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з міжнародною участю

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У збірнику представлені матеріали тез науково-практичної конференції з міжнародною участю “Сучасні проблеми педіатричної дієтології” (Київ, 20.04.2016 р.) зі стилістикою та орфографією в авторській редакції. Публікації присвячені актуальним проблемам дитячої дієтології та нутриціології.

Науково-практична конференція внесена до Реєстру з’їздів, конгресів, симпозіумів та науково-практичних конференцій, які проводимуться у 2016 році, Міністерства охорони здоров’я України.

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PSYCHOLOGICAL ASPECTS OF THE ESTABLISHING HEALTHY EATING HABITS IN OVERWEIGHT CHILDREN WITH ASTHMA

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Introduction. The prevalences of asthma and obesity have increased substantially in recent decades. Comorbidities observed during childhood and adolescence of being overweight include asthma and psychosocial disorders. In children 3 of 4 prospective studies show a significant association between excess weight and asthma incidence. Obesity has been shown to be inversely related to having been breastfed, which is also a potential protective factor against childhood atopic diseases. It was revealed, that less exclusive breastfeeding leads to increases in child asthma and atopy. By logistic regression analysis, there was found that leptin was a predictive factor for having asthma. Asthma, wheezing, and inhaler use were more common in obese than in non obese children. The association of asthma severity with obesity suggests that obesity may be a potentially modifiable risk factor for asthma or asthma - like symptoms. Weight-loss studies have shown substantial improvements in the clinical status of many obese patients with asthma who lost weight.

The objective of the research was to identify psychological peculiarities of the establishing healthy eating habits in children with persistent asthma depending on BMI.

Material and methods. Data from 174 children of school age with persistent asthma were analyzed. The population was 63,3% male, had a mean (SD) age of 11,6

(3,4) years. The study population had a mean BMI of 18,9 (3,6) kg/m² (min-max: 13,2-29,7).

Results. Early onset of asthma was associated with slightly increased (>19 kg/m²) BMI with OR=2,8 (95% CI: 0,8-9,9). Results of analysis of childhood asthma phenotypes allowed to postulate the similarity of the variants of the disease for most studied characteristics and no any other significant BMI and asthma phenotypes associations. There was no any other significant association between BMI and gender, duration of breastfeeding, childhood asthma severity or atopy, but increased BMI was associated with neurasthenic type of child's attitude to asthma and poorer sibs-mother relationships. Treatment goals of obesity vary, depending on the age of the child and the severity of asthma symptoms from being overweight. Severe caloric restriction and weight loss are not recommended (an initial goal of a max 10% reduction in weight is reasonable). Slow weight loss (0,5 kg or less per week) should be attempted only in skeletally mature children or in those with serious complications from obesity. The most successful approach to weight maintenance or weight loss requires substantial lifestyle changes that include increased physical activity and altered eating habits. Identifying particular parenting styles can alter the management approach to an overweight child. Rigid, controlling styles of feeding may decrease a child's preference for healthier foods, and alternatively, if parents avoid conflict by allowing the child to dictate all choices, the result may be poor nutritional choices. In the overweight child, the principles elucidated during anticipatory guidance need to be reinforced as being central to the child's success in achieving weight loss. Helpful measures in this educational process include the use of food and activity logs, which give the physician insight into eating practices as well as busy family schedules and provide opportunities to educate the family. Many parents lack any knowledge of food preparation or have inadequate parenting skills,

live in unsafe communities with low access to recreational activities. Enlistment of community resources that can overcome these barriers and regular follow-up with the patient and family are important. Multidisciplinary and community-based approaches to overweight management may be more successful in promoting family change. Community-based programs to inform families regarding age-appropriate healthy eating choices, meal and portion size planning, decreasing “screen time,” and approaches to increasing physical activity provide an important service for families with overweight children. Management consists of dietary counseling, exercise therapy, and behavioral management. Teams include a physician, a psychologist, a dietitian, an exercise specialist, a nurse and counselors. Psychologists screen families for underlying problems that have led to a child's overweight, problems arising from health complications of overweight, and barriers to successful adaptation of a healthier lifestyle. Once problems are identified, psychologists and counselors can use cognitive behavioral and family therapy to address such issues. Methods used include positive reinforcement, changes in the home and family environment, self-monitoring, goal-setting, contracting and parenting skills training. Establishing healthy eating habits in children include: limiting sweetened beverages; assuring exposure to a wide variety of foods, including less calorie-dense food choices and limitation of between-meal snacking; family approaches to dealing with food refusals as diets are modified; education regarding meal planning and the value of family mealtimes in maintaining family structures; including children in meal choices and food preparation; encouraging children to eat breakfast; teaching children the principles of balanced nutrition (eating from all food groups) etc.

Conclusions. Analyses of the data from pediatric clinical population of school age with persistent asthma have identified association of some psychosocial disorders with increased BMI in them. Dietary recommendations to decrease weight may

modify control of asthma course in childhood. Thus, clarifying the nature of the relationship between obesity and asthma and the role of weight management among patients with asthma are important for prevention and treatment of this disease.

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