

63th International Meeting of the Medicine for the Whole Person

August 17th to 20th 2011, Wilderswil, Switzerland

The overweight child, a person

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The overweight child is a person. Like any other person, they interact with different people, most importantly their parents and other children. Like any other person they are influenced by the place where they live (speaking for me, Burgundy in France) and by the period in history they inhabit (the beginning of the 21st century).

But that person is a child, which means or should mean they are entitled to more privileges than obligations.

And in the end, an overweight child is fat. More precisely, they are too fat in the eyes of society and of medical opinion.

I have been looking after overweight children for the last 30 years. My view of them has changed hugely. I have moved on from being severe with them to having compassion for them. I would like them to be more greatly respected, as are other children.

Suffering.

More often than not, almost always, the overweight child suffers. They suffer because of their excess weight. The proof; they would love to lose it. It is rare that an overweight child is happy with the way they are. But they don't talk much about their suffering, no doubt because they often feel they are responsible for it because people say to them, "It's your fault". No-one likes to talk about suffering that you have brought upon yourself!

Their suffering is not because of physical symptoms. Apart from being overweight, the fat child is not in pain, is not breathless, itching, limping... They may feel uncomfortable doing certain physical activity but are not at risk of immediate complications. The only real complication is that he or she will become an overweight adult. And there, the list of illnesses that are more common in overweight people is a long one. But talking to an overweight child about the complications that may happen to him as an overweight adult will leave them largely indifferent. We are talking about a child after all, and when a child imagines the future they can barely see beyond the next school holidays.

The overweight child does not suffer physical pain. Their whole being is however in pain. Their suffering is not physical, it is mental and social. They will tell you they feel uncomfortable in their own skin without being able to explain why, until stretch marks appear and then cracked skin does the talking.

It's obvious that they are fat. They can't hide it. Or they have to adopt elaborate strategies when choosing their clothes. The whole world can see they are fat. In contrast, the child who is too tall or

too small can only be identified as such if you know their age. For the fat child, you don't need to know their age. Someone who is overweight is identified as being fat whatever their age.

In addition, the excess adipose tissue in the fat child results in hyperinsulinism which speeds up their growth. They are both tall and fat. At the age of 10 or 12 years old, they are the giant of the class. Their corpulent figure can both impress and scare other children. All in all, they are viewed by their peers as being different, not being one of them. Their adult-like corpulence may also lead their parents to imagine they are older than they actually are. The young overweight child is still a young child.

The fat child knows that everyone can tell they are fat.

The children who are the same age as him tease him, especially at primary school. They are called "fat cow", "whale" or "sumo-wrestler". If, as well as being overweight, he is struggling academically or with his behaviour, the teasing will increase and lead to his isolation. Sometimes he will become aggressive or depressed. Or he becomes the big pet of the class and grows to like the role. The teasing is sometimes encouraged by the tolerant attitude of certain teachers who would not dream of condoning teasing based on race, physical or intellectual disability. "He has a broad back". Some adults think perhaps that the teasing will encourage the child to look after themselves better! The fat child is often thought of as responsible for their condition. People think they have no self-control. They think they are *soft* (perhaps because fat is soft), that they can't control their food-intake, they can't master their appetite, they give in to their senses. On rare occasions, all the more dramatic, it is the parents of the fat child who tease him! They do not see how much the child suffers.

The fat child also suffers at school during the P.E. lessons and while doing sport. He enjoys (or rather suffers) these sessions at the same time as children who are not overweight. He suffers from the comparison. Teachers are not always very understanding. They could spare the child the exercises that make him look ridiculous and increase his suffering, for example the parallel bars or rock climbing. It is not necessary to "press where it hurts"! But often the teachers think they are doing the right thing. They think "it's good for him", "it's doing him good", or even "it will help him lose weight", and they forget to adjust the activities as they would for other children. It is particularly during the endurance activities that the overweight child gets out of breath and suffers the most. They can be in so much distress that they are running more slowly than if they were walking. Why make such a child run for 10 minutes rather than getting them to walk the same course?

The fat child feels comfortable in water: they can swim as well as the other children. They often enjoy being in the water. In effect, the water carries their weight. But being in the water is preceded by a particularly painful ordeal on the edge of the pool. The curves (in particular the man boobs of the preadolescent boy, the increase in fat at the level of the breasts) that the child tries to hide as much as possible, are exposed for all to see and are impossible to hide. They provoke even more teasing and silly jokes from the child's usual persecutors along the lines of "you'll make the pool overflow", "watch out, the whale is diving in". You just have to imagine the anxiety, even anguish, as the child contemplates this sometimes weekly ordeal to understand why a child may end up avoiding the pool altogether.

The fat child suffers from the fact that they can't choose the clothes they would like to, particularly the girls. The overweight girl wishes she could choose the same clothes as her friend or her sister, who "are really lucky" to be able to wear what they want to. Also, as the fat girl is also tall, she will have to wear the next size up before her peers. To have to wear adult clothes when you are 12 years

old makes you look old before your time. Overweight adults benefit from designers who know how to create clothes that will still make them look elegant.

How the Topic is treated by the Media

There are far more overweight adults (more than 50% of the adult population in France) than there are overweight children (15% of children) but, curiously, the media, which is propagated by adults (of whom 50% are probably overweight) talk more about overweight children than they do about overweight adults.

Everyone talks about children who are overweight. The specialists with a particular interest in the subject (paediatricians specializing in childhood obesity) seek to understand why the number of such children is increasing; they read and write in specialist journals; they look for ways to help the children to lose weight; they are not sure; they don't understand too well why certain children become overweight and don't really understand how to help them to get better. They are searching for an answer.

In actual fact, the children who put on weight don't eat any differently or have a different level of physical activity to other children. Why, in them, does the physiological balance which adapts energy intake to activity not balance out? That imbalance can be very slight, for, if the energy intake exceeds the energy expended by 1% per day, a person will put on 1kg of fat per year, hence 10kg in 10 years and 50kg in 50 years. Statistically, the child who puts on weight hasn't eaten any differently to the child who remains slim (neither more nor less, neither better nor worse, neither more fat nor more sugar): scientifically rigorous studies have proven this. Perhaps this energy imbalance could be linked to contamination of the body by a variety of chemicals which have appeared in the environment in the last 30 years and which are suspected of causing endocrine disturbance. This scenario is seen as a potential cause of the reduction in sperm production by modern man or the earlier puberty in today's women. Why can't we admit the possibility that obesity may be caused by such a neuro-endocrine aetiology linked both to the brain and to adipose tissue? This reluctance to allow such an explanation is no doubt linked to each person's experience of being able to lose weight if they eat less. They conclude rather simplistically that the person who is overweight has become that way because they have eaten too much! But the diabetic person gets better by eating less sugar and no-one would dream of postulating that they had become diabetic through eating too much sugar. Similarly, the lactose-intolerant child gets better by stopping eating lactose and no-one accuses them of developing the intolerance because of eating too much lactose.

And so, the specialists, the paediatricians specializing in childhood obesity keep looking. But everyone else *knows*: parents, grandparents, teachers, journalists, doctors from all specialties....they know why the child is fat and know what to do to lose weight. They say to the child, "you eat too much, too much fat, too much sugar, too many snacks between meals, not enough in the morning", "you watch too much television", "you play for too long on your electronic games" (in reality they do so no more than everyone else). The fat child submerges beneath all this didactic and conflicting advice. Most observers take him to task for his eating habits. In fact, if you measure and compare the average food intake of fat and non-fat children there is no difference (*bis repetita placent*) but the observer watching a fat and a non-fat child eating side by side only sees the mouth of the fat child not the mouth of the other one.

The less you have to do with treating overweight children, the more you think you know everything about the subject! The more you look after them, the more questions you find to ask yourself.

One assumption which is well documented is that the fat child has sometimes inherited a genetic predisposition (maybe in the future we will say that they always do). If both parents are fat, there is an increased probability that the child will also be fat, even if the child is separated from his parents at birth (we need to add this to the hypothesis of those who think that the child becomes fat because they are eating as badly as their parents who are themselves fat because of their poor eating habits). Even if modern genetics eventually identifies the genes that predispose to excess weight, it won't be able to do anything about it. The fat child is not going to derive any benefit from such scientific discoveries.

This genetic predisposition should allow one to start treatment early. But in practice, it often introduces a delay. Quite often, parents who are consulting the doctor about the weight of their child say "Oh well! It's in the family"! They collude in a fatalism which means they don't do anything to help their child. In contrast, when parents who consult a doctor about their child are quizzed about their family history they talk freely about familial cancers and allergies but never about a tendency to put on weight, as though it were a taboo subject. Sadly this means that any preventative measures targeted at children at risk are severely delayed.

This genetic predisposition also stops the parents believing that the child can get better: "in my husband's family" (more often than "in my family") "they are all fat"; "I thought that it was genetic"; "when we saw that he had become fat we didn't think we could do anything about it". All talk about the subject centres on prevention (perhaps too much, particularly as it doesn't work). We are led to believe that once you are overweight that is it (and that is why it is so important to prevent it in the first place). An 8 year old girl said to me one day; "When you're fat, you're fat for the rest of your life". She was wrong. We meet fat people every day who stay fat but we also meet fat people who have lost weight who we don't suspect of ever having been overweight. They don't have it engraved on their face that they were once overweight.

The development of bariatric surgery for adults has led some parents (and occasionally some adolescents who have learned about it from television programmes) to throw in the towel: "they will have surgery when they grow up just as I did". Sometimes you have to ask yourself if the inertia of these parents who have had the operation when faced with the obesity of their child is a way of justifying to themselves their choice: just wait for the time when you can have surgery. For other parents, the suffering associated with such surgery motivates them: "I don't want him to have to go through that."

Handicap

To avoid using the word *obesity* (which is a word much used by the media, but never by fat children nor their parents who will say in front of a child who weighs 20kg too much: "we have brought him to you because we are worried that he might become obese"), we often say that a fat child is carrying excess weight. This expression is correct as long as we don't forget that it is the child that has to carry this *excess*. In other words, he carries a bag all the time which can weigh as much as several tens of kilos. If they were race-goers, that is exactly what you would call a *handicap*. But this idea of handicap, applied to many children with physical, sensory or mental handicap, is never applied to a child who is overweight. He has a handicap but his handicap is not recognised. Also, well-meaning people advise him to do more sport without realising the implications. They are being sadistic (slightly). Do you know many sportsmen who run or jump while carrying a heavy sack? The overweight child is doing sport all day every day. All activities requiring bodily displacement are

more troublesome for him than for others, starting with walking, that most simple of activities which consists of lifting your bodily mass to displace it a bit further.

To get an idea of the excess weight an overweight child has to carry over a length of time, you just need to carry a back pack for a whole day. You can even calculate the weight that an adult would have to carry to pose an equivalent load. To understand the daily load of a 10 year old child who is 1.5m tall and weighs 67kg, a man of 1.75m weighing 72kg would have to carry a back pack weighing 34kg. This isn't a perfect comparison as this back pack is often carried by the childon his tummy. You could also wear all day the sort of lead apron used by radiologists. Thus might you understand how much extra an overweight child has to carry.

As the degree of weight excess generally increases gradually, the fat child adapts himself to it (as does a deaf child or a paraplegic child) and so do his parents. This process of adaptation primarily takes the form of more inactivity, a consequence rather than a cause of the excess weight, as would have us believe those well-meaning but unhelpful know-all's (who forget that bedridden children don't necessarily become particularly overweight!). The fat child becomes gradually more and more sedentary. When he enters the doctor's room, he chooses the chair nearest him....

The fat child lives in a society which often confounds beauty with being thin. OK, when the fat child is very young, their *slight* (!) podginess makes them rather sweet. But once adolescent, it is no longer attractive, especially in girls. Even if no-one tells her she is not beautiful, she thinks it, since people say to the slim girls, they are "slim and beautiful" and they don't say to the plump girls, they are "plump and pretty". The fat adolescent gets less teasing than the fat child, but they easily think that others are making pejorative comments about them behind their back. "They think I'm fat" – "Have they told you?" – "No" – "So, how do you know?" – "I just do" – "How do you know what they are thinking about you if they don't tell you?" – "I see it in the way they look at me. They feel sorry for me. I am sure they are talking about me amongst themselves."

Problems with treatment

Often, the fat child would like to get better, would like to lose the excess weight. His main aim is not to avoid future complications but simply to feel better in himself. In theory, he should always be able to succeed. It is sufficient for him to reset his energy equilibrium by consuming less and expending more. In every case success depends on an imbalance in this energy balance; each day, calorie intake must be less than calories burnt. Any method, even those proposed by alternative medicine, leads to an uncoupling of this energy or calorie equilibrium. It is necessary for the child to eat fewer calories than before (not less than everyone else), or to burn more calories than before (not more than everyone else) or a combination of the two. A negative balance of 200 kilocalories per day (not unreasonable as it represents 10% of the daily requirement) will lead to a weight loss of 30g per day. It's easy to say, not so easy to do. Why? This negative energy balance has a secondary effect: *hunger* which reminds the child that he is in negative balance and prompts him to eat to restore the balance. To lose weight you have to feel hunger (cf the phrase "hunger strike", a curious expression since this is a strike of eating, but a significant phrase since it brings to the fore the effect of reducing your food intake). In other words, hunger is an unpleasant internal sensation designed to make you eat. You need to remember it's "not pleasant". The fat person who is losing weight is hungry and it feels horrid. Respect! To lose weight you have to accept that hunger and resist the temptation to eat to make that feeling disappear. To resist! Few overweight adults are successful. For a child it is no easier. There is no medication which stops you feeling hungry. If there were, we would know about it!

For the fat child, there is one solution: shut them away. This “treatment” is practised in specialist clinics. Meals are measured out; physical activity is compulsory. The child feels hungry, but the trainers are always present and the kitchen is shut. (I often teach my students that the rat, even if starving, won’t eat its cage. They find this amusing, but it is one of the few things which I want them to remember for the rest of their professional lives; you can only eat if the food is readily available). So, in such an enclosed institution, the fat child loses weight (1 to 1.5kg per month, at a cost of €260 per day or €60,000 per year, reimbursed by the Assurance Maladie (French health insurance). This values every gram of lost weight at €5.

Apart from this extremely artificial situation (being closed away in a clinic) the fat child living in the West in the 20th Century is in trouble. He is surrounded by food (remember, the rat, even when starving, won’t eat its cage...). Wherever the child finds himself, food beckons, between meals, even if he isn’t hungry. This food doesn’t even have to be prepared. It is ready to eat. The tragedy for the overweight child is not the television; it is the fridge which is present in 99.5% of households. As soon as the child opens the door of the fridge, he is in the cream cake shop, in the cold meat section of the supermarket. In the past (50 years ago) food was expensive and valued. It had to be prepared before the meal. A child didn’t have easy access to food. Nowadays, adult society does everything it can to persuade people (including overweight children) to eat. The reformed alcoholic is shielded by his companions who don’t serve alcohol in front of him. We forget to protect the overweight child by limiting their access to food, by avoiding unnecessary stocking up of food. We forget that for him, if he is asking for help, a meal which takes the form of a buffet or even nibbles before the meal is a trap, it is institutional nibbling, which he is encouraged to join in with. He has even less resistance because if he is careful and in negative energy balance....he is starving! Respect.....

The ‘weight’ of the parents

The overweight adult who wants to lose weight has another major handicap: he no longer has parents to look after him. He has to look after himself. The fat child has a theoretical ace in the hole: he has parents to look after him. That is the theory! Other children who need looking after are cared for by their parents. A child who has epilepsy, diabetes or cystic fibrosis is cared for. But the overweight child has to look after themselves. People expect him to “sort himself out”. Parents of other children with a chronic disorder spend a lot of time caring for them, sometimes many hours per day. The fat child has no chance. People forget that he is a child and has a right to be cared for. He is asked to treat himself. Worse, he is told off if he doesn’t...

Why do parents frequently fail to start caring for their child?

Firstly, the fat child has no physical complaints: no pain, no cough, no breathlessness. His only symptom is that of excess weight. But that symptom is not intrusive, and parents end up not noticing it.

In addition, the fat child doesn’t go through acute, spectacular, worrying crises. The lack of treatment or forgetting to start treatment has no immediate effect: no crisis, no pain, no alarming symptom. Unlike the allergic child (anaphylactic shock), the diabetic (hypoglycaemia), the child with epilepsy (a seizure) where the crises are alarming because of the threat of death, nothing alerts the parents of an overweight child to the fact that he is not being treated.

In the short term, the overweight child isn’t at risk of complications (or very few). He isn’t going to die. His situation gets gradually worse, without drama and the consequences will only manifest themselves in adulthood. If his excess weight appeared overnight, his parents would immediately

react, see a doctor, rush to find a treatment. The deterioration is gradual and the treatment takes a long time. Treating someone who is overweight is a long-term process. Parents sense that the treatment will be long-drawn-out and difficult for the child. Getting better from being overweight is not easy. If it were, we would know about the cure!

Above all, parents of the overweight child are not aware of their role in his treatment. In their opinion, the person who is responsible for the treatment is frequently the child themselves: "We told him he needed to do something. But nothing changed." "We told him but he didn't do anything. He never listens to what we tell him". And so, when they go to visit the specialist, they say: "Doctor, we've brought him to see you because, whenever we leave him alone at home, he nibbles. Tell him he shouldn't do that." They are very surprised if the doctor says to the child: "Your parents are right, it's important that.....they don't leave you on your own at home". They then reply: "That's not what we told you to say!" But that's exactly what they were suggesting when they said "when we leave him alone at home, he nibbles. Tell him he shouldn't do that." It makes sense. A fat child undergoing treatment will have times when they are hungry. He must not be able to eat at such moments. He must simply wait for the next meal (as he would have to in a specialised clinic). If he can eat the moment he feels hungry, he is not being cared for. So he must never be left alone. If you leave a fat child alone at home, even if only occasionally, he will never get better. Boredom, solitude, worry (particularly if he has to look after his younger brother!) will prompt him to eat. Never leaving him alone poses some draconian choices, but it is always possible! The proof is that when he was 3 years old, he was never left alone! Parents found a solution. In the special (very expensive) clinics, the child is never alone...

But parents have trouble understanding their role as protective therapists. They say: "But he just needs to..." We need to remind them that fat adults can't resist food when they are hungry. The fat child has the tremendous good fortune to have parents there (or other adults, substitute parents) who can shield him. Other parents say quite simply: "he isn't motivated to lose weight"; "we're waiting for him to decide he wants to lose weight". There is this widespread idea that you have to wait for the overweight child to feel motivated before you can start to treat them. For a long time I took this view. I have now changed my mind. You can defend the idea that parents might care for and seek to cure their child without asking the child's opinion and without mentioning it every day, just as they do for other matters. We arrive at the question of autonomy, hastily raised to the level of an educational goal. If the child is in danger, should we not protect them, in spite of themselves? Do we only vaccinate children who ask for it? In past decades we have overestimated the child's capacity to take control of themselves. If they could 'take control of themselves' they wouldn't be a child any more. The obvious carers are the adults who are responsible for them and their health, primarily their parents. They combine many important roles: guardian of the food supplies, everyday teacher, organizer of leisure activities, psychological counsellor and loving confidant.

The whole media treatment of this takes away all responsibility from the parents of the fat child. If we rely on the television coverage of canteen meals and the fast food providers, parents are disenfranchised. "Oh well, there's nothing we can do. All that advertising.....they ought to pass a law..." But who buys, prepares, serves up the food? Who is the provider of food? Who is feeding the child? The television or his parents? When parents ask the doctor for a letter for the school canteen, he can reply: "Your child consumes 15% of their annual food intake at the school canteen and 85% at home with you. Write your own letter! Write 'we are helping our child to lose weight. This is what we have been doing for several months. The school canteen could help us by....'"

It's not the parents' fault if the child is fat. It is no-one's fault if the child becomes overweight (just like the other 15 % of children). Parents of a fat child have had bad luck, just like the parents of a diabetic child. Other children will have had the same food, the same pastimes and the same way of life; they went through the same educational system and yet they did not put on weight. So parents of a fat child are not guilty of making their child fat, any more than the parents of a diabetic child. But, just like the parents of the diabetic child, they are morally responsible for the care of their children. They are also legally responsible. A fat child who wasn't looked after in his youth would have the right to reproach his parents if he becomes a fat adult. He could also reproach his doctor if he contented himself with saying, year after year: "you ought to watch what he eats"; "we should perhaps do something"; "watch his weight". None of these comments constitute treatment.

In addition, some parents who have been overweight since childhood say: "I wish my parents had looked after me better. That is why I want to take better care of my child". That having been said, being overweight, even being very overweight, is not considered grounds, on its own, for taking children away from their parents in order to treat them. In other words, since there is no immediate danger, no urgency, society does not view the lack of treatment as grounds for taking the child into care. Sometimes you see this in reverse: if an overweight child has been taken into care for some other reason and they lose weight because of the care given them by their adoptive family, one can take into account this additional beneficial effect when deciding whether to return the child to their natural parents when the original reason for removing the child has gone.

Illness?

The reality is that for many parents and children, excess weight is not considered an illness, except when it is really pronounced, when doctors talk about morbid (i.e. disease!) obesity. If you start talking illness, you need medicines, examination, hospitalization, an operation...None of that happens to a fat child. Parents (and often their doctors as well) therefore use expressions such as 'be careful', 'advise', 'stabilise' instead of saying 'treat' or 'heal'. But if it isn't an illness, why is there a chapter on 'childhood obesity' in all the paediatric text books? Isn't hypertension an illness? Isn't hypercholesterolaemia an illness? Being overweight is awfully similar to arterial hypertension and hypercholesterolaemia.

Notwithstanding, the status of obesity (illness or normal variant) remains ambiguous for many doctors who don't really look after or treat overweight children. So why comment on excess weight if they have no intention of treating it? Sometimes, when they discover a child is overweight, the doctor will write in the child's records: "keep an eye on his weight". (N.B. they don't write "keep an eye on his eyesight" for a child whose vision is deteriorating). Why not say: "excess weight needs to be treated"? Monitoring a person's weight implies a hope that things will work out alright on their own. That's possible, but in the lottery, not everyone wins. In this particular lottery one in two people will win, but only when the person is only slightly overweight, never when they are very overweight.

Both doctor and parents will delay starting treatment because they are aware that treating an overweight child is difficult (not complicated, but difficult). They watch the child put on weight, get more sedentary and grow older, that is to say become an adolescent. A ten year old who is 10kg overweight will get better more easily than a 15 year old adolescent who is 30kg overweight. In addition, the adolescent will be less compliant with treatment and will rebuff his parents when they want to help him. Bear in mind that this adolescent who is 30kg overweight had to have been only 10kg overweight a few years earlier. The doctor's tardiness is culpable. That of the parents can sometimes be excused by social, marital or financial difficulties. They have other things on their

mind: a new pregnancy, children arriving close together, building a house, redundancy, poverty, another child with a handicap, a grandmother who needs looking after... Not that they admit it that clearly because to admit it is painful. But he who listens well can manage to interpret what they say: "with the life we lead, we haven't had time to deal with it".

Difficulties in treatment (continued)

My extensive experience with overweight children has led me to abandon dietary prescriptions in favour of the following guide to behaviour:

1. The child must never stay at home on their own.
2. They must walk for 30 minutes every day.
3. They must not eat between meals. A meal means the child sat down in front of a table laid for a meal in the company of another person.
4. He doesn't have second helpings.

I emphasize that the tea-time menu consists of one food, that a sugary drink is liquid food, therefore either a dessert or what is eaten at tea-time, and that the foods usually eaten outside meal times (chocolate bars, chips, sweets) become part of a meal.

In general both parents and the child find this regime easier to adhere to than a diet plan. But they will quickly realise that they are going to encounter a hostile environment and call into question the whole way the family functions.

Explanation:

The grand-parents of these overweight children grew up after the war, 50 years ago, at the end of the modern era. Their behaviour around food is framed by rules which are never discussed. For example "you wait for a meal to eat"; "you don't talk with your mouth full"; "you finish your plate"; "you don't eat between meals". No-one talks about these rules. In the past there were few cars. Everyone, adult or child, went everywhere on foot.

The parents of these overweight children are 30-40 years old. They were raised in the post-modern era, after 1968. This was when educational rules were relaxed. The child's autonomy became increasingly valued. You wait for the child (whether fat or not) to critically assess the information they are given, and to alter their diet accordingly. You wait for them to attain self-control. You ask them to be reasonable in a world of food where reason disappears faced by complex decisions and lack of moderation. You appeal to their autonomy and their reason. You decide that they are big enough to make correct choices since they have been given all the information. But his choices are first of all dictated by the pleasure wrought by the food that society encourages him to consume. That freedom to choose how he eats, that freedom accorded him that he didn't ask for, is booby-trapped by a liberal and competitive environment. Anyway, adult society knows that the child is caught in a trap since it tells him repeatedly: 'Be careful'. If he needs to be careful, it is that he is in danger and it is up to the adults to protect him, and not up to the child to put up a show and find ways of protecting himself. For this is a child we are talking about. The basic right of a child to be adequately fed has become the duty of the child to eat the right food.

Nibbling has become the norm, often the societal norm. We teach children to graze and then we tell them off for doing it! Food has lost its sacred value. We are throwing away more and more food at all stages of the chain of distribution. We invented the pre-dinner 'nibbles' without anyone noticing that this is a form of grazing. There are more and more cars. People have lost the habit of walking.

These parents raise their children according to the way they were taught: a lot of freedom to eat what they liked. But they are confronted by a new situation: the hypermodern era, that is to say immoderation, which is the here and now and has been for approximately the last 20 years. Voices beckon us to eat all the time. Coca cola is sold in six packs or in a big 1.5 litre bottle. We find 20 metres of shelves three deep full of various sweet things. There are competing sandwich bars outside schools selling wonderfully tasty and varied sandwiches at all hours of day and night, with fries and ketchup. In the popular restaurant chains the portions are getting larger and larger. The food industry is constantly improving colour, taste and texture to make the food more and more attractive. At home, the kitchen cupboards act as a grocery shop. The fridge is filled as though a war was about to break out. Supplies are replenished before they have even run out.

Lack of exercise is institutionalised. It is difficult for children to walk anywhere and can even be impossible because of the life choices made by people (for example, parents who choose to live 30km out of town so they can have a big garden which the child won't play in after the age of 10). The child doesn't walk anywhere anymore. Sometimes their first steps are their last (almost).

So this societal evolution has two effects on excess weight. I am sure it has fostered the epidemic of obesity even though pinpointing the exact mechanism by which it has done so remains difficult. What is certain, is that it makes the treatment of obesity difficult, since children have more autonomy (more freedom), exposure via all our senses to food is constant, and walking (30 minutes per day) becomes an difficult achievement. The fat child is a victim of the hypermodern era which makes the practical application of his treatment very difficult.

Other factors get in the way of treating the fat child.

More and more often, children live in various places (i.e. eat in various different places). Some young children one can count up to six such places (with their mother, with their father, grand-parents, child-minder, in the school canteen). How can one ensure the same approach to meals and to food in all these places? This is an essential part of treating the overweight child where the treatment consists of providing a consistent approach to food and to eating. All adults who have any interaction with the child, however brief, have to be in agreement. Otherwise you are doomed to failure.

Caring for the child becomes completely impossible when the parents are separated (which is frequently the case) and they disagree about the need to treat the overweight child. This is because the care which an overweight child needs will lead to moments of frustration: not having second helpings of his favourite dish, waiting for the next meal to eat, walking somewhere when he could have been taken in the car. Care for their child also requires the parents to deny themselves certain pleasures. So, unless they are really cruel, they shouldn't serve pre-meal snacks while their overweight child is present. But if the two parents who take it in turn looking after the child don't act consistently the same, it is catastrophic for the child. The care taken by the one won't have any beneficial effect, because the reduction in food intake at the parent who is trying to help is compensated for by the freedom to eat what he likes at the other parent. What is worse is that there are undesirable, even perverse repercussions: the parent who is helping (and denying the child his pleasures) is perceived as unkind ('bad') and the parent who is not helping as 'good'.

When parents are not separated (which is still common), the father often has little to do with the care of the child. Practically in a lot of the families: child + food + education + health = mother. Sometimes mothers say: "I can't count on his father." And yet the father is as responsible for their child as the mother. Funnily enough it is always more difficult for the father to come to the doctor's

appointment than the mother! It is however absolutely essential as the treatment of the child will be long and difficult. It is therefore preferable that the parents share the start of the treatment. A prescription such as ‘don’t serve nibbles when the child is present’ won’t be as well adhered to if the mother passes it on to the father as if he hears it directly from the doctor, who can argue powerfully for it. Another example: going for a daily walk with his child might seem impossible for a father who is training for the Paris marathon. “Why can’t he come running with me” he replies stupidly. It can be difficult to make this father understand that his training schedule needs to come second to the health of his child, who needs his father right now.

Sometimes the life of an overweight child is complicated by the presence of brothers and sisters. His parents say “you have to understand; his brother isn’t fat and eats hardly anything.” The treatment needed by one child does not have to be imposed on all the family. But one can ask the other children to show some consideration and not make life more difficult for the overweight child by not eating under his nose and by accepting that portions (always served ahead of the meal) may not be the same size.

The overweight child often has grandparents whose behaviour may be ambiguous. Sometimes they don’t understand that the child needs help. They don’t take the necessary care and they spoil the child. In French as in English the verb ‘to spoil’ has two meanings (to give pleasure and to wreck) and both these meanings may describe the behaviour of grand-parents towards the overweight child. Besides, they are often more anxious than the parents and may care for the child in ways that risk making the parents appear to be bad parents (since they don’t care as much) as far as the child is concerned.

As soon as the overweight child lives in a community things become even more complicated. Often each of the teachers or carers has a particular point of view (different to that of everyone else) of what would benefit the child. They know! (see above) Often, while wanting to help the child, they stigmatise the child in comparison to the other children. Above all, the child can’t understand why everyone looking after him can’t agree and why they are all saying different things to him.

How to help

Everything I have said seems rather defeatist. But an overweight child can get better. What is essential and sufficient is that his parents forget what has gone before (neither they nor the child are guilty, neither of them have done anything bad, unless it is to wait too long before asking for help.....), that they take responsibility for looking after the child, that they both do it together, that they show that they want the best for the child and are prepared to go the distance. They will be even more proud that they have healed their child in an environment that makes it increasingly difficult. Sometimes they say, “We know that he doesn’t feel good about himself. We will do everything in our power to help him.” That, really, is what the child needs : to know that his parents are devoting themselves to him, that treating his excess weight has become their top priority, that they are prepared to devote all their time and energy to help him with it, as do parents of children with other chronic diseases. Parents of a handicapped child do it every day, minute by minute, for many years. Parents of a child who is allergic to a food, who is diabetic or who has phenylketonuria monitor what they eat, meal after meal, for years. Why wouldn’t the parents of an overweight child do the same for 12 months, 18 months or 24 months? It is they who must anticipate the situations that will cause their child to fail, they must dispense the medicine “walk”, they must arrange their lives so that the rules are respected and followed, without always talking about it so the child doesn’t become ‘stained’ or ‘labelled’.

The treatment of an overweight child goes on a long time. This length of treatment can in itself cause difficulties. Time is the enemy. The fat child always under-estimates the time it will take him to get

better. Parents struggle to continue treating the child for any length of time. When they stick to the treatment and at the end of 1-2 months the child is no longer gaining weight and may even be losing weight, the child is happy and there have been no nasty side-effects, they say “this is great, we’re going to carry on, we are really pleased.” And yet, often, 6 months later they have abandoned the treatment programme.

In order for it to work, the care given to an overweight child has to be consistent. Not 6 days out of 7. One day can cancel out the benefits attained in the other 6 days. The child needs constant help. The lapses in care are often the fault of the parents. They delay the cure and set a bad example to their child. The worst culprit is the habit or ritual of the aperitif. You may think I’m obsessed by this! I am repeating myself! But I want to emphasise the point! For in France, the aperitif has become a caricature of modern immoderate behaviour around food which people refuse to give up because it would be ‘antisocial’. The day that parents serve the aperitif (and snacks) to their friends in front of their overweight child, they may well be looking after their friends but they are ill-treating their child. How can a child understand that the only exceptions to the rule “I must not eat between meals” are made by those who should be looking after him?

Sometimes, wanting to help, one of the parents of the overweight child says to him, “In order to help you, I’m going to do the same as you”. In particular, they mean that they will eat the same as him, that they will follow the same ‘diet’. But the overweight child needs you to help him, not to do the same as him. To help, is not the same as doing the same as him. The overweight child needs his parents to help him to accept the new regime, for example, by not using their car anymore. Attached as they are to their safety belt, a real ‘immobility belt’, they blame the video games and forget to blame the car which transports the child (and their parents) to work and to the shops. Helping an overweight child means really taking it seriously, hearing his cries of pain, understanding his handicap, encouraging him, walking together, eating together, promoting a routine, anticipating the difficult situations, avoiding traps.... It doesn’t help the overweight child to blame them for being fat, to get angry when they lapse, to threaten them, also to eat nothing but steamed vegetables, to carry their bag for them, to take them everywhere by car, to fill the fridge, to set oneself up as an example to follow, to buy diet drinks, to say out loud how hopeless their case is.

In effect, as the treatment goes on for such a long time, particularly when the treatment starts late, the child will often tend to despair at the slow progress, and even develop an element of depression. That child desperately needs his parents to support and encourage him and not to despair with him.

As the child realises more and more that his parents are changing their behaviour to help him and in return accepts the necessary measures more easily, his parents will increasingly want to help him. It is a virtuous circle of mutual encouragement. But be careful! This circle can easily unravel.

To summarize; for the last 30 years there have been increasing numbers of overweight children. No-one has successfully explained this epidemic. It is possible that the cause may be a bacterium or a virus, or more likely, an environmental toxin acting to upset the endocrine system and modify the energy balance particularly in subjects who have a genetic pre-disposition. But most people think that children who are overweight have eaten badly or too much. This point of view, which is not backed by studies comparing overweight children to normal weight children, increases the suffering of those who are overweight who are convicted of their guilt. They feel worthless, limp, weak. They feel uncomfortable. They suffer when people look at them. Others don’t realise how they suffer and their handicap is overlooked or denied. They are not considered to be ill, or to be victims. And yet they are. They didn’t choose to be overweight, no more than people with epilepsy choose to convulse. Their

sedentary lifestyle which is a result of carrying extra weight makes the situation worse and makes others view them in a poorer light.

The fat child can get better. But it is hard: they have to accept they will feel hungry. They need to be helped, accompanied, for the duration. Parents need to change their behaviour to change the child's. The modern trend to binge and sit around is a real obstacle to treatment.

I've finished my plea on behalf of overweight children. Thank-you for listening and for maybe helping to change the way we and society view these children.