

The effect of groupcoaching in the regular treatment of obese children.

No registrations found.

Ethical review	Positive opinion
Status	Recruiting
Health condition type	-
Study type	Interventional

Summary

ID

NL-OMON23486

Source

Nationaal Trial Register

Brief title

coachingsstudy

Health condition

cardiovascular and diabetic risk profile, quality of life, physical fitness, anthropometry, body composition and energy expenditure

cardiovasculair en diabetogeen risicoprofiel, kwaliteit van leven, lichamelijke fitheid, anthropometrie, lichaamssamenstelling en energie wisseling

Sponsors and support

Primary sponsor: - Jeroen Bosch Academy - Jeroen Bosch Hospital

- TRANZO - University of Tilburg

Source(s) of monetary or material Support: - CZ zorgverzekeringen

- ZonMW 'gezonde slagkracht'

- NOC*NSF 'proeftuin'

Intervention

Outcome measures

Primary outcome

Body Mass Index (BMI) standaard deviation score in the dutch sex- and age specific BMI curve.

Secondary outcome

1. Cardiovascular and diabetic risk profile;
2. Quality of life;
3. Physical fitness;
4. Anthropometry;
5. Body composition;
6. Energy expenditure.

Study description

Background summary

Groupcoaching is an instrument to enhance important qualities for effective life style interventions. It is not a medical or psychological intervention, but a way to stimulate coping, self management and patient empowerment in the treatment of obesity in children. In this study the effect of groupcoaching will be measured compared to the bench mark treatment, eg: dietary and physical activity intervention.

Study objective

Groupcoaching has an additional effect in the treatment of obese children.

Study design

T = 0, 6 and 18 months.

Intervention

Groupcoaching in the intervention group, along with the benchmark treatment (advice in healthy eating by the dietician and/or training by the physiotherapist). The control group

receives only benchmark treatment

The intervention contains groupcoachingssessions during 6 months. The first month on a weekly basis, thereafter monthly. After 6 months the primary outcomes will be assessed. Then the follow up period last for 1 year, during which the groups will meet every 3 months. The control group will have bench mark treatment (e.g.: treatment by dietician and fysiotherapist, during the whole of the study)
(nb: The MEC rated this study: NOT subject to WMO legislation).

Contacts

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Eligibility criteria

Inclusion criteria

1. Primary obese children between 6 en 12 year of age;
2. Adequate motivation by children and parents to comply to the study period.

Exclusion criteria

1. Non primary obesity;
2. Chronical physical or mental disease or handicap.

Study design

Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Non-randomized controlled trial
Masking:	Open (masking not used)
Control:	Active

Recruitment

NL	
Recruitment status:	Recruiting
Start date (anticipated):	01-11-2010
Enrollment:	80
Type:	Anticipated

Ethics review

Positive opinion	
Date:	19-12-2010
Application type:	First submission

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
NTR-new	NL2569
NTR-old	NTR2694
Other	CZ zorgverzekeringen : AFVV10-035
ISRCTN	ISRCTN wordt niet meer aangevraagd.

Study results

Summary results

1. CBO-richtlijn 'Diagnostiek en behandeling bij volwassenen en kinderen'. C.M. Renders, A.M.W. Bulk-Bunschoten, E.G.A.H. van Mil. T v Kindergeneeskunde nr 3 jaargang 78 2010;

2. De Kroon MLA, Renders CM, Van Wouwe JP, van Buuren S, HiraSing RA. The Terneuzen Birth Cohort: BMI Changes between 2 and 6 Years Correlate Strongest with Adult Overweight. PLoS ONE 2010;5:e9155;

3. Obesitas en Diabetes: een groeiend probleem onder de jeugd. Dr. Tim Takken, Dr. Edgar G.A.H. van Mil, et al. Kinderfysiotherapie, tijdschrift van de NVKF. Juni 2006: 17; 49;

4. Obesitas en verhoogd cardiovasculair risico: de aanpak begint al op jeugdige leeftijd! F.N.M. Langens, J.J. van Binsbergen, E.G.A.H. van Mil, J.C. Seidell. Hartbulleting december 2009;

5. Het metabool syndroom bij overgewicht en obesitas. E.G.A.H. van Mil en E.L.T. van den Akker. Praktische Pediatrie. Nr 2, jaargang 4, 2010;

6. Overgewicht bij een kind is eigenlijk niet meer dan een signaal. E.G.A.H. van Mil. Health Management Forum. Maart 2009;

7. Inspanningstests. Dr. Tim Takken. Elsevier gezondheidszorg, Maarssen 2004. ISBN 90 352 2731 x;

8. The KIDSCREEN Questionnaires. Quality of life questionnaires for children and adolescents. Lengerich, Germany, 2006. ISBN-10: 3-89967-334-4;

9. Van den Akker, ELT, et al. A cognitive behavioral therapy program for overweight children. J Pediatr 2007; 151: 180-3.