

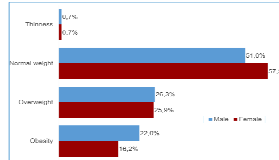
# Evaluation of the effectiveness of a family based intervention program in infantile obesity (Active Families). Design of the research project

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## OBJECTIVE

Evaluate effectiveness of a family/group based intervention program to reduce the weight in children between 7-12 years with infantile obesity (IO) versus the normal practice given, at 6, 12 and 24 months.

## JUSTIFICATION



“ALADINO” Study.  
Infantile Obesity prevalence in Spain



Inclusion of the care of Infantile Obesity in the portfolio of primary care services in Madrid



Family intervention recommendations.  
Cochrane investigation

## VARIABLES

### Variable in the first result:

BMI “Z” score at 6 and 12 months after the start of intervention

### Variables in secondary results:

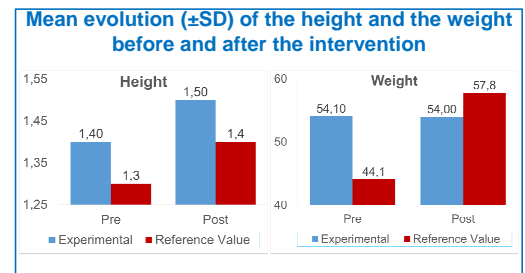
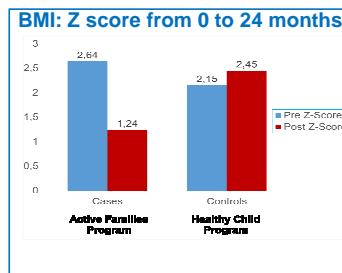
- Mediterranean diet test
- Children Anxiety test (CMAS-R)
- PAQ-C Physical activity questionnaire in children
- International physical activity questionnaire (IPAQ) for the caregiver
- Apgar-family questionnaire
- Sociocultural factors, academic background, gender and age, BMI of both parents and family history of obesity

### Statistical analysis: analysis of principal effectiveness:

Calculation the mean difference of “Z” score between groups along with their 95% confidence range

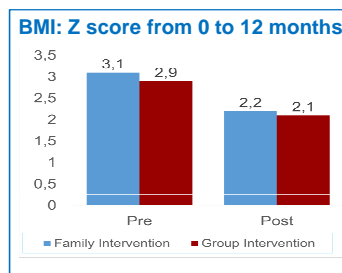
## KEY RESULTS OF PILOT PROJECT

### PHASE I. Family intervention vs. healthy child program. 24 months n=22



The ANOVA of repeated measures showed that both groups increased their height proportionally ( $F = 0,176$ ;  $P = 0,68$ ), but the average weight was maintained in the experimental group and had increased in the control group ( $F = 16,137$ ;  $P = 0,001$ ).

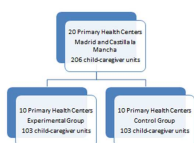
### PHASE II. Family intervention vs. group intervention. 24 months n= 22



### CONCLUSIONS FROM PHASE I & II

- The healthy child program is useful in detecting infantile obesity but not so to generate positive treatment results
- Both family and group intervention can be useful without significant differences between the two

## PHASE III: DESIGN



### Scope:

Controlled clinical trial cluster randomized multicenter study. Location: Health Centers in Madrid and Castilla La Mancha

### Sample:

Simple random sampling of health care centers. Randomization by cluster (child-caregiver) by consecutive sampling. Estimated sample size: 206 (child-caregiver units)

## CONCLUSIONS

- The high prevalence of IO in Spain and the inclusion of IO care in the portfolio of the Community of Madrid demand the need of well evaluated intervention programs
- The controlled clinical trial with cluster randomization can be an adequate initiative for an evaluated intervention

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