A response to ‘Childhood obesity in New Zealand’ by Steven Kelly, Boyd Swinburn

Richard Flint

I read with interest your recent editorial by Kelly and Swinburn¹ and their enthusiasm for NZMA’s “landmark document that sets the scope of and solutions to New Zealand’s obesity epidemic”. ² Landmark? Really? I would hope that the scope of our strategy extends beyond maligning the food industry and funding community dietary programs. What leads the authors to claim that a tax on sugary drinks is “based on good evidence”? The metanalysis³ used by the NZMA to support this approach could only find three studies that showed a reduction in BMI (a paltry 0.003 to 0.07 kg/m²). Although taxing drinks reduced consumption, some studies actually found an increase in the BMI. What is the “growing evidence” that the NZMA refer to when advocating dietary programs? Their allusion to a review of the UK’s community weight management programs failed to mention an appalling drop-out rate of 55% in the first year and mean weight loss of just 3 kg (Counterweight program).⁴

It is disappointing that Kelly and Swinburn have failed to give credit to weight loss surgery in their “all-of-society approach”. Recently, the group at Middlemore Hospital described great success with sleeve gastrectomy in an adult population. Five years after surgery their cohort of 96 patients had maintained a mean BMI loss of 10.9 kg/m² (mean weight loss of 30.8 kg).⁵

There is growing evidence that the results of adult weight loss surgery can be replicated in obese children. A recent review of 23 studies of weight-loss surgery for obese children described a mean reduction of BMI of 13.5 kg/m².⁶ Complication rates are similar to adult series with a mortality of just 0.3%: a frequency comparable to appendicectomy.⁷ Previous concerns over failure to reach growth and sexual maturation, and poor post-op compliance appear to be unfounded. Although the data is not without bias, there is surely enough to suggest that this modality should be considered and not dismissed with a single sentence at the end of an exhaustive document, as in NZMA’s “landmark document”.

It may benefit the reader for the authors to explain why they have recently criticised the government for not embracing weight-loss surgery, yet now champion a document that ignores it. And what reasons do they have for not exploring a surgical option for childhood obesity when other centres are publishing encouraging results.

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