

Obesity Camp: Thailand Experience

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Overweight and obesity represent a rapidly growing threat to the health of populations in an increasing number of countries.¹ In Thailand, the double burden condition is occurs according to the rising number of non-communicable disease while there is still quiet number of communicable disease. Indeed they are now so common that they are replacing more traditional problems such as malnutrition and infectious diseases as the most significant causes of ill-health.² The prevalence of obesity among children aging less than 6 was increasing 36% from 1997 to 2001 in Thailand.³ The prevalence of obesity in 6- to 13- year-old children was increasing 15%.⁴ Adolescent obesity is the high risk group for obesity in adult especially in girl. The disease risks and consequences of obesity begin earlier. Obesity co-morbidities include coronary heart disease, hypertension and stroke, certain types of cancer, non-insulin-dependent diabetes mellitus, gallbladder disease, dyslipidaemia, osteoarthritis and gout, and pulmonary diseases, including sleep apnoea. In addition, the obese suffer from negative self-image, social bias, social stigma, prejudice and discrimination that may lead to depression.

Obesity camps, despite their popularity, have not been properly evaluated. The successful program might depend on the model of camp.⁵ The recent comparison data by Cooper⁶ from North Carolina demonstrated improvement of all health-related indicators including BMI, body weight and body compositions. The camp, one-month duration,

featured a 1700/d caloric diet, daily aerobic and resistance weight training exercise, nutrition classes, and weekly sessions with a psychologist. Data from obesity camp in Thailand will be reviewed and presented.⁷⁻¹⁰ Obesity camp in cardiac rehabilitation unit at Ramathibodi hospital, Mahidol University is multidisciplinary approach with the cooperation of pediatrician, physiatrist, psychiatrist, nurse, nutritionist and medical student. The model was developed from exercise-based program to education-based program with recent program that emphasized on psychological approach. The 5-day program in year 2003¹⁰ included a daily activity, skill-based, fun, physical activity sessions, moderate dietary restriction, and group-based educational sessions. A total of 26 overweight children (mean age: 12.7 ± 2 years) with BMI 33.3 ± 3.7 kg/m². Six children (26.9%) revealed depression. After 5 day of enrollment, the campers lost weight 0.8 ± 0.9 kg. The 3-month follow-up, 18 children lost weight 1.5 ± 3.3 kg with reduction of BMI 1.0 ± 1.1 kg/m². The 6-month follow-up revealed the sustainability of weight control of the program. The data from the recent program that emphasized on behavioural model and parental involvement will be summarized and presented.

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