

Parents and Adolescents: What's the Right Mix in Obesity Treatment?

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Successful obesity treatment hinges on helping the patient shift to a healthier lifestyle in the context of their environment. For adolescents, this means taking into account their current health status and developmental stage in the context of family, peer, and societal influences. Parents play a pivotal role in helping adolescents negotiate the transition to adulthood, and their involvement is essential in obesity treatment.

In this issue of *Pediatrics*, Bean et al,¹ in a systematic review, identify how parents are included in adolescent obesity treatment and “which elements of parental involvement are positively associated with adolescent weight loss.” The studies they examine involve a wide range of intervention strategies that were designed to promote weight loss by addressing diet and exercise behaviors and included a parent component.

In this review, the authors raise important questions for future study and highlight the lack of consistent and specific information about parental interventions in adolescent obesity treatment. The authors identify the need for research to further explore the specific role of parents in terms, their adherence to recommendations, and their own lifestyle behaviors and examine the association of parent and adolescent outcomes in longer and more diverse trials. They also note the need for future studies to examine the link between specific parental interventions and adolescent weight loss.¹

In addition to these important considerations, it is necessary to understand parental involvement in adolescent obesity treatment in the context of the developmental trajectory of the adolescent, disease severity, and variation in how adolescents and parents see their roles in treatment during this transitional phase of development.

Adolescence involves a series of developmental transitions that can impact obesity treatment and influence parental involvement. From a physical standpoint, puberty begins between 8 and 13 years in girls and 9 and 14 years in boys, and obesity has been shown to accelerate puberty in girls and delay onset in boys.² The onset of puberty is a milestone that has physical, psychosocial, and parenting implications and is one of the important factors to take into consideration in determining the role that parents might play in obesity treatment.

In general, in obesity research, researchers treat adolescents as a homogeneous group with regard to age,³ despite the fact that emotional, social, and cognitive development may be different in early and late adolescence. For example, the struggle for a sense of identity and focus on the near future of early adolescence can resolve by late adolescence into a stable self-identity and independent decision-making with an eye to a future adult role. Studies have revealed that weight concerns and desire to lose weight increase as adolescents become more mature, independent, and able to

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accept responsibility for their health.⁴ Parents may respond to an increasingly independent adolescent by shifting responsibility to the adolescent for treatment.^{5,6} In one study of adolescents with successful weight loss, older adolescents (>16 years) were more likely to feel responsible for their weight and reported that they lost weight on their own.³ In addition, for each additional year of age, adolescents reported less parental involvement in their weight loss efforts and had a greater likelihood of taking responsibility for weight loss strategies and food choices. The authors concluded that the effectiveness of parent involvement may depend on the teenager's age.³

However, even as adolescents move toward increasing independence, parents still play an important role in promoting their health and well-being,⁷ including role modeling, creating a healthy home environment, and guiding adolescent decision-making about healthy choices.⁸ However, parents' ability to influence outcomes may change in effectiveness with age. High levels of parental support are associated with healthy behaviors at age 13, but these behaviors decline yearly throughout adolescence.⁹ Parental nonsmoking and healthy weight are associated with a less rapid rate of decline of these behaviors.⁹

Obesity is a chronic disease, and the extent to which this is recognized by the patient and family may also modify the role of parents in adolescent obesity treatment. Severity of obesity and obesity-related comorbidities as well as treatment options such as the need for pharmacologic treatment or surgery may also increase parental involvement.¹⁰ Psychological interventions for parents, such as cognitive behavioral therapy and problem-solving therapy have been shown to improve parenting behavior in children with chronic disease and

may inform strategies for adolescent obesity.¹¹

Adolescents with chronic illness may also be more comfortable with parental involvement in their health care than adolescents without a chronic condition.¹² In a study of adolescents with rheumatoid arthritis and their parents, the majority of adolescents both desired involvement in their own care and perceived themselves as being involved in medical decision-making. Adolescents with more health consciousness had parents who were more health conscious, and these adolescents were more likely to value independent involvement in their own care.¹³

In a group of young adults aged 17 to 19 years with familial hypercholesterolemia, all of the young adults endorsed some level of parental involvement in their medical decision-making.¹⁴ Both parents and young adults noted that "recognizing oneself as a decision-maker and navigating emerging independence" were critical tasks in the transition to adult care. Most valued guidance from parents in care decisions and felt family involvement was important to help in maintaining healthy eating and exercise routines.¹⁴

However, preferences for parental involvement are not uniform among adolescents with chronic illness. Preferences range from adolescents valuing a high degree of independence and self-efficacy and wanting to be treated like adults to a more dependent, less confident adolescent in need of more parental support.¹⁵ The majority of adolescents however, do want a say in important treatment issues and to have the opportunity to speak to their doctors and nurses alone.^{15,16}

Understanding obesity treatment in the context of the developmental trajectory of the adolescent, the severity of their disease, and the

variation in how adolescents and parents see their roles during this transitional phase of development may help to individualize and target parental involvement in obesity treatment and provide these adolescents with essential support in negotiating their transition to adulthood.

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