The apparent leveling off in the prevalence of being overweight among U.S. children and adolescents is cause for celebration, but it might not necessarily be a trend, experts say. A study published by the National Center for Health Statistics (NCHS) found no significant trend in the incidence of high body mass index (BMI) among children and adolescents between 1999 and 2006, suggesting that rates of pediatric obesity might be stabilizing after tripling in the 1980s and 1990s.

“It’s difficult to know whether or not we are seeing a true halt to the rise in the prevalence of childhood obesity and overweight based on just a few years of data,” said in an interview. Dr. Gilbert P. August, chair of the Endocrine Society panel that developed guidelines for the prevention and treatment of pediatric obesity, said in an interview.

The study was conducted by Cynthia L. Ogden, Ph.D., and her associates at the NCHS. Working with data from the National Health and Nutrition Examination Survey, the researchers used logistic regression to model trends in high BMI for age over four time periods: 1999-2000, 2001-2002, 2003-2004, and 2005-2006. No significant trends were identified. Dr. Ogden and her associates pooled data from 2003-2004 and 2005-2006 to create population estimates for the prevalence of overweight and obesity, and compared these with prevalence data from 2003 and 2006.

The data showed that within that period, 11.3% of children and adolescents had a body mass index at or above the 97th percentile of the 2000 CDC height and weight charts, which was used to define obesity.

“I think that we were pleasantly surprised at how well we are seeing a true halt to the rise in the prevalence of high BMI for age. To this end, the investigators analyzed recent changes in the prevalence of high BMI for age. The study also sought to identify recent changes in the prevalence of high BMI for age. The study also sought to identify recent changes in the prevalence of high BMI for age. The study also sought to identify recent changes in the prevalence of high BMI for age. The study also sought to identify recent changes in the prevalence of high BMI for age. The study also sought to identify recent changes in the prevalence of high BMI for age. The study also sought to identify recent changes in the prevalence of high BMI for age. The study also sought to identify recent changes in the prevalence of high BMI for age. The study also sought to identify recent changes in the prevalence of high BMI for age. The study also sought to identify recent changes in the prevalence of high BMI for age. The study also sought to identify recent changes in the prevalence of high BMI for age. The study also sought to identify recent changes in the prevalence of high BMI for age. The study also sought to identify recent changes in the prevalence of high BMI for age.

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BALTIMORE — Both increased weight and sleep problems were associated with children’s reports of poor quality of life, based on results from a study of 100 children aged 8-12 years.

Previous studies have linked poor quality of life to overweight and to sleep problems in children but this study is one of the few to investigate the joint contribution of weight and sleep to quality of life, said Kelly Ann Davis, who presented the results in a poster at the annual meeting of the Associated Professional Sleep Societies. Ms. Davis and her colleagues used several types of statistical analysis to determine whether there were significant differences in sleep patterns for children in three different weight categories as defined by the Centers for Disease Control and Prevention — healthy, overweight, or obese. Parents and children completed the Children’s Sleep Habits Questionnaire, the Pediatric Sleep Questionnaire, and the Pediatric Quality of Life Questionnaire.

One child in the intervention group actually gained 10 kg, more than 22 pounds, over the year of the study. The only improvement at 12 months was an increase in psychosocial measures among children participating in the intervention group on the Pediatric Quality of Life: 77.7 on a 100-point scale, compared with 74.4 for children assigned to the control group.

The cost per child was over $1,000, although Dr. Wake noted that the individual cost could be reduced to perhaps $412 if trained physicians were each seeing many children. Nonetheless, if the program were to be extended to 250,000 overweight and obese children in Australia the cost would be over $100 million. Dr. Wake quoted Sir Winston Churchill, who said “No matter how beautiful the strategy, one occasionally has to look at the results.” In this study, the results didn’t justify the costs, with potentially important lessons to be learned for public health campaigns aimed at raising obesity awareness and improving the quality of school lunches(JAMA 2008; 299:2442-2448).

“Little optimism is cause for celebration, but it might not necessarily be a trend, but we really don’t know,” Dr. Ogden said in an interview. She emphasized that the prevalence of pediatric obesity remains a critical issue. “We need to remember that it’s still too high.”

Dr. August, a pediatric endocrinologist and professor emeritus of pediatrics at George Washington University, Washington, stressed that researchers must continue to work at decreasing the prevalence of high BMI among children and teens even if the findings from the study reflect a true leveling off in the obesity epidemic.

The authors of the study reported no disclosures.