

# Treatment of childhood obesity by retraining eating behaviour: randomised controlled trial.

Ford AL, Bergh C, Södersten P, Sabin MA, Hollinghurst S, Hunt LP, Shield JP  
BMJ. 2010; 340:b5388

## 10 EXCEPTIONAL

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**29 Jan 2010 | New Finding, Clinical Trial, Controversial**

This recent study describes a procedure to diminish obesity based on the same method that has been used to treat anorexia. This is the first time that a behavioral procedure, which is not based on drug treatment, has been shown to be effective for obesity. More importantly, it suggests that both anorexia and obesity can be seen as a behavioral problem that can be retrained.

Obesity, and especially childhood obesity, is an ever increasing problem for the western world. Up till now, no, or only very few, effective treatments have been described {1}. Therefore, the recent study conducted in the Bristol Royal Hospital for Children describing an effective treatment for obesity is remarkable, especially since the same procedure has been successfully used for the treatment of anorexic persons {2}. The basis for this behavioral treatment is a weighing scale coupled to a computer, teaching the person not to eat too fast (or not too slow for anorexics). Moreover, in the course of the meal persons have to indicate their satiety while the computer gives a feedback about the desired satiety. Even 6 months after using the balance, the trained group had still a significant lower body mass index and took smaller meals, indicating that the 12 month training period has long-term effects also without eating from a balance. The conclusion that can be drawn from this study is that just modifying eating behavior results in a strong improvement in body weight. Just slowing down the speed of eating and reducing portion size through retraining eating behavior is a useful therapy for obese adolescents. Maybe the most remarkable aspect of this, and the previous study of the Swedish group that also used a similar training procedure for anorexic persons {2}, is that it shows pronounced long-term effects, suggesting that both obesity and anorexia may be treated by relearning how and how much to eat. With anorexia being seen more often as a psychiatric disorder rather than an eating one and the treatment of childhood obesity considered very difficult due to the role of parents, the finding that the same treatment is showing positive results in both cases is exciting and gives food for thought.

References: {1} Oude Luttikhuis et al. Cochrane Database Syst Rev 2009, 1:CD001872 [PMID:19160202]. {2} Bergh et al. Proc Natl Acad Sci USA 2002, 99:9486-91 [PMID:12082182].

**Competing interests:** None declared