

Overweight, Obesity Start Early in Urban Youth

BY DEBRA L. BECK
Contributing Writer

TORONTO — A critical period for the development of obesity in early childhood appears to be between the ages of 1 and 3 years, according to a study of inner-city youth presented at the annual meeting of the Pediatric Academic Societies.

In 1,713 children aged 1-5 years, overweight increased from a low of 4% in 1-year-olds to 21% in 5-year-olds. Obesity in-

creased from a low of 8% in 1-year-olds to 30% in 5-year-olds, said Dr. Melissa Glassman, a pediatrician at Columbia University Medical Center and Morgan-Stanley Children's Hospital of New York-Presbyterian, both in New York.

The researchers saw significant increases in prevalence both between the ages of 1 and 2 years and between ages 2 and 3 years. No statistically significant increases in overweight or obesity prevalence occurred in 3- to 5-year-old children.

The largest increase in overweight and obesity prevalences occurred in children before the age of 3; overweight was 16% and obesity was 30% in 3-year-olds.

Overall, boys were slightly more likely to be obese than were girls. No significant differences were seen based on ethnicity. Dr. Glassman noted that Dominicans were the major subgroup in her study population and that these findings may not be generalizable to other populations. She said that a study based on 2003-2004 NHANES data

found a rate of overweight and obesity among 2- to 5-year-old children of 26%.

"The critical age period encompasses a major transition period for children, when they develop and establish food preferences and eating behaviors," Dr. Glassman said in a statement. When asked how physicians can help, she said that encouraging parents to make adjustments to their children's diet and exercise patterns would allow some of these children to "outgrow" their excess weight. ■

QUIT RATES SUPERIOR TO ZYBAN® AT 12 WEEKS IN 2 HEAD-TO-HEAD CLINICAL TRIALS (P=.0001)^{1,2*}

44% of subjects who received CHANTIX 1 mg bid quit smoking by the end of 12 weeks vs:

- Approximately 30% of subjects who received Zyban 150 mg bid
- Approximately 17.5% of subjects who received placebo

WELL-STUDIED TOLERABILITY AND SAFETY PROFILE

- The most common adverse reactions included nausea, sleep disturbance, constipation, flatulence, and vomiting. Nausea occurred in 30% of subjects while 3% discontinued due to nausea

CONVENIENT PAK DOSING

- PAKs are designed to simplify prescribing and to help improve patient adherence

GET SUPPORT PLAN

- A personalized behavioral support program designed to address critical behavioral components of smoking cessation, such as relapse

Patients should be encouraged to continue to attempt to quit if they have early lapses after quit day.

Dosage adjustment with CHANTIX is recommended in patients with severe renal impairment or in patients undergoing hemodialysis.

Smoking cessation, with or without treatment with CHANTIX, may alter the pharmacokinetics or pharmacodynamics of some drugs, such as theophylline, warfarin, and insulin. Dosage adjustment for these drugs may be necessary.

CHANTIX[™]
(varenicline) TABLETS

TURN MORE SMOKERS INTO QUITTERS

*Results from 2 identically designed, 52-week (12 weeks pharmacotherapy, 40 weeks nonpharmacotherapy follow-up), randomized, double-blind, parallel-group, multicenter clinical trials (study 4: N=1022; study 5: N=1023) in which CHANTIX 1 mg bid was compared with Zyban 150 mg bid and placebo for efficacy and safety in smoking cessation. For trial inclusion, subjects must have smoked at least 10 cigarettes per day over the past year, with no period of abstinence greater than 3 months, and must have been bupropion naive. The primary efficacy end point in both trials was the carbon monoxide (CO)-confirmed 4-week continuous abstinence rate for weeks 9 through 12, defined as the percentage of subjects who reported no smoking (not even a puff) or use of any nicotine-containing products confirmed by an exhaled CO measurement of 10 ppm or less at each clinic visit. (Studies 4 and 5 from the CHANTIX package insert.)^{1,3,5}

Subjects were provided with an educational booklet on smoking cessation and received up to 10 minutes of smoking cessation counseling at each clinic visit in accordance with Agency for Healthcare Research and Quality guidelines.³