The Link Between Obesity and Depression in Children

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Objectives

- Recognize the signs of depression and low self-esteem in your overweight/obese child
- Learn to provide support for your child
- Learn to modify your behavior to support your child’s positive behavior change

Physiological consequences of obesity

- Diabetes
- Heart disease
- Hypertension
- High cholesterol
- Sleep apnea
- Cancer
- Asthma
- Infertility
- Eye disorders
- Gallbladder disease
- Early onset of puberty

Psychosocial consequences of obesity

- Depression
- Low self-esteem
- Eating disorders
- Reduced quality of life

I don’t exist

“The popular kids scorned me because they see me as unfit to talk to. I try to say hi, and they don’t recognize my existence in the universe. I don’t exist. They ignore me, or sometimes they call me names. My old friend won’t talk to me anymore. He’s become popular and being friends with me threatens his popularity. High School won’t be much better and I am not looking forward to it.”

Recognizing signs of depression in children

- Reduced energy or interests
- Reluctance to enter into social relationships or other activities
- Increasingly sad, lonely, angry or withdrawn
- Your child has few friends

Recognizing signs of depression in children continued...

- Thoughts of hurting him/herself or others
- Obsessed with eating and/or food
- Sleeping too much or not enough
- Reluctance to go to school
- Frequent snacking

Low self-esteem

- Negative self-image
- Overly self-critical
- Negative self-talk
  - Feeling like a failure
  - Feeling like they don’t belong
  - Feel clumsy or awkward

Low self-esteem Statistics

- Obese girls ages 13 to 14 are four times more likely to experience low self-esteem than non-obese girls
- These children were more likely to smoke and drink alcohol compared with obese children with normal self-esteem

Eating disorders

- Parents may find evidence of constant eating, sneaking or hoarding food, even immediately after meals
  - feeling ashamed or fearful, some children deny this when confronted
- Purging behaviors [vomiting or using diuretics (water pills) or laxatives to lose weight]
  - an extreme **denial** that there she may have an eating disorder
- Having a distorted image of their body's size or shape (for example, believing that she is overweight even though she is at a healthy weight)

Eating disorders continued…

- A preoccupation with thoughts of food, calories and their weight
- Preference for eating alone
- Amenorrhea (absence of menstrual cycles) or delayed onset of puberty and menarche
- Being underweight, with a body mass index that is below normal
  - Use the body mass index calculator to see if your child is underweight

Quality of life

- The study found that 26 percent of teens who were teased at school and home reported they had considered suicide, and 9 percent had attempted it
- Obese children between the ages of 10 and 13 have an 80 percent chance of being obese adults
  - Children are considered obese when their weight is at least 10 percent higher than recommended for their age and height

Quality of life

- Severely overweight children and adolescents were four times more likely to report academic problems
- Severely overweight children were twice as likely to be placed in special education or a remedial class setting
- Overweight children were less likely to describe themselves as smart, talented or gifted even when enrolled in gifted programs

Quality of life

- "Obese children reported scores on a quality of life survey that were as bad as cancer patients in each and every domain of life”

  – Jeffrey Schwimmer, M.D., UCSD

What can parents do?

- Identify feelings and situations that cause them to overeat, and discuss coping strategies
- Don’t criticize an obese child or try to humiliate them into losing weight; it will increase the child's emotional difficulties
  - The child may become lonelier, more depressed, and less likely to make changes that might help
- Praise your child's strengths and accomplishments

What can parents do? Continued…

- Encourage healthy food choices and exercising regularly with them
  - individualize food and exercise plans according to the child's interests and your commitment level
- Set an example
  - make healthy eating and exercise a family affair
- Limit access to high-calorie, high-fat and sugary foods, including soda and juices
- Limit sedentary activities including television and computer time

What can parents do? Continued…

- “Gordito” (chubby) does not equal healthy kids
- Ensure that you use age-appropriate portion size
- Do not force child to “clean their plate”
- Do not use food to reward or punish children
- Keep to your original cultural food with healthy variations. Example:
  - Corn tortillas vs. flour tortillas
  - Olive oil instead of lard

What can parents do? Continued…

- Believe in your children
- Find other adults who believe in your children
- Encourage your children to stay interested in activities
- Be sensitive, not oversensitive
- Celebrate your children’s winning experiences
- Help them accept defeats graciously
- Point out good sportsmanship
- Encourage upbeat conversation about your children’s future
- Encourage family fun and laughter

What else can you do?

- Learn to advocate for your child’s health
  - Healthy options at schools
  - Physical activity at school
  - Safer walking routes to school and parks
  - Healthy options for your child at restaurants
  - Responsible advertisement to your children

“Miss Piggy” changes her image

The boys first called Phyllis “Miss Piggy” and the girls wanting to be included joined in the taunting.

The laughter hurt and Phyllis would cry and lash out at her family when she got home. Phyllis had a few supportive friends and with the help of her parents, joined a weight loss program.

By increasing her physical activity and changing her eating habits,

Phyllis lost 70 pounds during 7th and 8th grade.

Phyllis found that she could relate to other adolescents in her weight loss support group.

Questions?

Thank you!

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