



Durham
University

Interventions to prevent obesity in children aged 2 to 4 years old (based on a Cochrane systematic review protocol)

Review team:

Sophie Phillips¹(Lead)

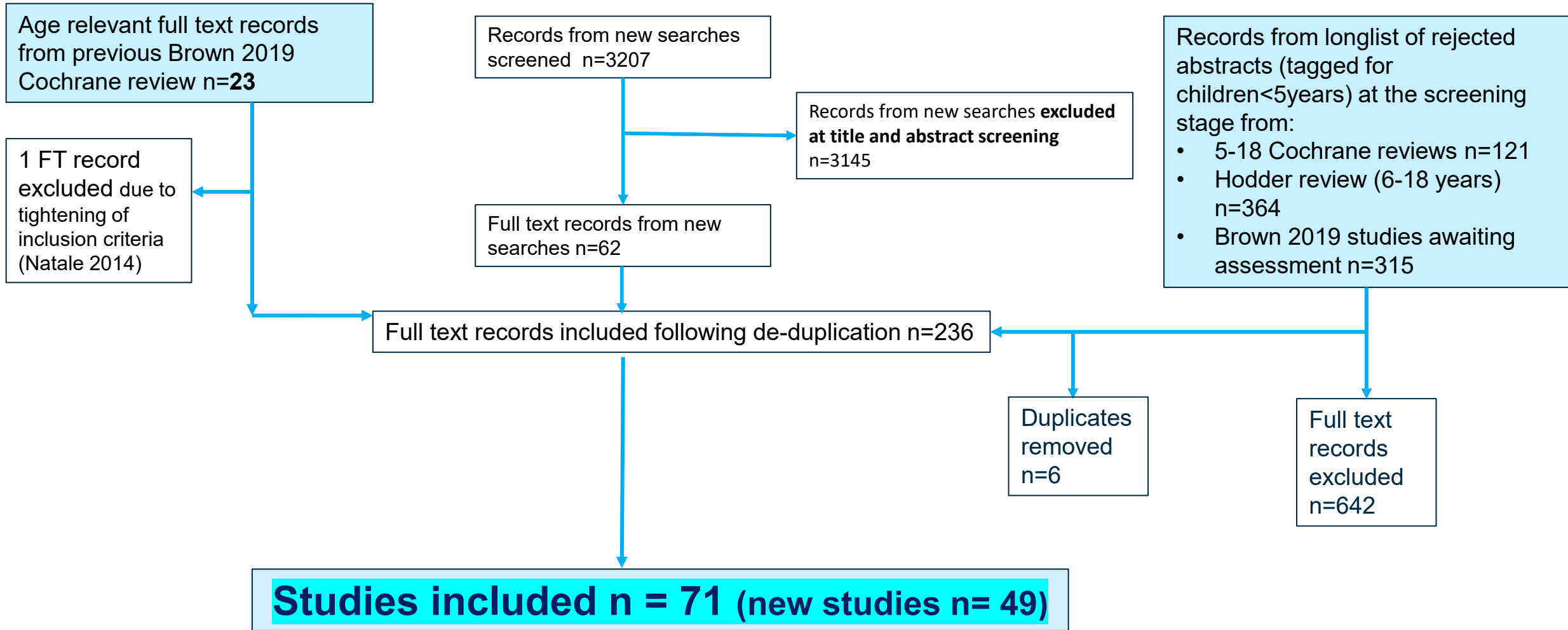
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Population	<ul style="list-style-type: none"> • Children with mean age of 2 years and above, but less than 4 years • General population • Excluded studies that were restricted to children with overweight or obesity
Intervention	<ul style="list-style-type: none"> • Main aim to help prevent obesity by changing <i>at least one</i> factor from: <ul style="list-style-type: none"> • Diet • Activity (physical activity, sedentary behaviour, sleep, play or structured exercise)
Comparators	No intervention OR usual care OR another eligible intervention
Outcomes	BMI or zBMI
Setting	Pre-school/Nursery/Childcare centre (including Head Start Centres in US) OR Home OR Primary Care OR Community

RCT or cRCT with at least 3 clusters in each arm

For meta-analysis presented here, only included studies in Pre-school setting reporting useable zBMI outcome data



Summary characteristics of all INCLUDED studies (n=71)

Study design

- 44% (31/71) Individual RCT
- 56% (40/71) Cluster RCT

Country

- **49% (35/71) USA**
- 11% (8/71) Australia
- 7% (5/71) Canada
- 7% (5/71) UK (3 in Scotland)
- 6% (4/71) Germany
- 3% (2/71) Spain
- 3% (2/71) Sweden

And 1 each in: China, Denmark, France, Italy, Malaysia, Switzerland, Thailand, Turkey, UAE and one* in a multi-EU country study.

Intervention type

- 66% (47/71) Diet + Activity
- 21% (15/71) Activity
- 13% (9/71) Diet

- 1% (1/71) *Digital/online*

Setting/Target population

- **56% (40/71) Childcare/Preschool/Nursery**
- 31% (22/71) Home
- 7% (5/71) Primary care
- 6% (4/71) Community

N of participants:

- Smallest n= 16
- Largest n= 7541*

Summary characteristics of all INCLUDED studies (n=71)

- **39% (28/71) of trials targeted disadvantaged (low income) participants and/or those living in disadvantaged communities**
- 14% (10/71) of trials had an inclusion criteria where only those children deemed to be 'at risk' of developing obesity were allowed to participate.
-
- 11% (8/71) of trials had a inclusion criteria where only those children with a minimum BMI* were allowed to participate (*French, Hammersley, Hawkins, Heerman, Morshed, Natale 2021, Slusser, Sun*)
 **this cut-off point was below that for overweight, e.g. 50%*
- 3% (2/71) had a inclusion criteria where only those children who had a mother living with overweight or obesity were allowed to participate (*Olsen, Ostbye*)

Summary characteristics of all INCLUDED studies (n=71)

Outcome data

Studies in Pre-school setting n= 40

Studies in Pre-school setting reporting zBMI outcome data = 22

(including Lumeng & Stookey)

**Studies in Preschool setting reporting zBMI outcome data that
could be included in a Meta-analysis n=16**

Of the 18 Studies in Pre-school setting that did not report zBMI, 9 reported BMI

Of the 9 studies in Pre-school setting that did not report zBMI or BMI:

- 7 reported BMI percentile
- 2 reported weight for height or by weight category

Summary of studies in Preschool setting reporting zBMI outcome data that could be included in a Meta-analysis n=16

D: Diet; DPA: Diet and physical activity; PA: Physical activity

Study	Setting	Population	Intervention	Comparator	Outcomes
Alkon 2014 cRCT	Childcare centres USA	Children aged 3-5 (N not reported)	DPA: Nutrition And Physical Activity Self Assessment for Child Care intervention	No intervention	BMIz 7m follow up
Barber 2016 cRCT	Preschools UK	164 children	PA: Physical activity intervention for pre-school children	No intervention	BMIz 12m follow up
Davis 2016 cRCT	Head start centres USA	1816 children (2-5 years)	DPA: Child Health Initiative for Lifelong Eating and Exercise	Standard curriculum	BMIz 7, 12 and 19 months follow up
Dennison 2004 cRCT	Preschools USA	176 children (2.6- 5.5g years)	PA: 'Brocodile the Crocodile' health promotion programme	Safety and injury prevention program	BMI/BMIz 6m follow up
Fitzgibbon 2005 cRCT	Preschools USA	409 children	DPA: Hip Hop to Health Junior	General health concepts	BMI/BMIz 14 weeks, 12m & 24m follow up
Fitzgibbon 2006 cRCT	Head start centres USA	401 children	DPA: Hip Hop to Health Junior	General health concepts	BMI/BMIz 14 weeks, 12m & 24m follow up
Fitzgibbon 2011/Kong 2016 cRCT	Head start centres USA	729 children (3-5 years)	DPA: Hip Hop to Health Junior	General health session	BMI/BMIz 14 weeks, 16m follow up
Goldfield 2016 cRCT	Childcare centres Canada	83 children (3-5 years)	PA: Healthy Opportunities for Preschoolers.	No intervention	BMI/BMIz 6m follow up

Study	Setting	Population	Intervention	Comparator	Outcomes
Iaia 2017 cRCT	Childcare centres Italy	425 children (3 year olds)	DPA: Motivational interviews with parents	Usual care	BMI/BMIz 12m & 24m follow up
Malden 2019 cRCT	Preschools Scotland, UK	42 children (3-5 years)	DPA: ToyBox-Scotland	Usual care: standard curriculum	BMIz 15-17 weeks follow up
Reilly 2006 cRCT	Nursery and home Scotland, UK	545 children	PA: Movement and Activity in Glasgow intervention in children	Usual curriculum	BMI/BMIz 6m & 12m months follow up
Slusser 2012 RCT	Clinics, pre- schools, Head Start centres. USA	160 children (2-4 years). Only include child if >50th percentile	DPA: Paediatrics Overweight Prevention through Parent Training Programme	Waitlist, no intervention	BMI/BMIz 12m follow up
Vaughn 2021 cRCT	Nursery/childcare and home USA	853 children (3-4 years)	DPA: HMHW Healthy Me, Healthy We	Usual care	BMI/BMIz 8m follow up
Yoong 2020 cRCT	Nursery/childcare Australia	522 children (2-6 years)	D: dietary guideline implementation	Usual care	BMIz 12m follow up
Zask 2012 cRCT	Preschools Australia	498 children (29- 73 months)	DPA: Tooty Fruity Veggie	Usual care	BMIz 10m follow up
Hodgkinson 2019 cRCT	Childcare centres UK	81 children (2 year olds)	DPA: Be Active, Eat Healthy resources.	No intervention	BMIz 24m follow up

Overview of forest plots / meta-analyses

- By outcome:
 - z-BMI (BMI-z) only
- By setting:
 - Childcare/Pre-school/Nursery only (includes Head Start sites in USA)
- By follow up time where data reported:
 - Short term: 3 to 9 months (within school year)
 - Mid term: 9 to 15 months (approx. one year)
 - Long term: over 15 months (more than a year)
 - By longest study timepoint
- By comparison
 - Dietary and Activity interventions vs Control (n=11; S, M, L, Longest)
 - Physical Activity interventions vs Control (n=4; S, M, Longest)
 - Dietary interventions vs Control (n=1; M)

DPA vs control

Low/Moderate confidence

Study or Subgroup	Mean Difference	SE	Weight	Mean Difference IV, Random, 95% CI
1.1.1 Short-term (12 weeks to 9 months)				
Alkon 2014	-0.14	0.06	8.7%	-0.14 [-0.26, -0.02]
Davis 2016	0.01	0.0204	46.2%	0.01 [-0.03, 0.05]
Fitzgibbon 2005	-0.03	0.0561	9.8%	-0.03 [-0.14, 0.08]
Fitzgibbon 2006	0.01	0.102	3.2%	0.01 [-0.19, 0.21]
Fitzgibbon 2011	-0.05	0.0459	14.0%	-0.05 [-0.14, 0.04]
Malden 2019 (1)	-0.04	0.2687	0.5%	-0.04 [-0.57, 0.49]
Vaughn 2021	0.01	0.04	17.7%	0.01 [-0.07, 0.09]
Subtotal (95% CI)			100.0%	-0.02 [-0.05, 0.02]

Heterogeneity: Tau² = 0.00; Chi² = 6.84, df = 6 (P = 0.34); I² = 12%

Test for overall effect: Z = 0.84 (P = 0.40)

1.1.2 Medium-term (9 to 15 months)

Davis 2016	-0.07	0.0357	38.5%	-0.07 [-0.14, -0.00]
Fitzgibbon 2005	-0.23	0.0765	16.9%	-0.23 [-0.38, -0.08]
Fitzgibbon 2006	-0.11	0.1173	8.6%	-0.11 [-0.34, 0.12]
Iaia 2017 (2)	0.05	0.1286	7.3%	0.05 [-0.20, 0.30]
Slusser 2012	-0.24	0.11	9.6%	-0.24 [-0.46, -0.02]
Zask 2012	-0.15	0.07	19.1%	-0.15 [-0.29, -0.01]
Subtotal (95% CI)			100.0%	-0.12 [-0.20, -0.05]

Heterogeneity: Tau² = 0.00; Chi² = 6.99, df = 5 (P = 0.22); I² = 28%

Test for overall effect: Z = 3.32 (P = 0.0009)

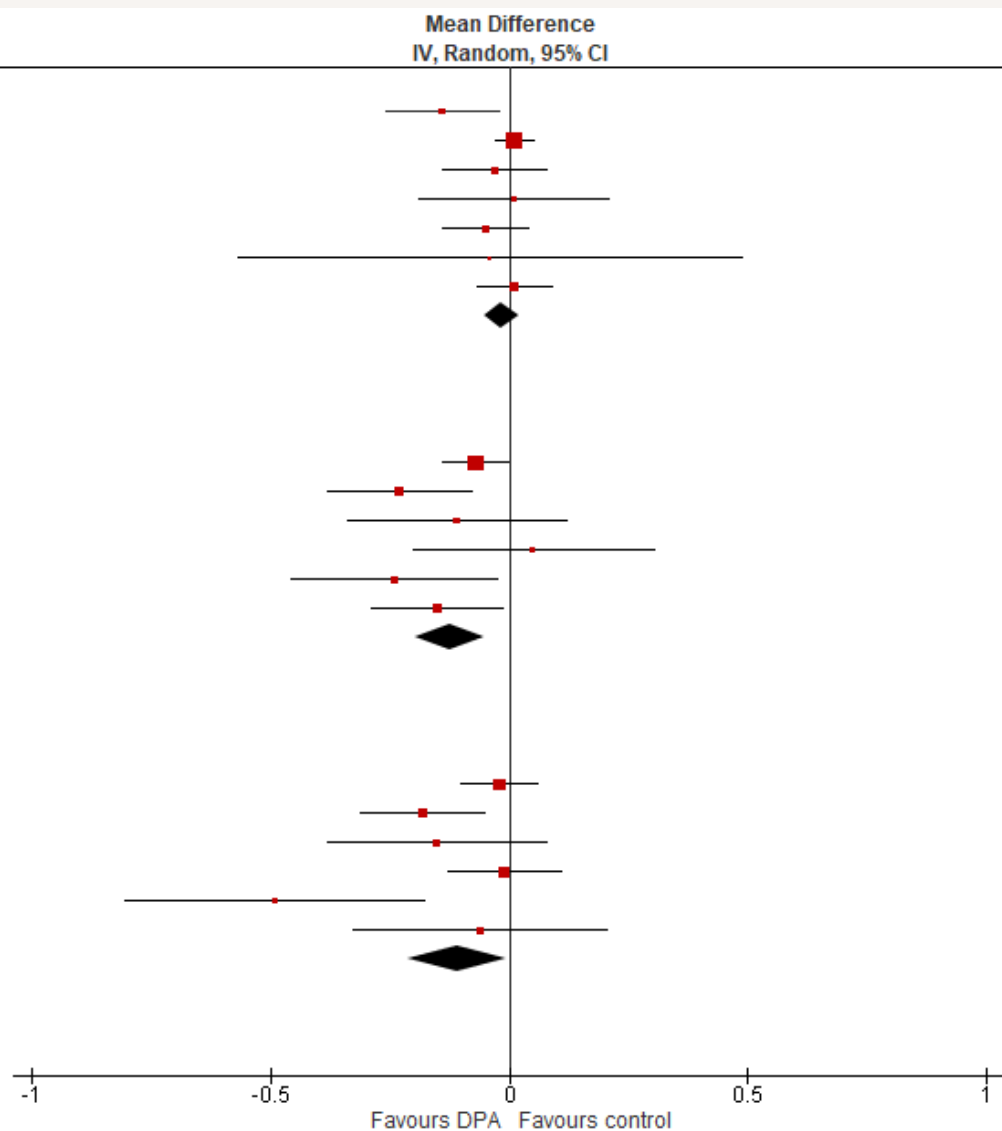
1.1.3 Long-term (15 months +)

Davis 2016 (3)	-0.02	0.0408	26.5%	-0.02 [-0.10, 0.06]
Fitzgibbon 2005	-0.18	0.0663	20.9%	-0.18 [-0.31, -0.05]
Fitzgibbon 2006	-0.15	0.1173	12.2%	-0.15 [-0.38, 0.08]
Fitzgibbon 2011	-0.01	0.06	22.3%	-0.01 [-0.13, 0.11]
Hodgkinson 2019	-0.49	0.16	8.0%	-0.49 [-0.80, -0.18]
Iaia 2017 (4)	-0.06	0.1357	10.1%	-0.06 [-0.33, 0.21]
Subtotal (95% CI)			100.0%	-0.11 [-0.21, -0.01]

Heterogeneity: Tau² = 0.01; Chi² = 12.62, df = 5 (P = 0.03); I² = 60%

Test for overall effect: Z = 2.08 (P = 0.04)

Test for subgroup differences: Chi² = 8.47, df = 2 (P = 0.01), I² = 76.4%



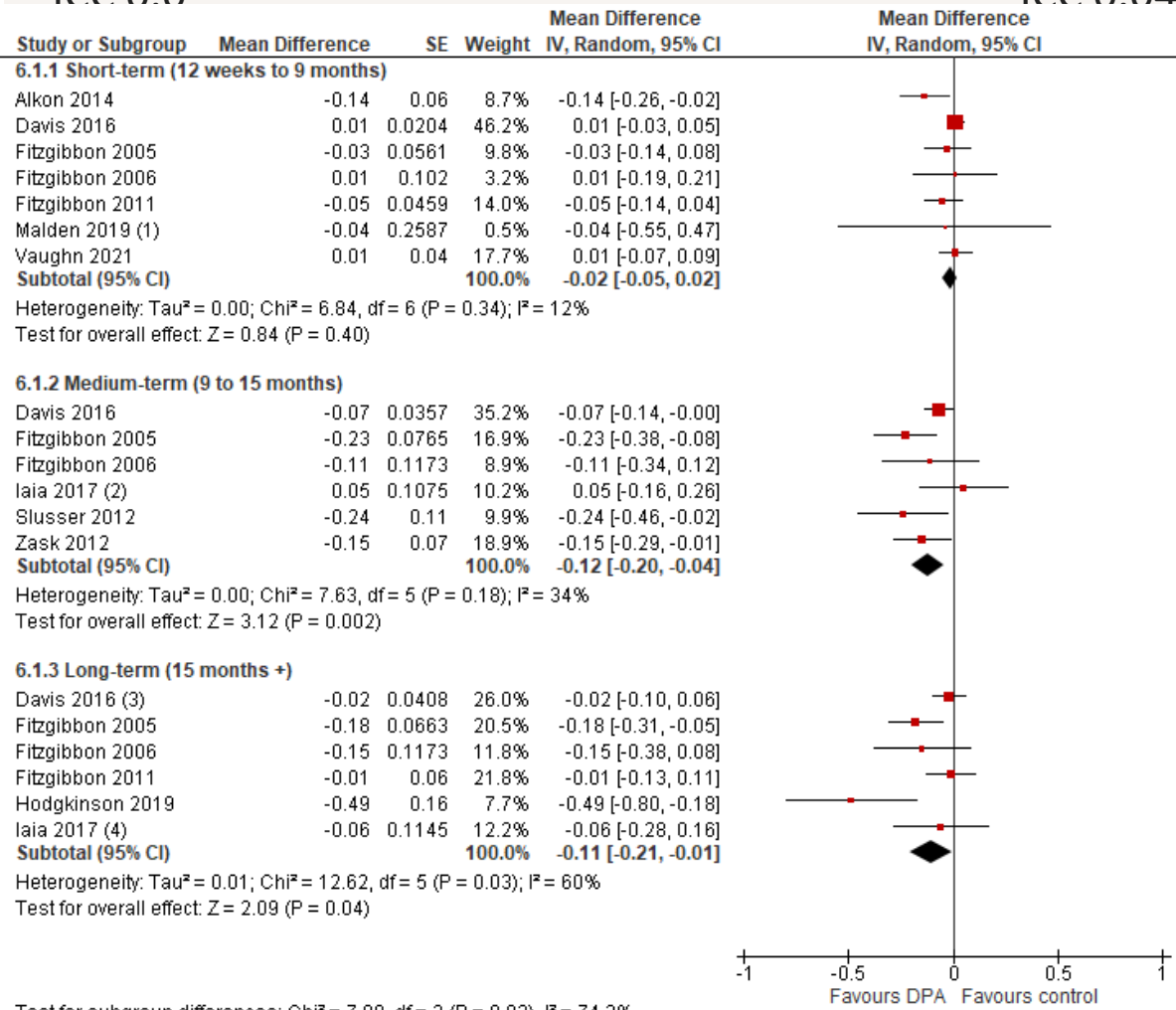
Sensitivity analysis - DPA vs control

Low confidence

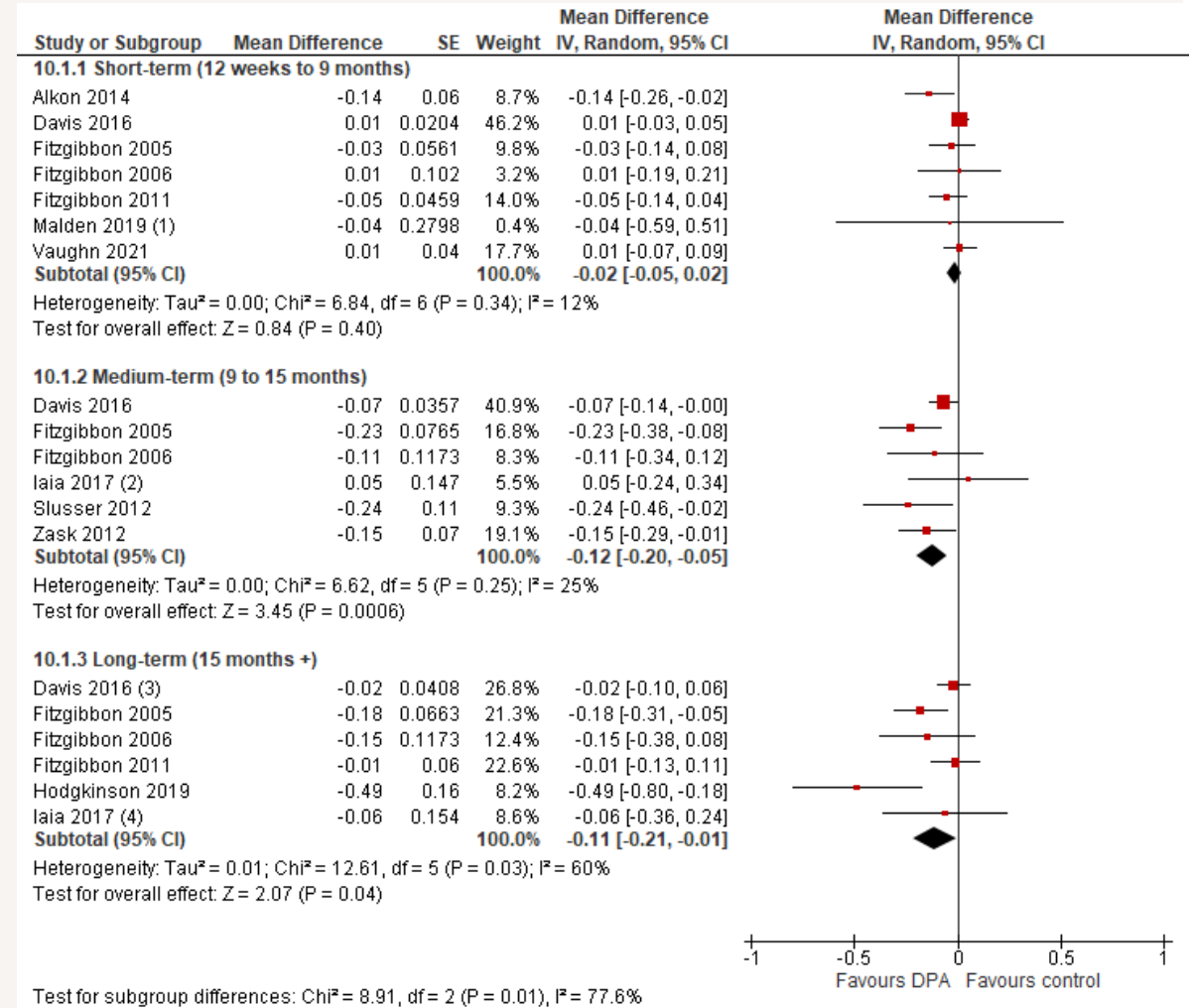
Low confidence

ICC: 0.0

ICC: 0.04



Test for subgroup differences: Chi² = 7.80, df = 2 (P = 0.02), I² = 74.3%

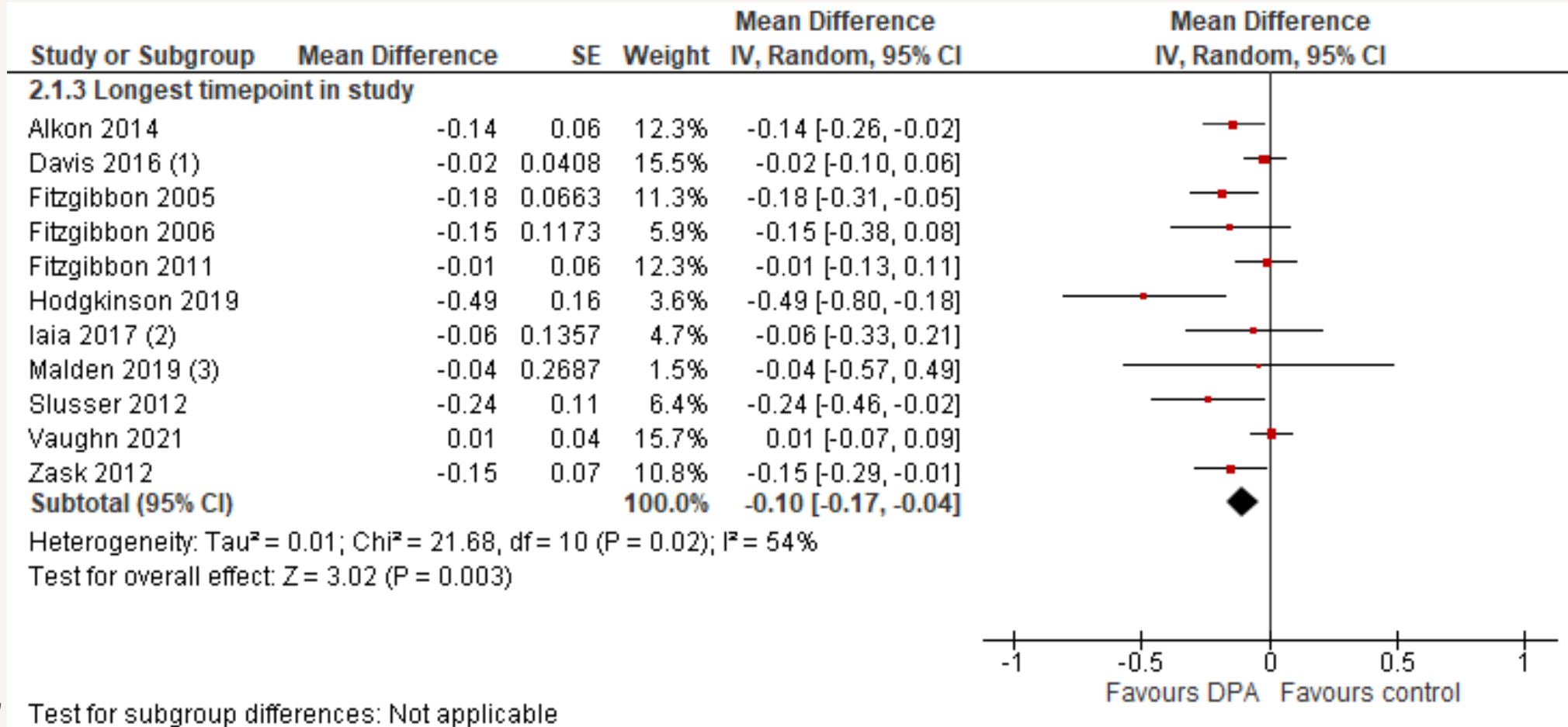


Test for subgroup differences: Chi² = 8.91, df = 2 (P = 0.01), I² = 77.6%

DPA vs control

analysis of longest study timepoint

Low/Moderate confidence



NICE

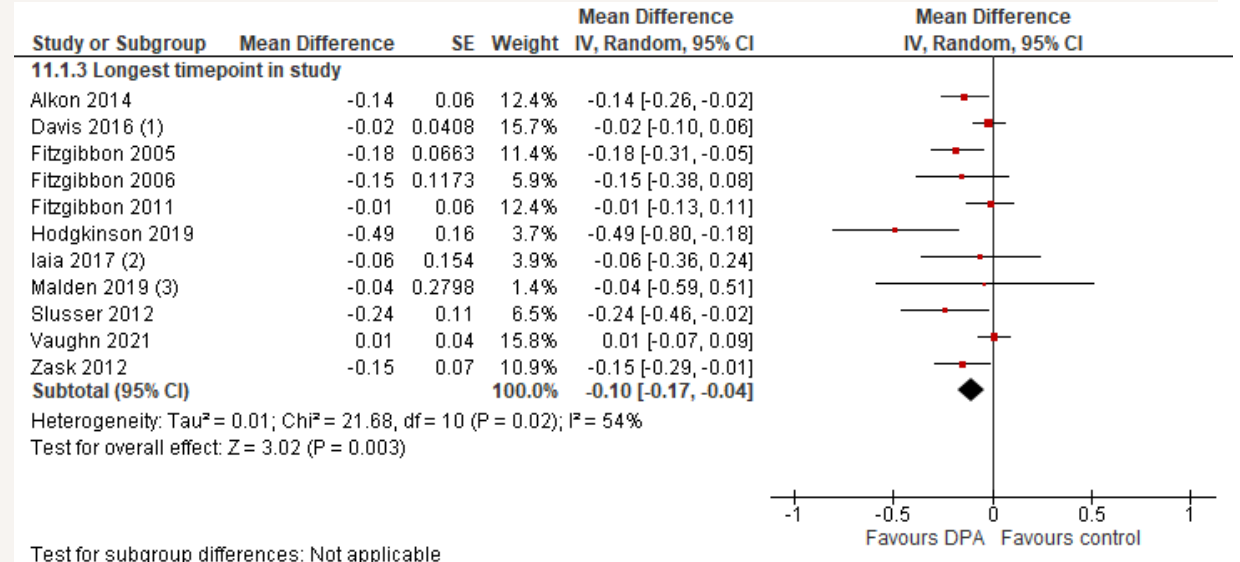
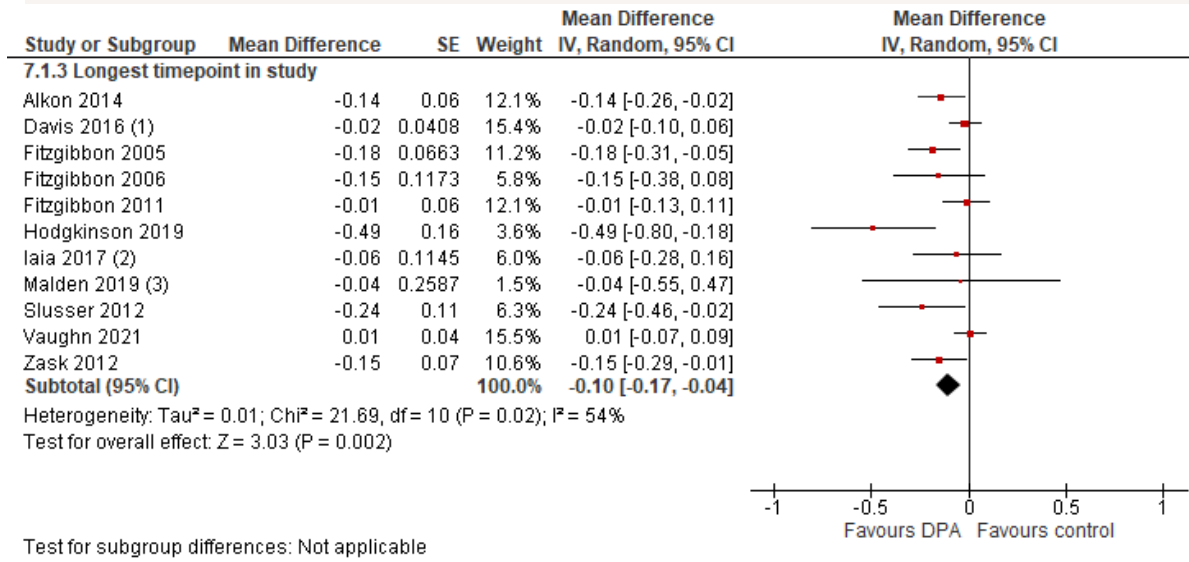
Test for subgroup differences: Not applicable

Sensitivity analysis - DPA vs control analysis of longest study timepoint

ICC 0.0

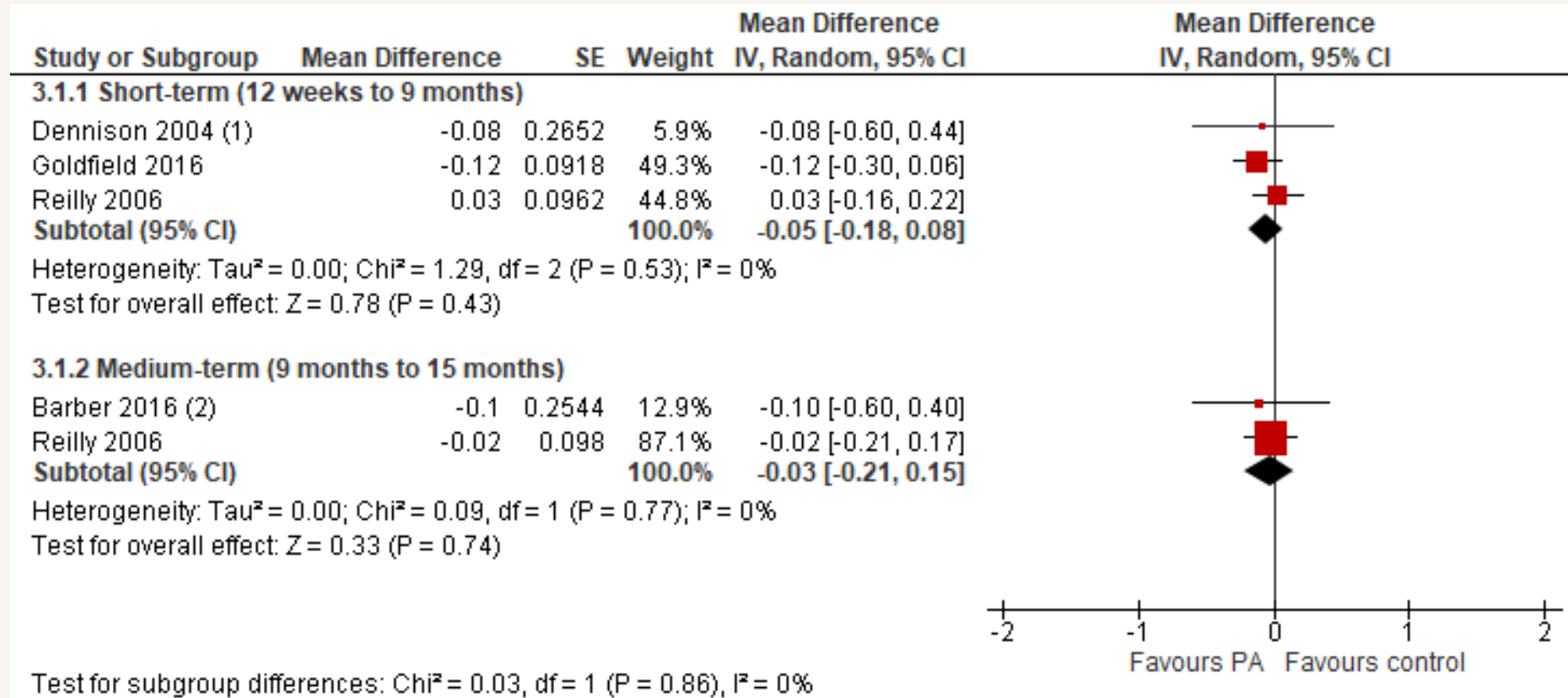
ICC 0.04
Low confidence

Low confidence



PA vs control

Moderate confidence



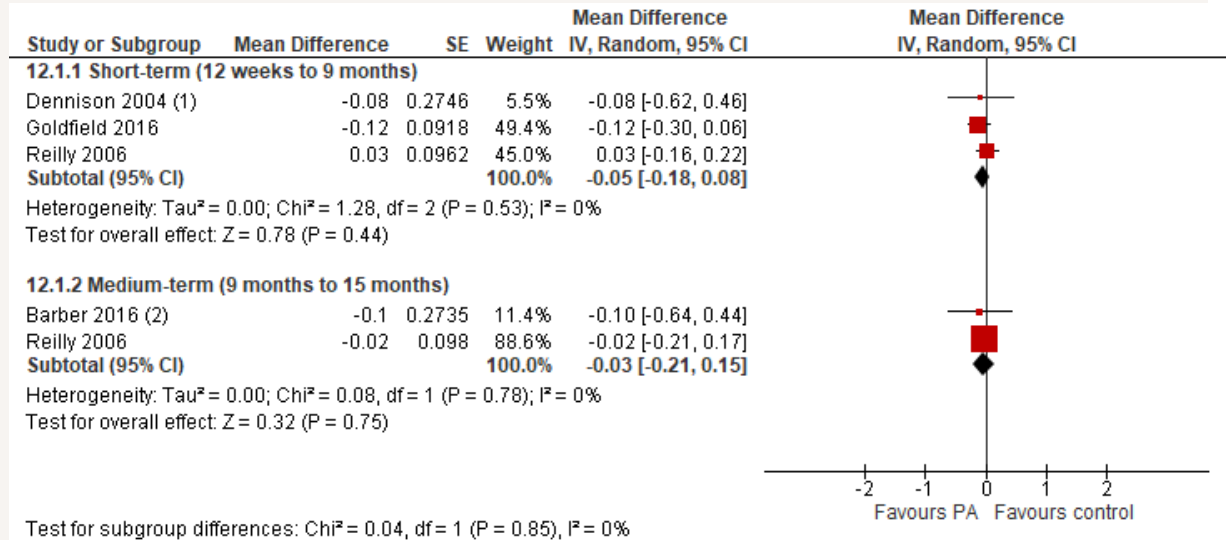
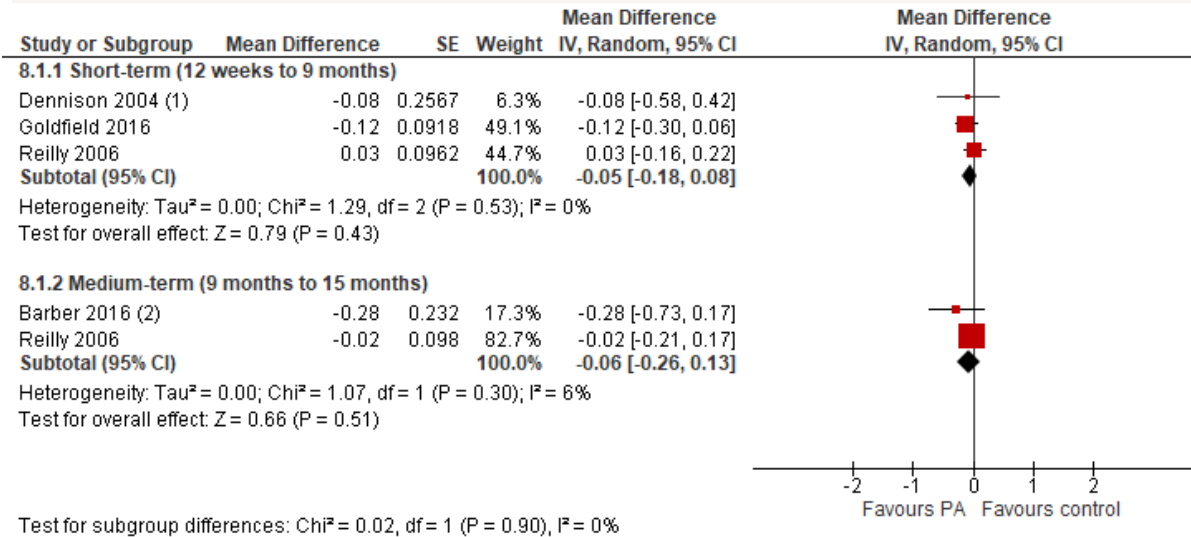
Sensitivity analysis - PA vs control

ICC 0.0

ICC 0.04

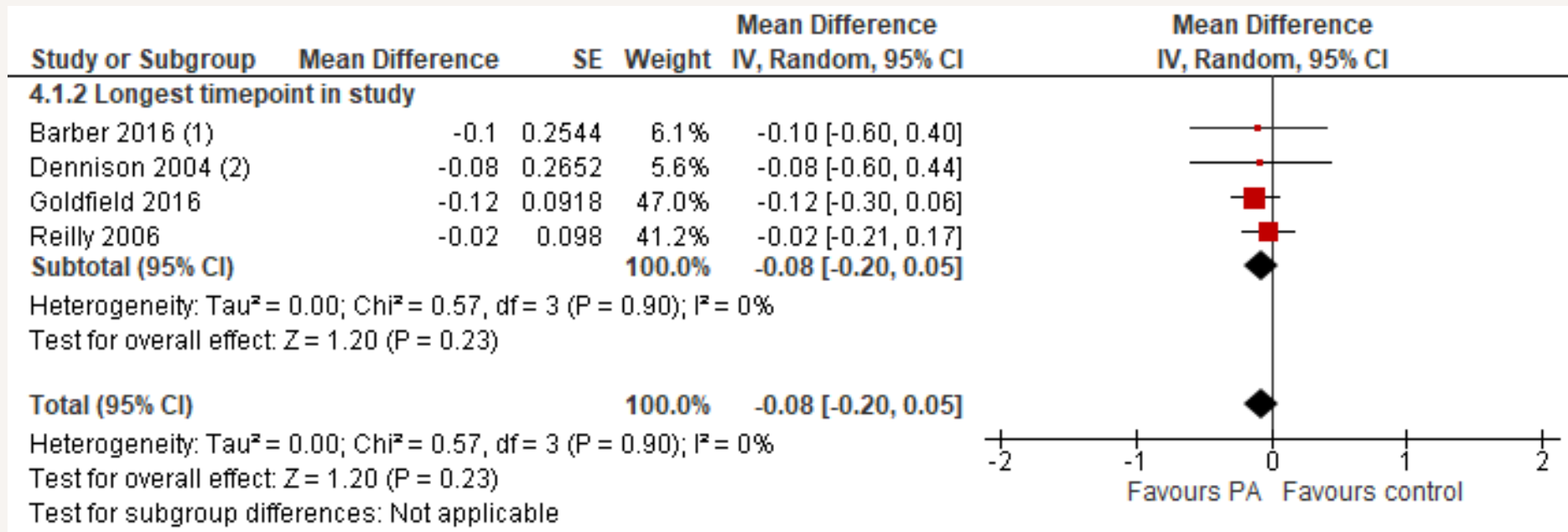
Moderate confidence

Moderate confidence



PA vs control - analysis of longest study timepoint

Moderate confidence

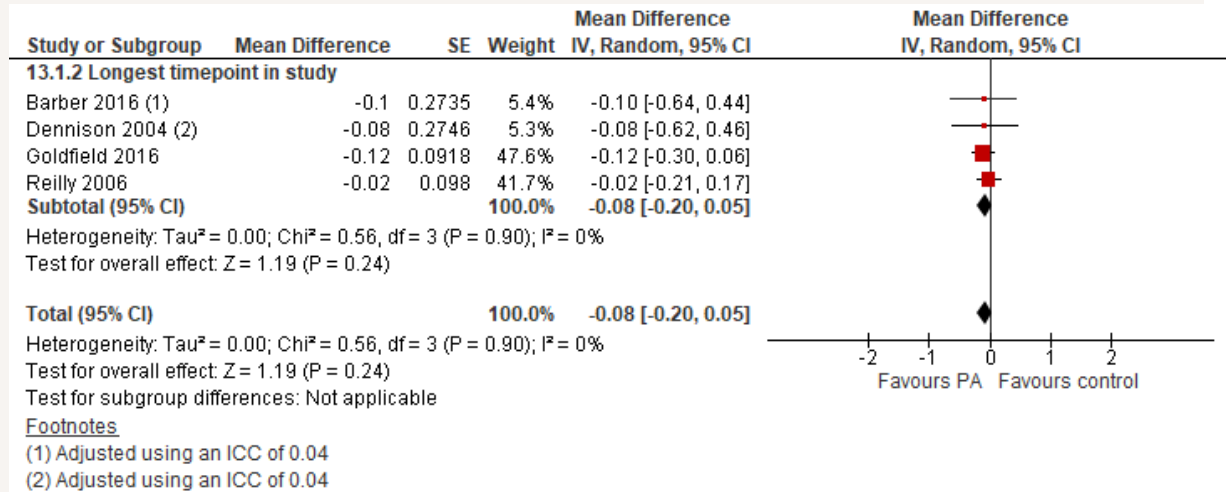
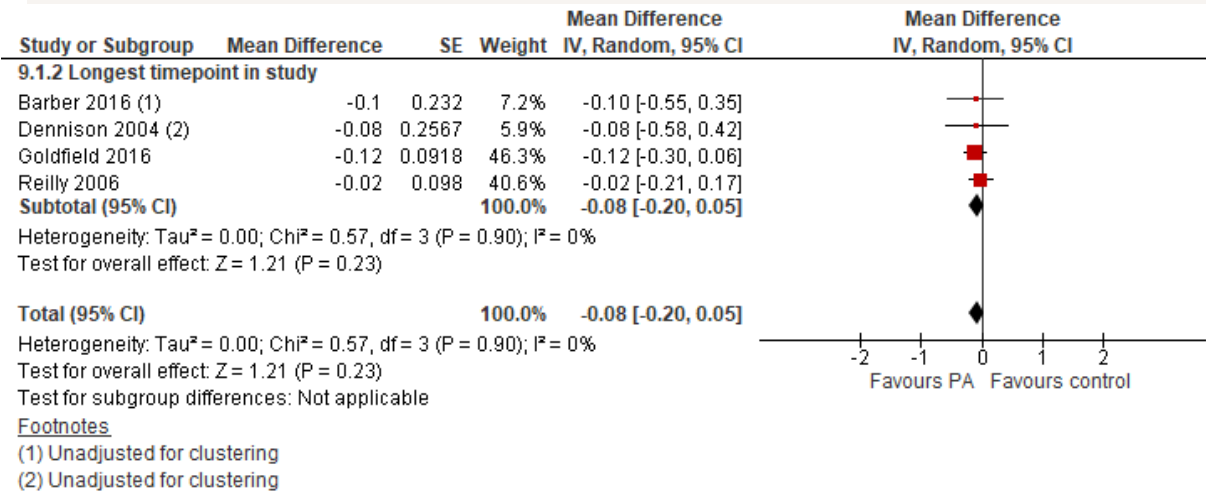


Sensitivity analysis - PA vs control analysis of longest study timepoint

ICC 0.0

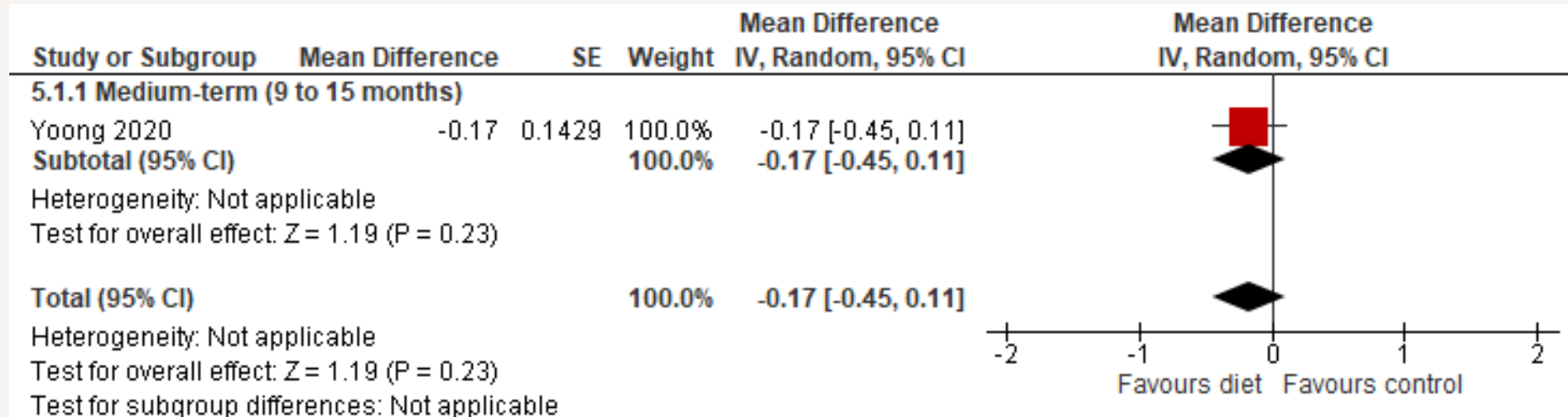
ICC 0.04
Moderate confidence

Moderate confidence



D vs control

Low/Moderate confidence



Serious adverse events

- No serious adverse events were reported in the 16 studies included in the meta-analysis
- One of the 71 studies (Barkins 2018, not included in the meta-analysis) reported *“One parent fractured an ankle while roller-skating during an event at a local community center”*.

Funding

- All 16 studies included in the meta-analysis reported the source of their funding. 15 received no funding from industry, and one (Iaia) received Euros 10,000 from a leading frozen veg company in Italy (a Co-operative)
- Of the other 55 studies, 4 did not report their source of funding (one was a PhD), one reported simply ‘no external funding, one (Walton) was funded by Danone, and one received some funding from the Safeway Foundation.

Closing remarks

- Interventions in childcare settings which aim to improve diet and physical activity behaviours appear to be effective for zBMI in the medium and long term (6 studies each; Low/moderate confidence), but not in the short-term (7 studies). Sensitivity analysis did not change this overall result.
- Interventions in childcare settings which aim to improve physical activity behaviours appear to be ineffective for zBMI in the short (3 studies) and medium term (2 studies) (moderate confidence). Sensitivity analysis did not change this overall result.
- An intervention in a childcare setting which aimed to improve diet behaviours appears to be ineffective for zBMI in the medium term (Low/moderate confidence).