# Child's Obesity Often Not Identified

BY PATRICE WENDLING
*Chicago Bureau*

NEW ORLEANS — Roughly one-quarter of overweight children were not identified as such by their parents in a survey of 308 child-parent pairs from an inner-city clinic.

This finding was true independent of race or ethnicity and occurred most commonly if the child was under 9 years of age, Dr. Maria Fernanda Nota and colleagues at the University of Louisville (Ky.) reported at the Southern regional meeting of the American Federation for Medical Research.

"I'm not sure why, but maybe it's because they're 'babies,' " Dr. Nota said in an interview.

Although obesity is prevalent in American children of all ages, especially in minorities, little is known about the role played by racial and ethnic differences in parents' perception of their children's weight status.

The investigators surveyed African American, Hispanic, and white parents of 2- to 17-year-old children. There were 104 African American parent-child pairs, 104 Hispanic pairs, and 102 white pairs.

Using a bilingual questionnaire, parents reported their own weight status and their perception of their child's weight as "underweight," "just right," or "overweight." They also noted whether they were concerned about their child's weight. Children 9 years of age or older also identified their own weight status.

Weight and height measurements were recorded for all children. Weight status was defined by body mass index (BMI) as "normal" if it was in the 25th to 75th percentile or "overweight" if it exceeded the 95th percentile. The 76th to 94th percentile was intentionally excluded to provide a clear demarcation between groups, Dr. Nota said.

Parents identified their child's correct weight status in 76% of parent-child pairs. In all weight categories, accuracy of parental perception of their child's weight did not vary as a function of race or ethnicity, gender, or age.

Concerning the obese category, parents were significantly less likely to recognize 2- to 8-year-old girls as obese, compared with older girls (50% vs. 97%).

Comparable percentages of parents recognized obesity in both young (73%) and older (82%) boys.

Hispanic parents reported being concerned about their child's weight more often than did whites or African Americans, but this trend did not reach statistical significance.

One or both parents were obese in 50% of Hispanic pairs, 57% of white pairs, and 71% of African American pairs. Three-fourths of both obese and nonobese parents recognized obesity in their children, the authors reported.

Obese 9- to 17-year-old children with one or both obese parents recognized their own obesity as often as did children of normal-weight parents.

Dr. Nota was surprised that parents did not recognize obesity as well in younger children. But session comoderator Dr. Bryan Burke suggested that not all parents want to know about their child's weight.

In his home state, the Arkansas School BMI Assessment Project—initiated in 2003 to track the state's obesity epidemic—has been decried by parents as being bad for their children's self-image because it mandates that schools measure body mass index annually for all children in public school grades K-12 and send that information home with children's report cards.

Although the Centers for Disease Control and Prevention estimates that 60% of adult Arkansans are either overweight or obese, parent groups are now working to overturn the law, said Dr. Burke, a pediatrician with the Arkansas Children's Hospital in Little Rock. ■

# Sleep Deficits in Childhood May Lead to Weight Gain in Teenagers, Study Finds

BY KATE JOHNSON
*Montreal Bureau*

Children who lose sleep may have an increased risk of weight gain, according to findings of a new study.

This points to the importance of sleep in the fight against obesity and fuels the argument for later school day start times, reported Emily K. Snell and colleagues in Child Development.

"Encouraging parents to put their younger children to bed earlier at night and allowing both younger and older children to sleep longer in the morning, as well as urging school districts to avoid very early school start times for later elementary and middle school aged children, might represent an important and relatively low cost strategy to reduce childhood weight problems," wrote Ms. Snell of the Department of Human Development and Social Policy and the Institute for Policy Research at Northwestern University, Chicago (Child Development 2007;78:309-23).

In a study, 2,281 children from a nationally representative survey called the Child Development Supplement of the Panel Survey of Income Dynamics, were aged 3-12 years at baseline and 8-17 years at follow-up. Time diaries were used on a randomly selected weekday and weekend to record sleep behavior, and then a subsample of 1,441 children were examined to see whether sleep behavior at baseline influenced weight at follow-up.

The study found "a large decline in weekday sleep across middle childhood and adolescence, driven largely by later weekday bedtimes," a finding that the researchers described as "troubling." While they recommend a minimum of 10-11 hours of sleep per night for younger children, a goal which the study subjects usually achieved on weekends, children as young as 7 years old were already falling short on weeknight sleep. "The fact that a substantial portion of American children achieve such small amounts of sleep should be of concern in light of findings from prior studies suggesting associations between poor sleep hygiene and decreased cognitive and social functioning," they wrote.

The investigators also said "the shift towards later weekday bedtimes might begin earlier than some researchers have suspected," occurring as early as age 8 or 9 years. "There is clear evidence for the appropriateness of later bedtimes for adolescents, as these changes … may be biologically driven. … For younger children, however, the change to later bedtimes may be driven more by social factors rather than changes in biology," they suggested.

The study also found that lost sleep shows up on the scales 5 years later—with later bedtimes for younger children (aged 3-7.9 years) having the most impact on subsequent body mass index (BMI), while later wake times were more important for older children (aged 8-12.9 years) and subsequent BMI. "Even 1 additional hour of sleep may have a significant and meaningful effect on BMI and overweight status," they wrote, noting that at baseline, 1 extra hour of sleep above average lowered a child's risk of being overweight 5 years later—from 36% to 30%, even after controlling for baseline BMI, family socioeconomics, and race. The study found no evidence that gender or physical activity influenced the effect of sleep on BMI.

The link between sleep and weight gain may be the disruption of hormones that regulate appetite and metabolism, suggested the authors, "with insufficient sleep hours causing reduced levels of leptin and increased levels of ghrelin, a hormonal profile associated with increased hunger and appetite for carbohydrate-rich foods."

The investigators said strategies toward earlier bedtimes and later wake times depending on age "might well improve multiple aspects of children's health, emotional well-being, and academic performance." ■

# *Radical Resection Ups Survival With Craniopharyngioma*

BY DAMIAN McNAMARA
*Miami Bureau*

DENVER — Radical resection with initial curative intent provides the best chance of long-term, disease-free survival for pediatric patients with a craniopharyngioma, according to a follow-up study presented at a meeting on pediatric neurologic surgery.

Researchers retrospectively evaluated 80 consecutive pediatric patients who had a radical resection of a craniopharyngioma at New York University Medical Center. Gross total resection was achieved in 70 (87%) of the patients and a subtotal resection achieved in 10 (13%). All 55 of the children with a primary tumor had a gross total resection, compared with 15 (60%) of the 25 recurrent cancer group patients.

When an audience member commented: "I have a problem with starting with surgery in all children with a craniopharyngioma", Dr. Kevin Hsieh replied: "We just analyzed all the postoperative patients during the last 21 years. As far as the decision-making process, this was not part of the study."

Craniopharyngiomas are the most common nonglial tumor in pediatric patients, Dr. Hsieh said. An estimated 0.5-2 million such tumors occur each year. Surgical management of craniopharyngiomas continues to be controversial, specifically whether long-term outcomes are better with total resection versus partial resection and radiation therapy, according to Dr. Hsieh, of the department of neurosurgery at NYU Medical Center.

Not surprisingly, quality of life was better among those with a primary versus recurrent tumor. Also, "quality of life is reasonable and generally better among those with primary tumors that were successfully resected," said Dr. Hsieh.

In addition, the primary craniopharyngioma group experienced lower mortality and recurrence rates, compared with the recurrent cancer group. There was no statistical difference in tumor size between the two groups.

Twelve patients died. There were two perioperative and two delayed deaths in the primary cancer group, compared with one perioperative and seven delayed deaths in the recurrent cancer group.

Among the children with primary tumors, 8 of 55 had a cancer recurrence. Among the 25 children initially treated for recurrence, 14 experienced a subsequent recurrence. There were few adverse events from the surgery if the child survived the first 2.5 years, judging from events during a mean follow-up of 7 years.

There was a total of 93 surgeries in the series. The average age at surgery was 10 years. An overwhelming majority of the patients, 77 of 80, required some endocrine replacement therapy after surgery. "The goal of treatment was radical resection of tumor through a transcranial approach," Dr. Hsieh said at the meeting, which was jointly sponsored by the American Association of Neurological Surgeons and the Congress of Neurological Surgeons.

The researchers assessed survival using Kaplan-Meier curves. The 2.5-year actuarial survival rate was 0.86.

Radical resection for surgical cure has an excellent progression-free survival and overall survival, according to the investigators. They added that morbidity and quality of life are at least comparable to partial resection with radiation therapy. "Our philosophy is the best chance for long-term disease-free survival is to treat with curative intent up front," Dr. Hsieh said. ■