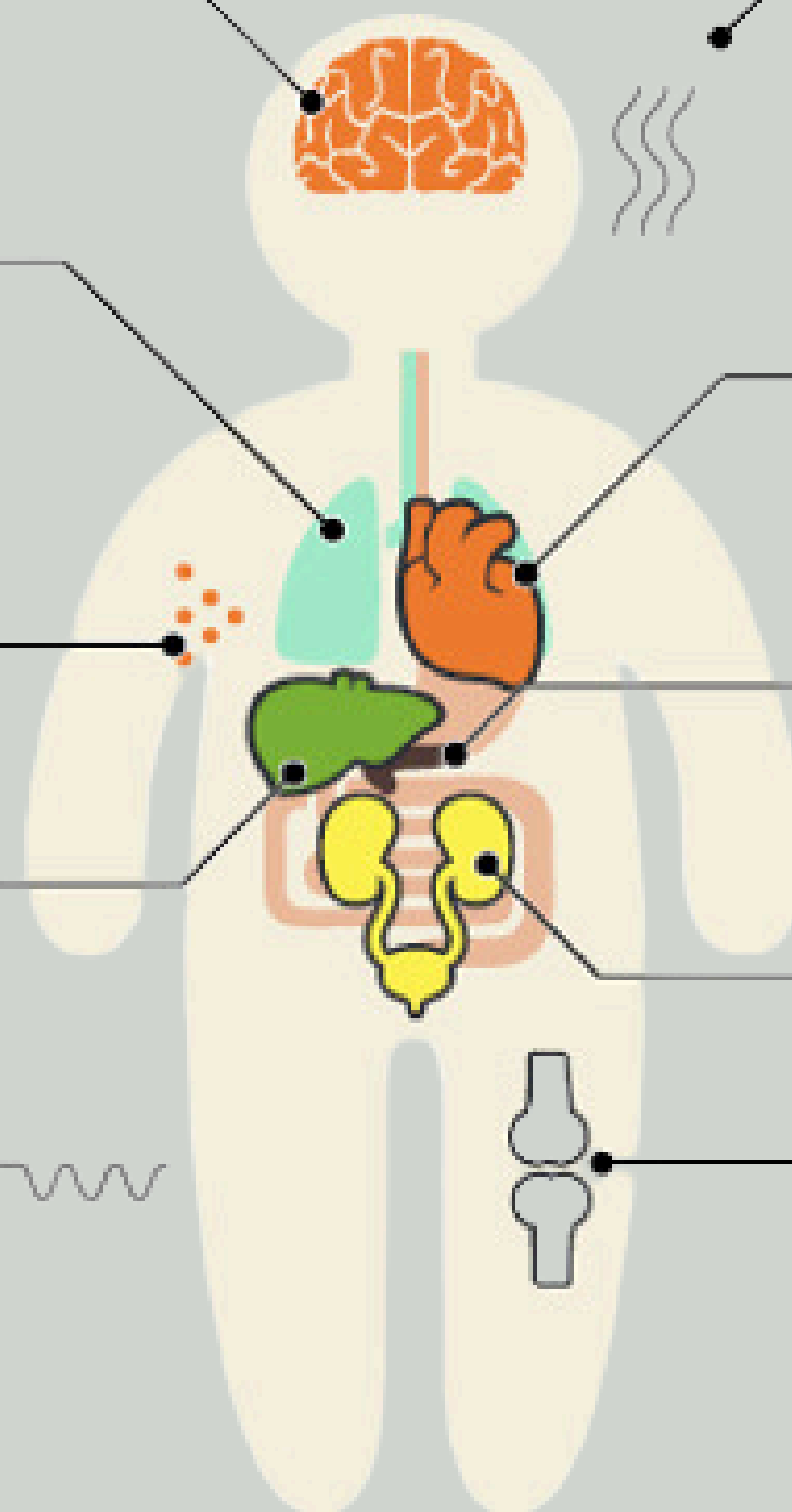
Alteraciones renales

Peor respuesta a infecciones (incluyendo COVID-19)

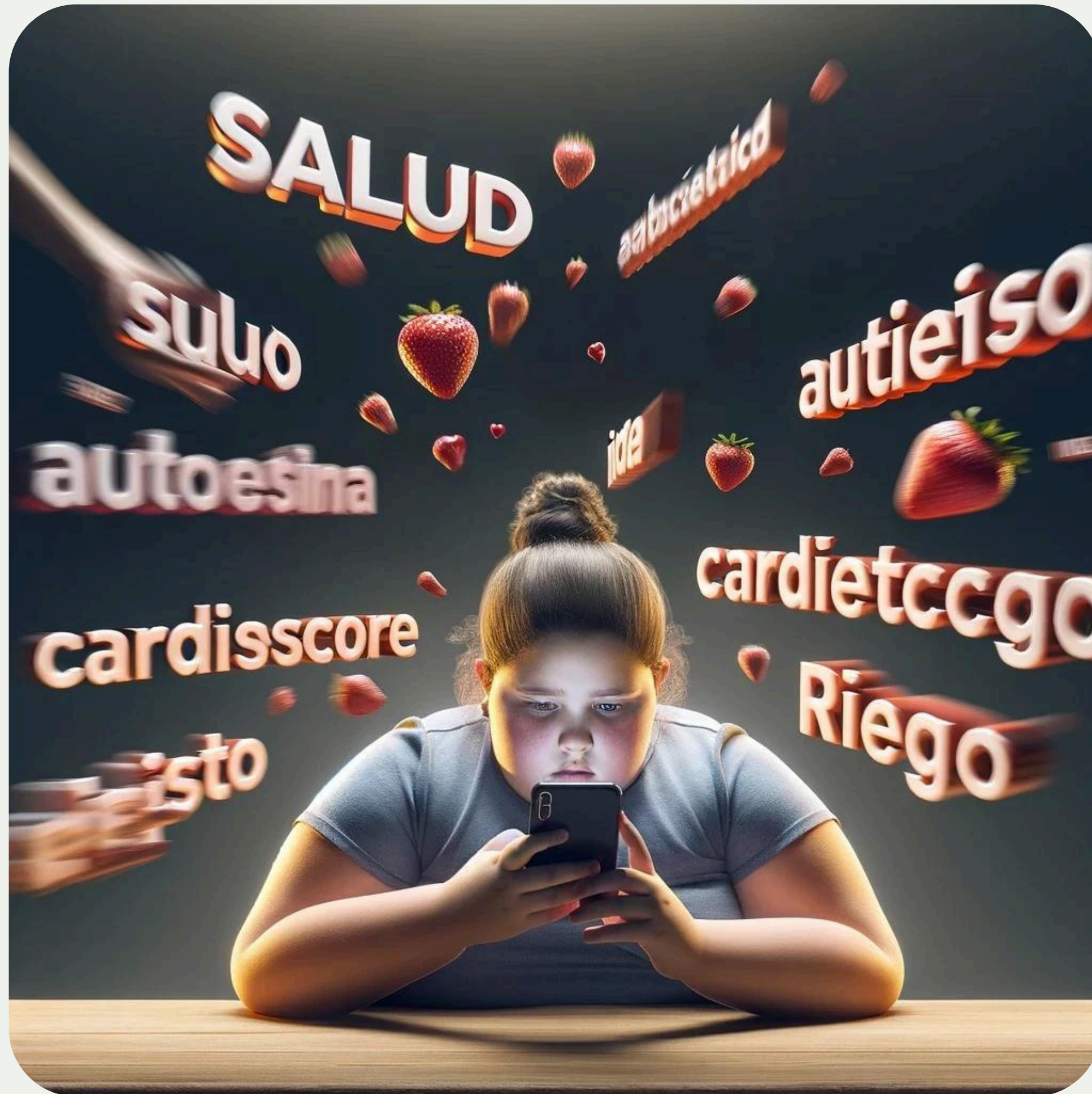


Enfermedades del aparato locomotor:

- Alteraciones movilidad
- Dolor articulaciones
- Riesgo de fracturas







Existen 4 pilares principales

Buscar cambios pequeños

Enfocarnos en lo que más le cuesta a cada paciente (preguntarles)

Si pedimos mucho de golpe se abruma, no se ven capaces y lo dejan





Dear Diet,

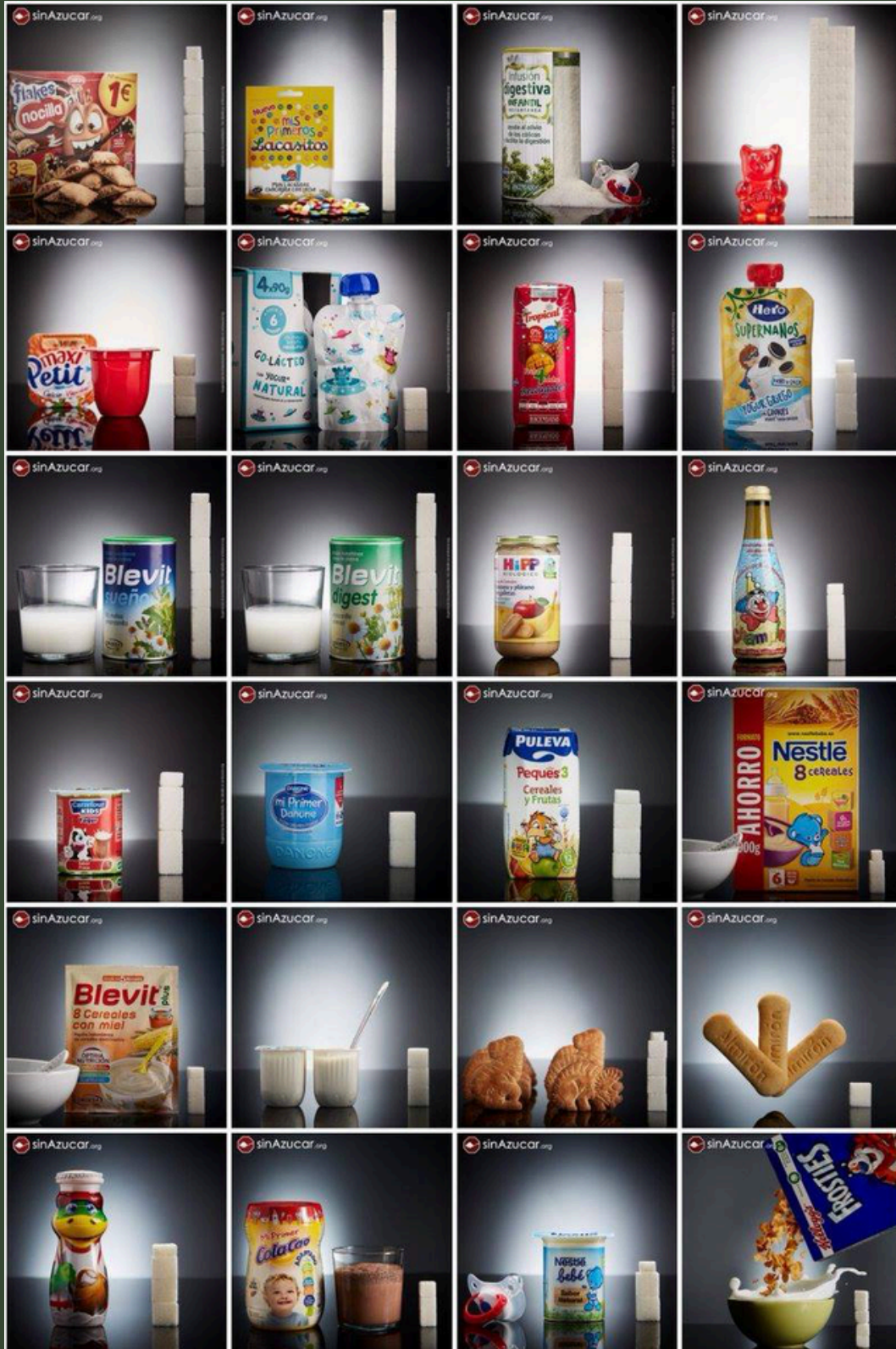


Things just aren't
going to work
out between us.
it's not me
it's you.
you are tasteless,
boring and I can't stop
cheating on you..



“Tell me more about the Acupuncture Diet.
Does it really work?”








International Journal of
*Environmental Research
and Public Health*



Article

Nutrient Composition of Foods Marketed to Children or Adolescents Sold in the Spanish Market: Are They Any Better?

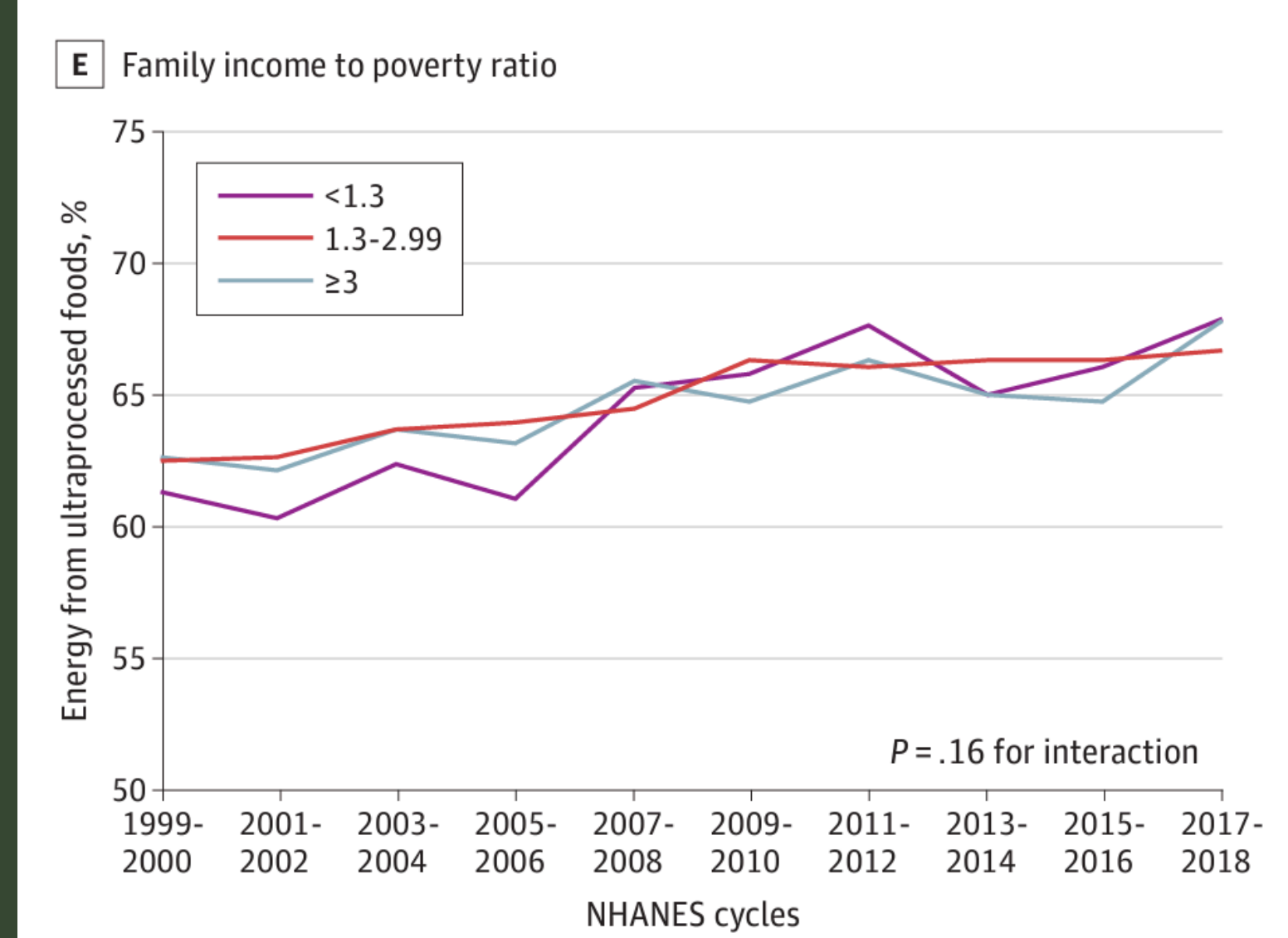
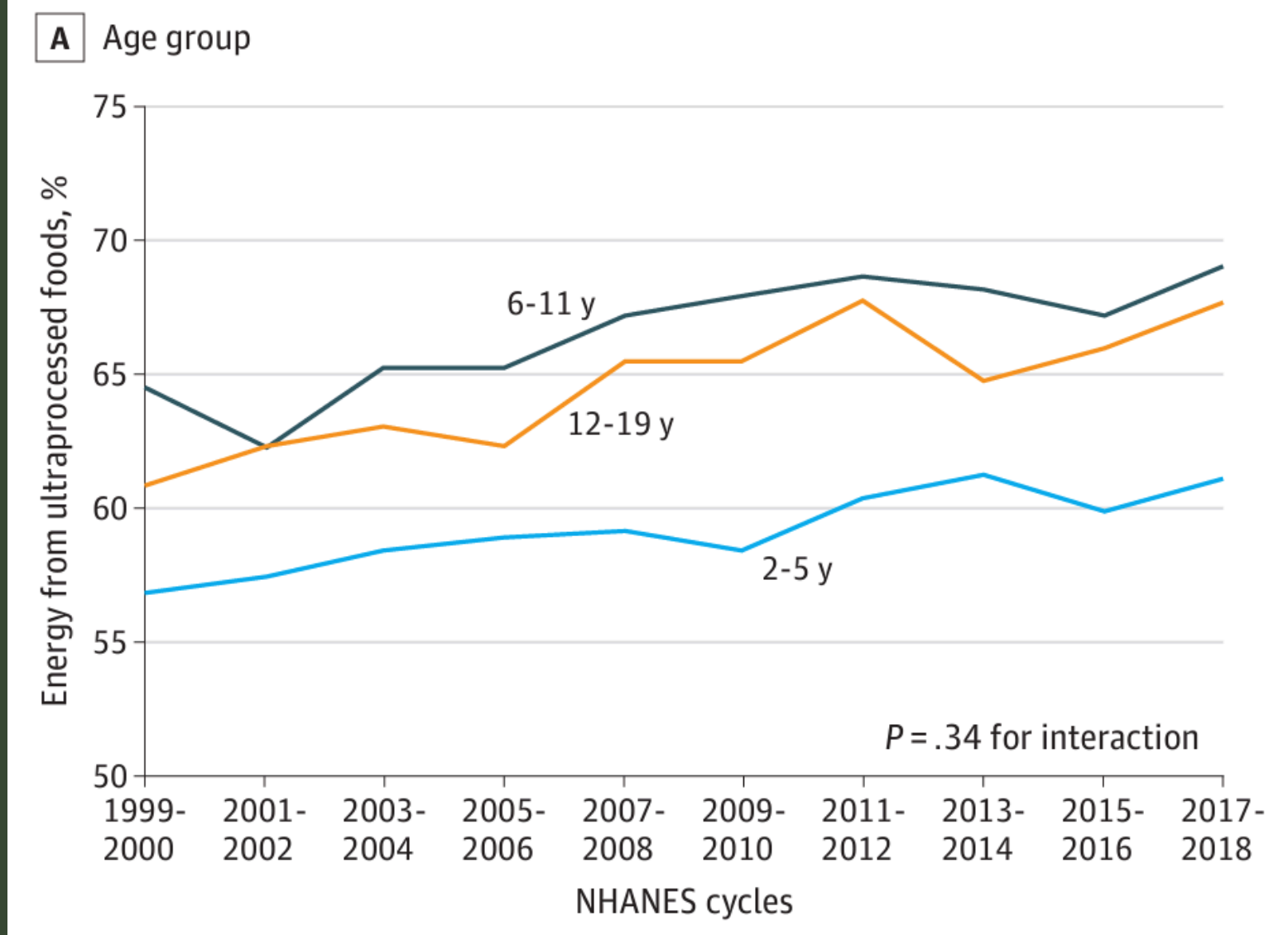
Marta Beltrá ^{1,*} , Keila Soares-Micoanski ¹, Eva-Maria Navarrete-Muñoz ² 
and Ana B. Ropero ¹ 

→

El 97% de los productos dirigidos a niños son productos ultraprocesados no saludables

Trends in Consumption of Ultraprocessed Foods Among US Youths Aged 2-19 Years, 1999-2018

Lu Wang, PhD, MPH; Euridice Martínez Steele, PhD; Mengxi Du, MS, MPH, RD;
Jennifer L. Pomeranz, JD, MPH, RD; Lauren E. O'Connor, PhD, MPH; Kirsten A. Herrick, PhD, MSc; Hanqi Luo, PhD;
Xuehong Zhang, PhD; Dariush Mozaffarian, MD, DrPH; Fang Fang Zhang, MD, PhD



Ultra-processed foods and obesity and adiposity parameters among children and adolescents: a systematic review

Ramona De Amicis¹ · Sara Paola Mambrini^{1,2} · Marta Pellizzari¹ · Andrea Foppiani¹ · Simona Bertoli^{1,3} · Alberto Battezzati¹ · Alessandro Leone¹ 



El consumo de ultraprocesados está relacionado con un aumento de la adiposidad en niños



At least

60 minutes a day



moderate- to vigorous-intensity physical activity across the week; most of this physical activity should be aerobic.



On at least

3 days a week



vigorous-intensity aerobic activities, as well as those that **strengthen muscle and bone** should be incorporated.



Debemos prescribir lo que pensemos que pueden cumplir

HERRAMIENTAS PARA PRESCRIBIR AF

HyperChildNET
COST Action

What type and how much physical activity improves the health of children and adolescents?

Science has shown that the practice of physical activity is **ESSENTIAL** to maintain the health of children and teenagers. **BUT...** How long should they practice it, what type of activity, and with what intensity? The following are the recommendations published by the World Health Organization.

For children under 5 years of age:

Infants under 1 year of age should:

- PHYSICAL ACTIVITY:** at least 30 minutes
- SEDENTARY SCREEN TIME:** 0 minute
- GOOD QUALITY SLEEP:** 14-17 hours (0-2 months of age) and 12-16 hours (3-11 months of age)

Understanding as activity play on the floor, walking, crawling and in those who cannot, at least 30 minutes a day face down. And above all, avoid keeping them immobilized in chairs or high chairs for more than 1 hour at a time.

Children from 1 to 2 years old should:

- PHYSICAL ACTIVITY:** at least 180 minutes
- SEDENTARY SCREEN TIME:** no more than 60 minutes (12 years of age)
- GOOD QUALITY SLEEP:** 11-14 hours

Children 3 to 4 years old should:

- PHYSICAL ACTIVITY:** at least 180 minutes, of which at least 60 minutes moderate to vigorous
- SEDENTARY SCREEN TIME:** no more than 60 minutes
- GOOD QUALITY SLEEP:** 10-13 hours

You just need to put it into practice...they can't do it on their own!

What type and how much physical activity improves the health of children and adolescents?

For children and adolescents between 5 and 18 years

For children and adolescents in this age range, the World Health Organization recommends that:

It is recommended that:

- At least 60 minutes a day** moderate- to vigorous-intensity physical activity across the week; most of this physical activity should be aerobic. *Strong recommendation, moderate certainty evidence*
- On at least 3 days a week** vigorous-intensity aerobic activities, as well as those that strengthen muscle and bone should be incorporated. *Strong recommendation, moderate certainty evidence*

> Vigorous-intensity aerobic activities, as well as those that strengthen muscle and bone, should be incorporated at least 3 days a week. *Strong recommendation, moderate certainty evidence*

- Remember: a moderate-intensity activity is one that, when we perform it, makes it a little difficult for us to speak. The intense one is the one that does not allow us to sing.
- Encourage the practice of strength exercises (with the body and small weights). Especially in overweight adolescents, this is a very effective option.

[Please take this survey and help us improve the parent area of HyperChildNET. It will take 10 minutes](#)

[Want to learn more about how to improve your child's cardiovascular health? Visit us at:](#)

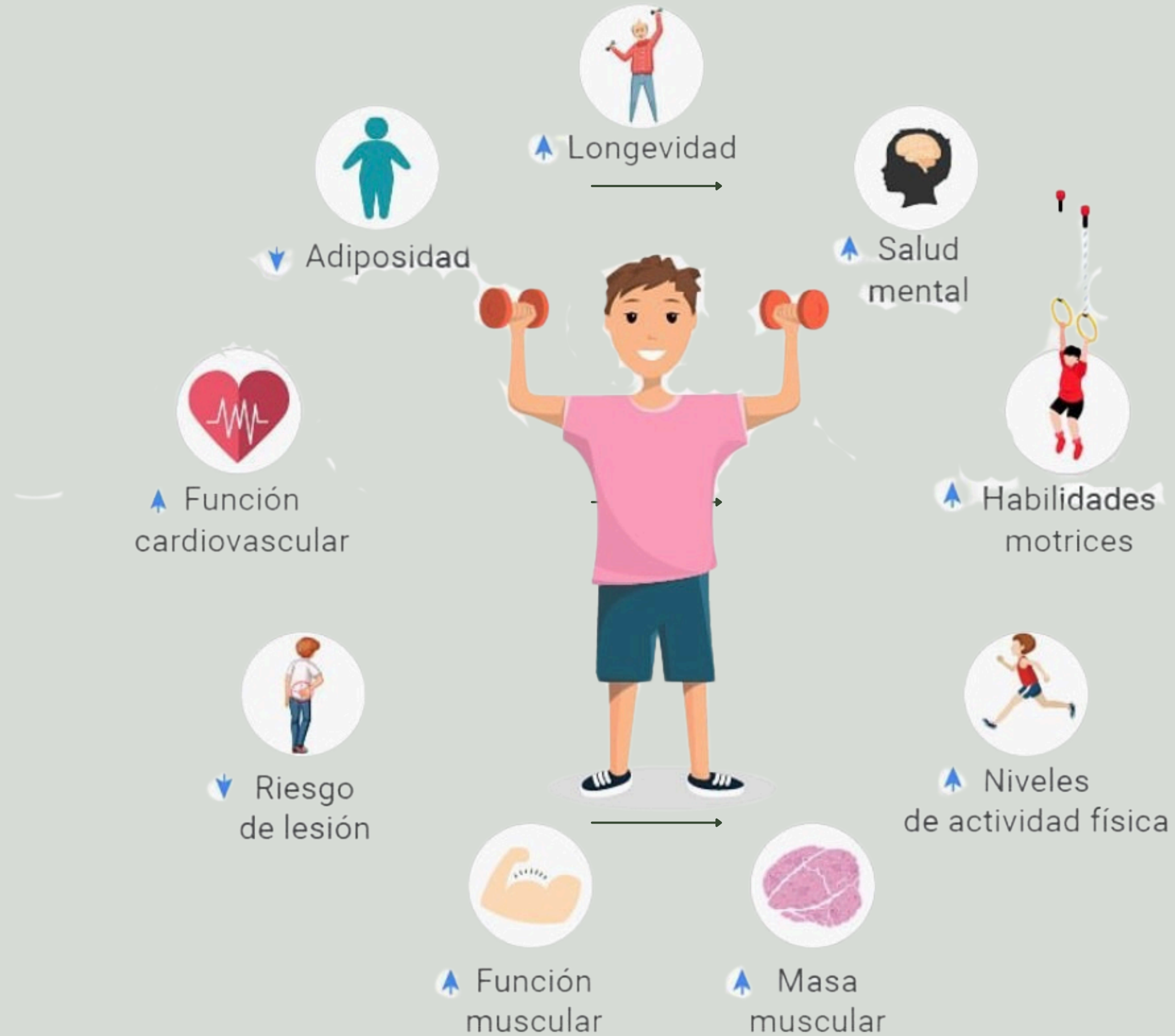



cost COST ACTION

Funded by the European Union

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Faigenbaum, A. D., et al. Journal of Science in Sport and Exercise, 2019



CLINICAL REPORT Guidance for the Clinician in Rendering Pediatric Care

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN®

Resistance Training for Children and Adolescents

Paul R. Stricker, MD, FAAP,^a Avery D. Faigenbaum, EdD, FACSM, FNCSA,^b Teri M. McCambridge, MD, FAAP,^c COUNCIL ON SPORTS
MEDICINE AND FITNESS

→

**El ejercicio de resistencia
es seguro y eficaz y en
pacientes con obesidad
favorece la adherencia**



La falta de sueño altera los hábitos alimentarios

LA FALTA DE SUEÑO AFECTA LAS HORMONAS REGULADORAS DEL APETITO INCREMENTANDO LA GRELINA Y DISMINUYENDO LA LEPTINA

Aumento del apetito

Sensación de hambre todo el día a pesar de haber comido y preferencia por alimentos con alto contenido calórico, ricos en azúcar y grasas

Selección de alimentos menos saludables

Es más probable que tomemos decisiones alimenticias pobres y busquemos gratificación instantánea a través de alimentos no saludables

Menor motivación para hacer ejercicio

La falta de sueño reduce la motivación para realizar actividades físicas



La privación del sueño puede aumentar la preferencia por alimentos altos en calorías debido a cambios en la actividad cerebral

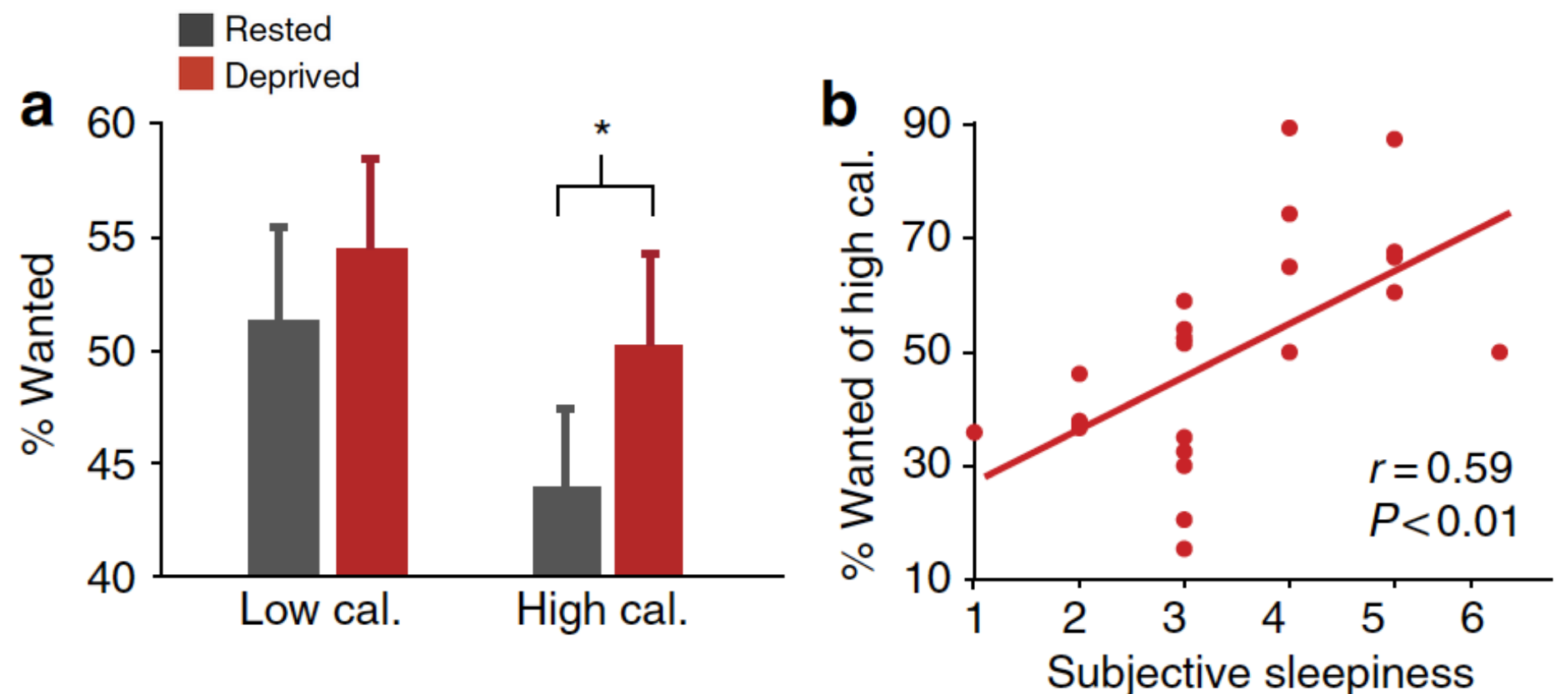
ARTICLE

Received 6 Feb 2013 | Revised 29 Jun 2013 | Accepted 5 Jul 2013 | Published 6 Aug 2013

DOI: 10.1038/ncomms3259

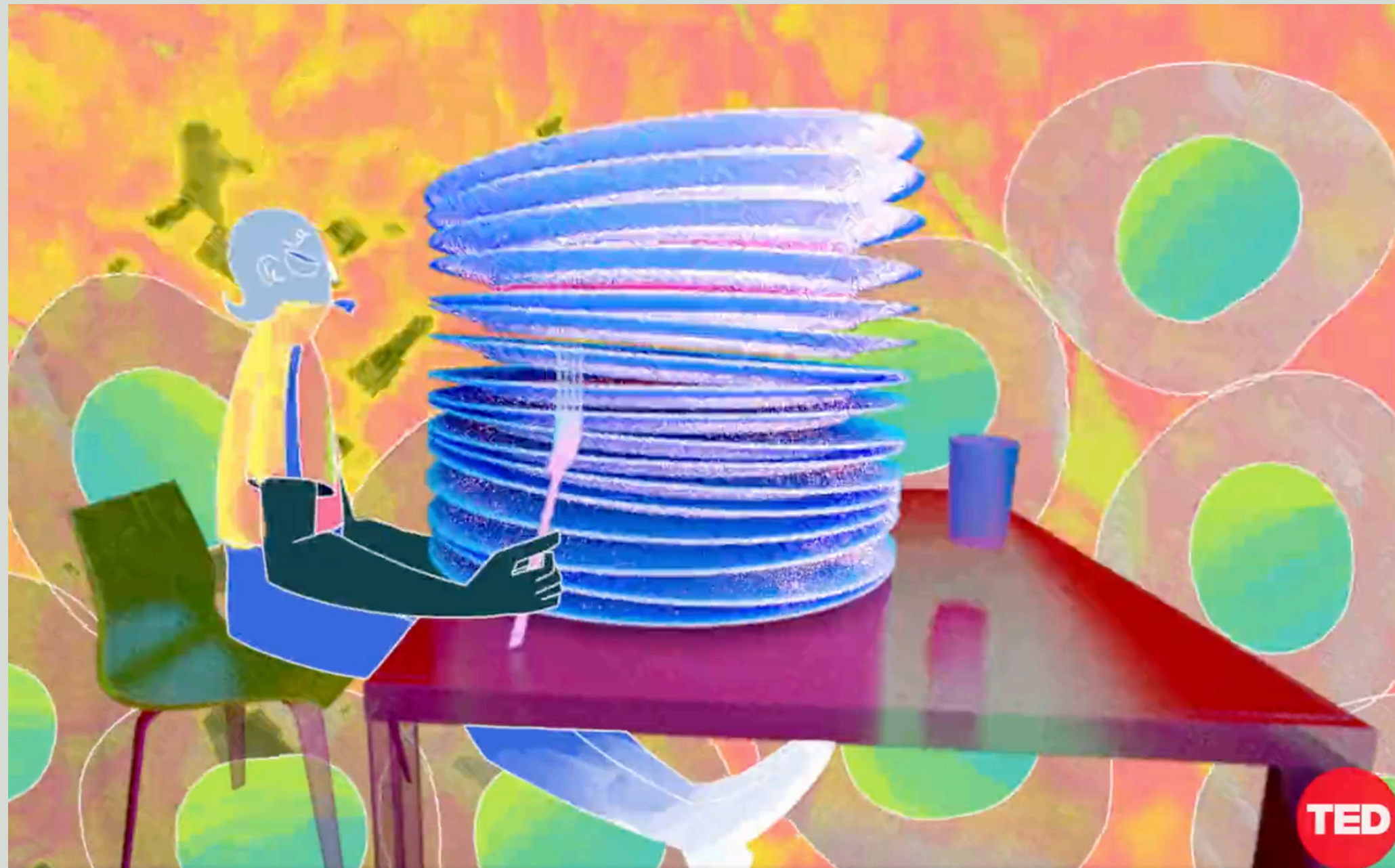
The impact of sleep deprivation on food desire in the human brain

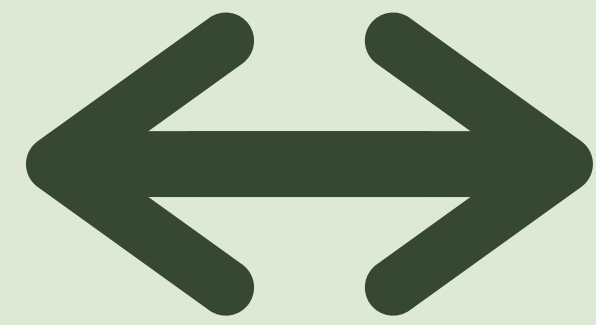
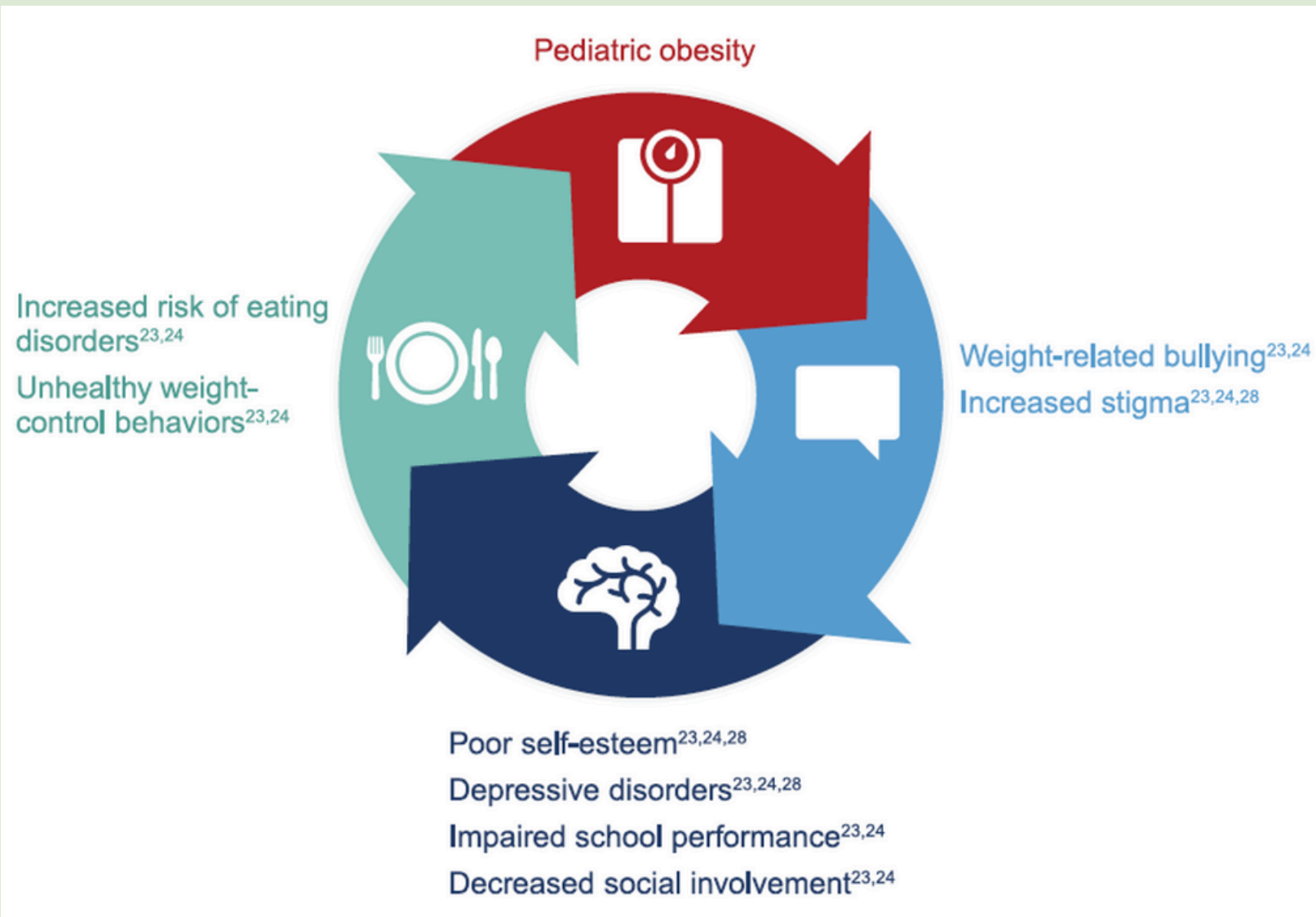
Stephanie M. Greer¹, Andrea N. Goldstein¹ & Matthew P. Walker^{1,2}



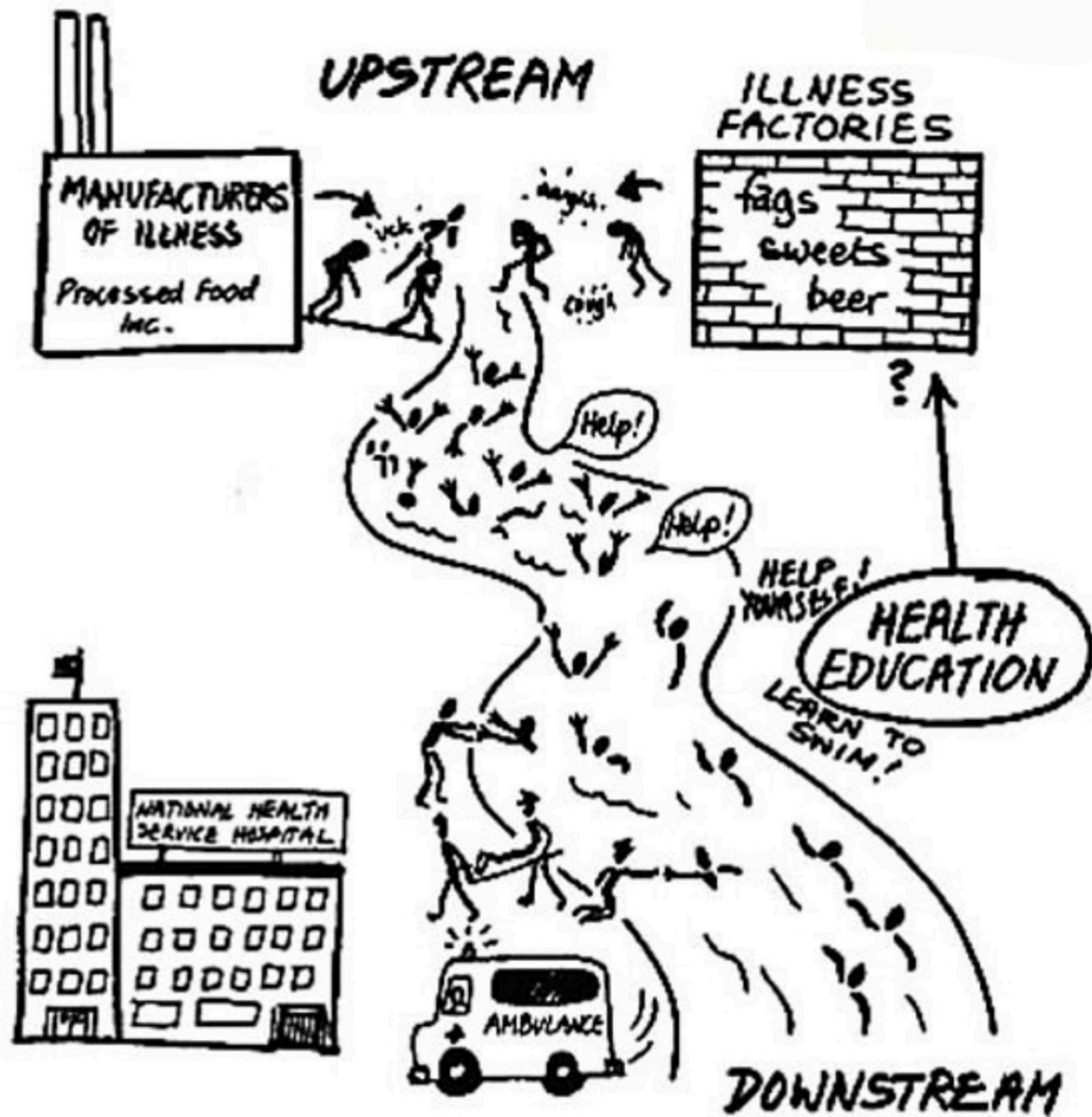


How sleep affects what (and how much) you eat





40,1 % niñas entre 8-16 años declara sentirse preocupada, triste o infeliz



ADOPTEMOS UNA ACTITUD POSITIVA FRENTE A LA OBESIDAD



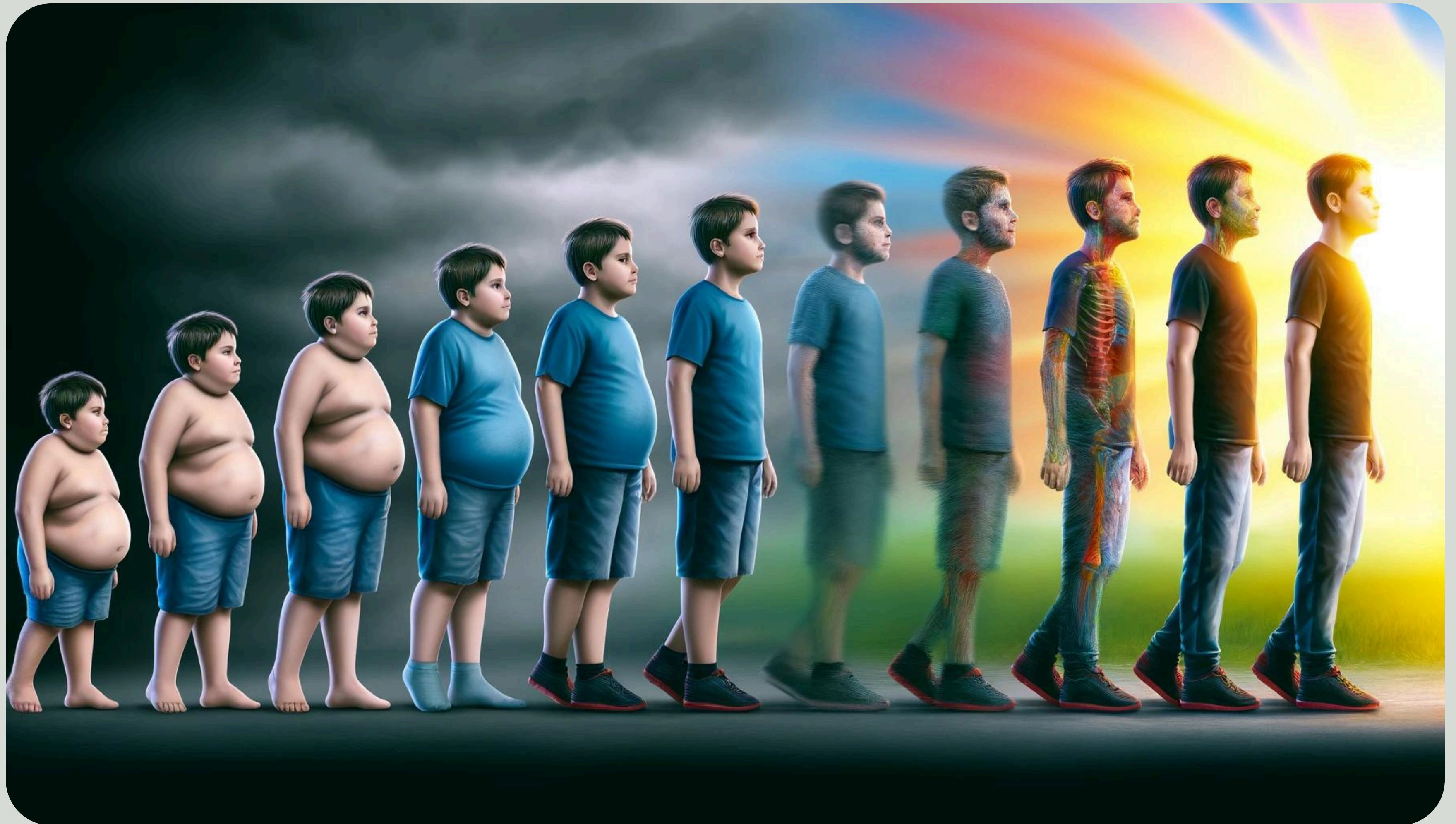
**Intentar no
estigmatizar**

**Intentemos entender los
problemas individuales de
cada uno**

**Reforzar siempre pequeños
cambios aunque no sean
significativos**

**Entender que la familia es
clave en este proceso**

**Estamos
JUNTOS
en esto**



¡Muchas gracias!

