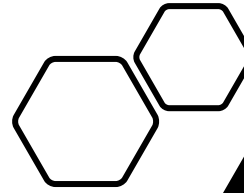


Prevention in general practice : how does general practitioner establish it ?

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Title

How does general practitioner establish childhood obesity prevention in their practice?

Background

Childhood obesity

- Worldwide obesity nearly tripled since 1975
 - 39 million children < 5 y/o overweight or obese in 2020
 - > 340 million children and adolescents aged 5-19 overweight or obese in 2016
- Increasing problem in Belgium (20% overweight, 5% obesity)
- Childhood obesity increased risk of early complications
- Obesity is preventable

Background

General practitioner in prevention

- Major impact of GP in health knowledge transfer
- Major impact of GP in health education
- Child contact with GP once a year : 77 %

Background

Childhood obesity prevention in general practice

- Guidelines not observed
- Deep variability of management between GPs

Aims / objectives

- To understand how does general practitioner construct childhood obesity prevention messages
- To understand why does childhood obesity prevention messages from general practitioner can be far from guidelines
- To identify the different elements which build the message

Methodology

- Qualitative study
- Semi structured interviews and non interventionnal observations
- Emergent thematic coding
- Grounded theory based analysis

Design

- Theoretical sampling by
 - Clinical activity type : alone, monodisciplinary clinic, multidisciplinary clinic
 - Socio-economical factors
 - Professional experience time
 - Gender
- Sampling size :
 - 30 general practionners for interviews
 - 10 general practionners for observations

Ethical aspect

- Ethical Committee approval needed for observations
- UCLouvain ethical committee already approved

Timetable

[illegible]

References

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5. Lisa Petras, Loriane Lilia, Prise en charge de l'obésité infantile : vécu du médecin généraliste, Sciences du vivant [q-bio] 2021 (dumas 03243522)

Thank you for your attention

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