Commentary: Empirically Supported Treatments for Pediatric Obesity: Goals, Outcome Criteria, and the Societal Context

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As the review in the present volume suggests, there is an appreciable body of research on which decisions regarding the treatment of pediatric obesity can be based. Particularly for children between 8 and 10 years of age, some interventions meet the criteria for “well-established” empirically validated treatments. A reading of the review in this volume makes clear that our understanding of when and how to best treat childhood obesity is far from complete.

While there are certainly a number of areas deserving comment, the related topics of establishing appropriate goals and evaluating treatment outcome seem particularly deserving. What is a desirable weight? How are desirable and effective treatment goals arrived at? How do these issues affect treatment compliance and success? These are questions that the current literature does not fully address.

Recent media attention and recent efforts to redefine overweight criteria indicate a continued concern regarding the problem of obesity. However, it is also true that experts continue to debate the issue of what is a desirable body weight and how to best define treatment goals (cf. Allison & Pi-Sunyer, 1995). Thus, the relationship of weight and weight loss to health benefits, social desirability, psychological consequences, age, and other variables continues to be a topic of research and debate. While much of this debate has centered around the problem of adult obesity, the concerns raised regarding weight, health, and social and psychological context are relevant to children and adolescents as well. A particular concern with this population is the suggested relationship between weight loss efforts and the onset of eating disorders. This is an arena that itself requires continuing, developmentally sensitive research (cf. Smolak, Levine, & Striegel-Moore, 1996). Thus, for the clinician, the questions of what is a desirable weight and how should treatment goals be defined remain at issue.

When one adopts the perspective of a researcher, many of the same concerns emerge in the form of the identification of predictor variables in the treatment of obesity. In relation to these predictor variables, questions of differential outcome and the contribution of particular components to treatment effectiveness remain to be explored. The selection of criteria for evaluating treatment outcome is intimately related to conclusions derived from such research. A research focus also highlights the issue of the time frame in which one evaluates treatment and an appreciation that different variables may influence short-term and long-term outcomes. Furthermore, the pattern of individual weight history in the years preceding the initiation of treatment may influence considerations of treatment goals and evaluations of the effectiveness of various components (cf. Israel, Guile, Baker, & Silverman, 1994).

The findings reported in the review of childhood obesity treatment are encouraging and important. However, our training as researchers and
Clinicians should lead us to an appreciation not only of what we do know but also of what we do not know. The issue of treatment goals and outcome criteria are one such limitation. Furthermore, a cautious perspective seems particularly important in light of the emphasis on accountability, driven by managed care and other such concerns, that have, in part, given rise to the concept of empirically validated treatments. Careful scholarly articles, such as those in this volume, understand the limited meaning of “well-established, empirically supported treatments.” Authors and readers of this journal may understand that such designation of interventions rests on comparisons to no-treatment or best alternative controls and does not necessarily imply that “fully effective” treatment for all individuals is available. However, others may not. In the current societal context, briefer and less cautious communications of this designation are likely to occur. This may feed back into the system in a way that limits treatment options and research funding. Such conditions should add to our existing cautious understanding of the finding of a well-established empirically validated treatment for obesity in young children.

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References

