

Estudio ALADINO 2015.

ALimentación, Actividad física, Desarrollo INfantil y Obesidad

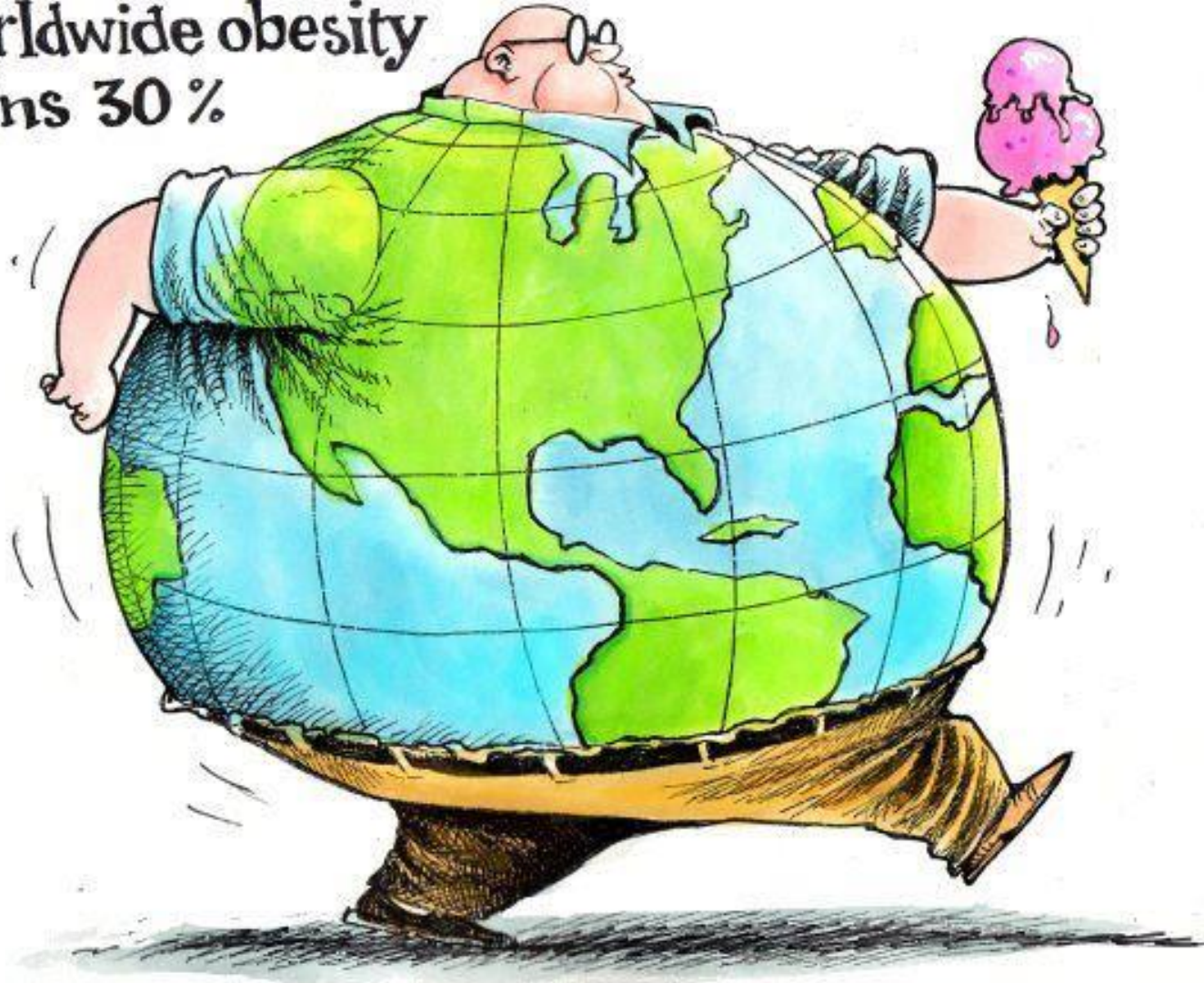
Invirtiendo la tendencia



Napoleón Pérez Farinós



Worldwide obesity
gains 30 %



DAVE GRANLUND © www.davegranlund.com



Acceso a las subsecciones de Observatorio de la Nutrición y de Estudio de la Obesidad

- [Qué es](#)
- [Indicadores](#)
- [Encuestas nutricionales](#)
- [Documentos](#)
- [Fuentes de datos](#)
- [Vigilancia de la obesidad Infantil](#)
- [Estudios](#)
- [Publicaciones](#)

Observatorio de la Nutrición y de Estudio de la Obesidad



observatorio de la
nutrición
y de estudio de la
obesidad

Nutrición

[Estrategia NAOS](#)

[Educa NAOS](#)

[Reformulación de alimentos](#)

[Publicidad de alimentos y bebidas dirigida a menores](#)

[Campañas](#)

[Convención NAOS](#)

[Premios Estrategia NAOS](#)

Observatorio de la Nutrición y de Estudio de la Obesidad

Nutrition

[News](#)[Events](#)[Policy](#)[Activities](#)[Country work](#)[Data and statistics](#)[Multimedia](#)[Publications](#)[Partners](#)[Contact us](#)

WHO European Childhood Obesity Surveillance Initiative (COSI)

The WHO European Childhood Obesity Surveillance Initiative (COSI) was set up as a response to the European Ministerial Conference on Counteracting Obesity. Member States recognized the need for harmonized surveillance systems, providing measured and comparable data on rates of overweight/obesity among primary-school children. Such data is essential to inform policy development within the European Region, indicate trends and provide an insight into the impact of action taken. COSI was a response to this need. The importance of, and political commitment to, such surveillance mechanisms has been reinforced in the Vienna Declaration on Nutrition and Noncommunicable Diseases in the Context of Health 2020 and the European Food and Nutrition Action Plan 2015-2020.

Countries participating in COSI routinely measure trends in overweight and obesity in primary school children (6-9 years) in order to understand the progress of the epidemic in this population group, gain intercountry comparisons within the European Region and inform action to reverse the trend.

The COSI system does not aim to replace countries' existing health, anthropometric and dietary surveillance systems or those in the planning stages; on the contrary, the COSI approach has a strong potential to be integrated into existing systems if possible. Countries are expected to collect data according to COSI protocol, which allows each participating country to develop a system that fits its local circumstances.

Twenty-five countries (and the number is increasing) participate, including: (Albania, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Greece, Hungary, Ireland, Italy, Kazakhstan, Latvia, Lithuania, Malta, Norway, Poland, Portugal, Republic of Moldova, Romania, Slovenia, Spain, Sweden, The former Yugoslav Republic of Macedonia, and Turkey).

Estudio ALADINO

**Estudio de Vigilancia del
Crecimiento, Alimentación,
Actividad Física, Desarrollo
Infantil y Obesidad en
España. 2011**

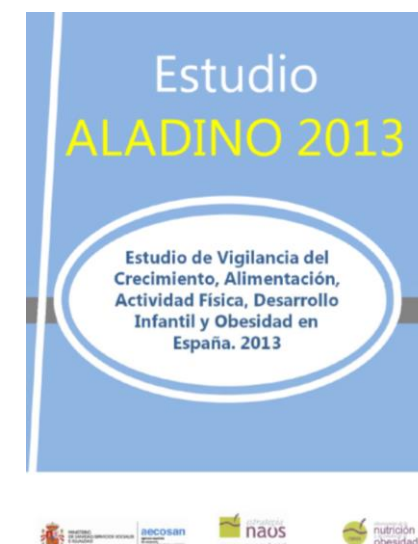
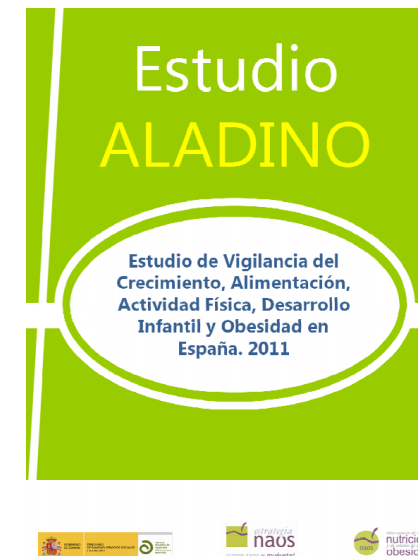


Estudio ALADINO 2011

- Estudio de referencia a nivel nacional: muestra representativa de la población española de 6 a 9 años.
- Estabilización de la prevalencia con respecto a años atrás. 44,5 %.

Estudio ALADINO 2013

- Estabilización de la prevalencia, con tendencia a la baja (bajada no significativa).
- Incógnita: confirmación o no de la estabilización.



Estudio ALADINO 2015

**Estudio de Vigilancia del
Crecimiento, Alimentación,
Actividad Física, Desarrollo
Infantil y Obesidad en
España. 2015**

Metodología

Muestra representativa de la población española de 6 a 9 años.

Tamaños de población.

Titularidad pública o privada.

Selección aleatoria de colegios.

Distribución de los escolares por sexo y Comunidad Autónoma de estudio					
	Niños		Niñas		Total
	n	%	n	%	
Andalucía	1.392	51,2	1.329	48,8	2.721
Aragón	114	54,5	95	45,5	209
Asturias	68	47,9	74	52,1	142
Baleares	117	54,2	99	45,8	216
Canarias	131	52,6	118	47,4	249
Cantabria	68	53,1	60	46,9	128
Castilla y León	178	52,5	161	47,5	339
Castilla La Mancha	140	47,6	154	52,4	294
Cataluña	205	48,5	218	51,5	423
Comunidad Valenciana	374	52,2	342	47,8	716
Extremadura	128	54,9	105	45,1	233
Galicia	158	52,0	146	48,0	304
Madrid	394	47,9	428	52,1	822
Murcia	108	49,1	112	50,9	220
Navarra	26	44,1	33	55,9	59
Pais Vasco	1.383	50,0	1.383	50,0	2.766
La Rioja	440	51,3	417	48,7	857
Ceuta	51	50,5	50	49,5	101
Melilla	57	57,0	43	43,0	100
Total	5.532	50,8	5.367	49,2	10.899

Metodología

Protocolo COSI

- Medidas antropométricas
- Cuestionarios
- Definición de obesidad y sobrepeso:
Estándares de crecimiento de la OMS
- Metodología estandarizada.

Trabajo de campo: noviembre de 2015 – marzo de 2016.



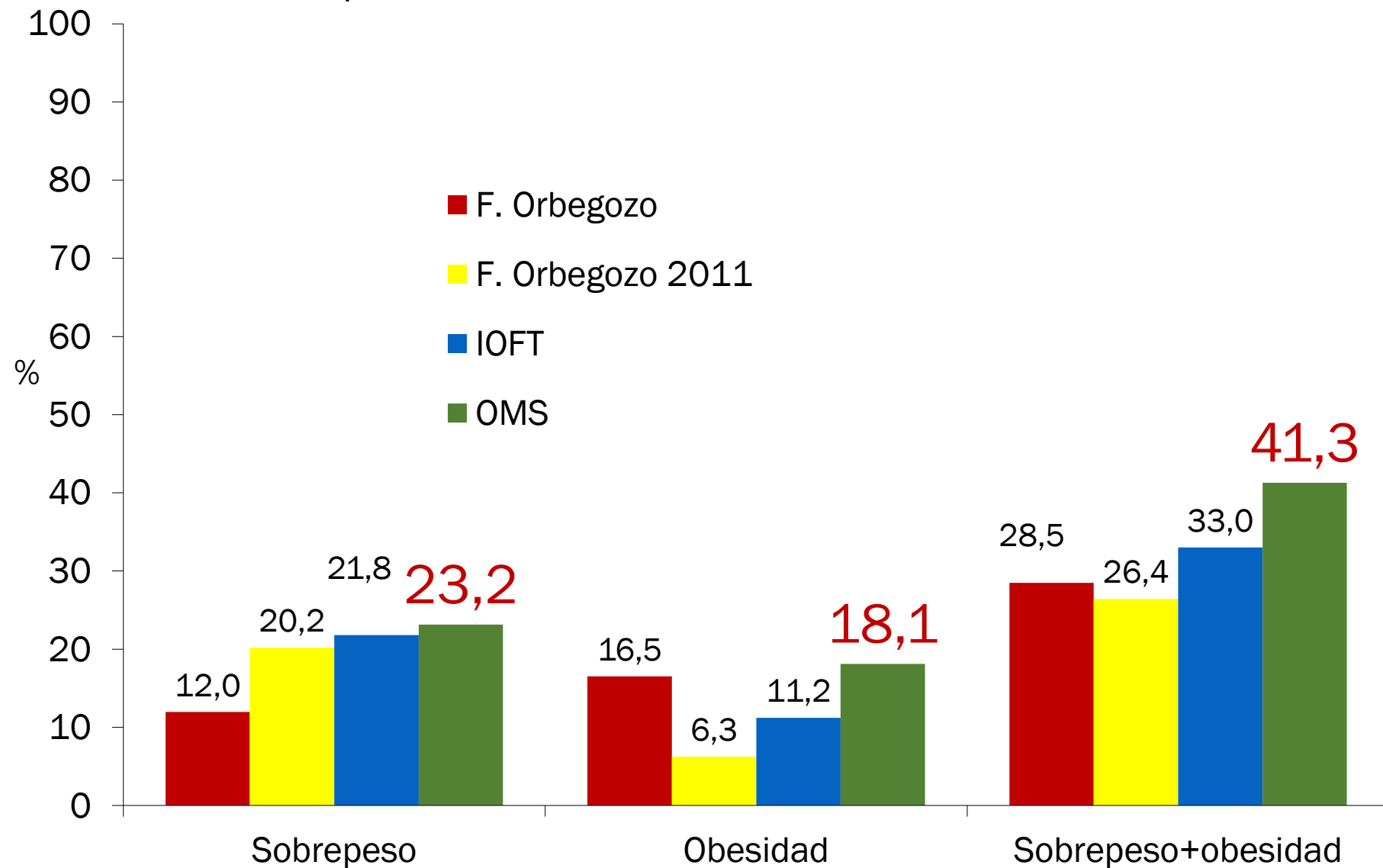
	FORMULARIO NIÑOS-NIÑAS European Childhood Obesity Surveillance Initiative (COSI) Estudio ALADINO 2015	 
--	---	---

IDENTIFICACIÓN DEL NIÑO O NIÑA
• Nombre del centro escolar: • Nombre y Apellidos del niño/a: • Sexo: ☐ (1) Hombre ☐ (2) Mujer Curso: • Fecha de nacimiento: DIA: __ / MES: __ / AÑO: __ __ __
Localidad de residencia (donde vive el niño/a):

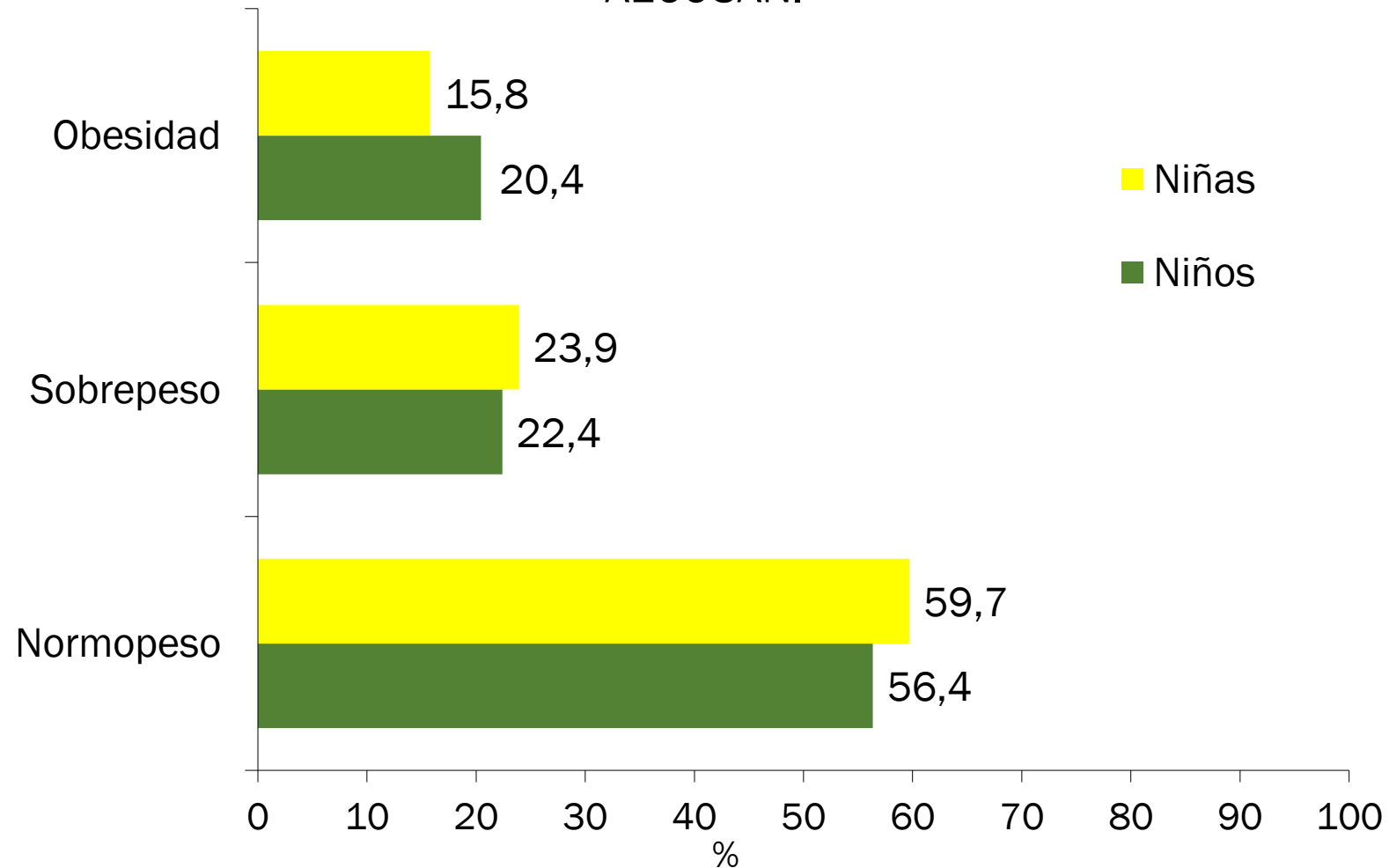
	FORMULARIO FAMILIAS European Childhood Obesity Surveillance Initiative (COSI) Estudio ALADINO 2015	 
---	--	--

	FORMULARIO COLEGIO European Childhood Obesity Surveillance Initiative (COSI) Estudio ALADINO 2015	 
--	---	---

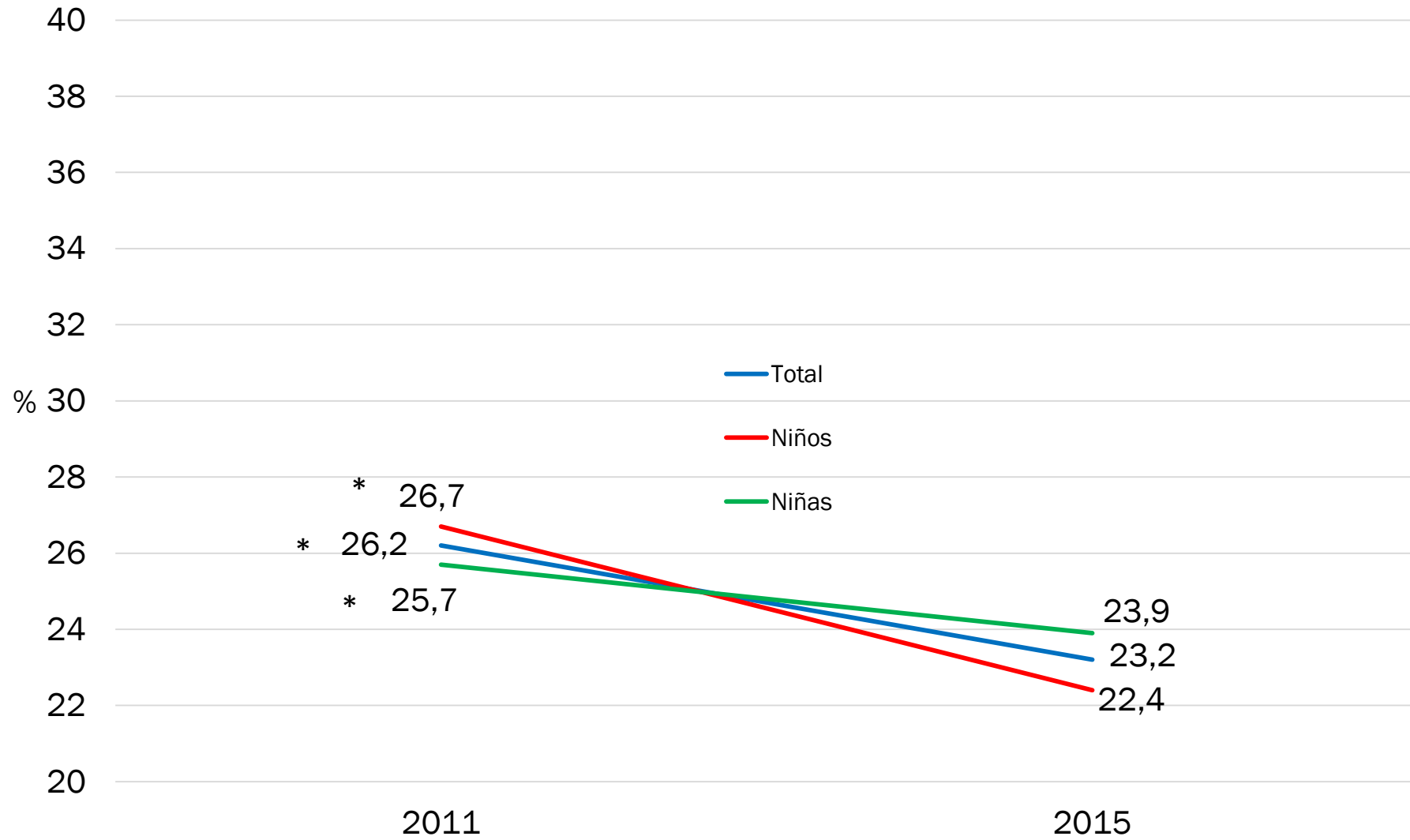
Estado nutricional de acuerdo con los diferentes criterios aplicados. Estudio ALADINO 2015. AECOSAN.



Situación ponderal en función del sexo. Estándares de
crecimiento de la OMS. Estudio ALADINO 2015.
AECOSAN.



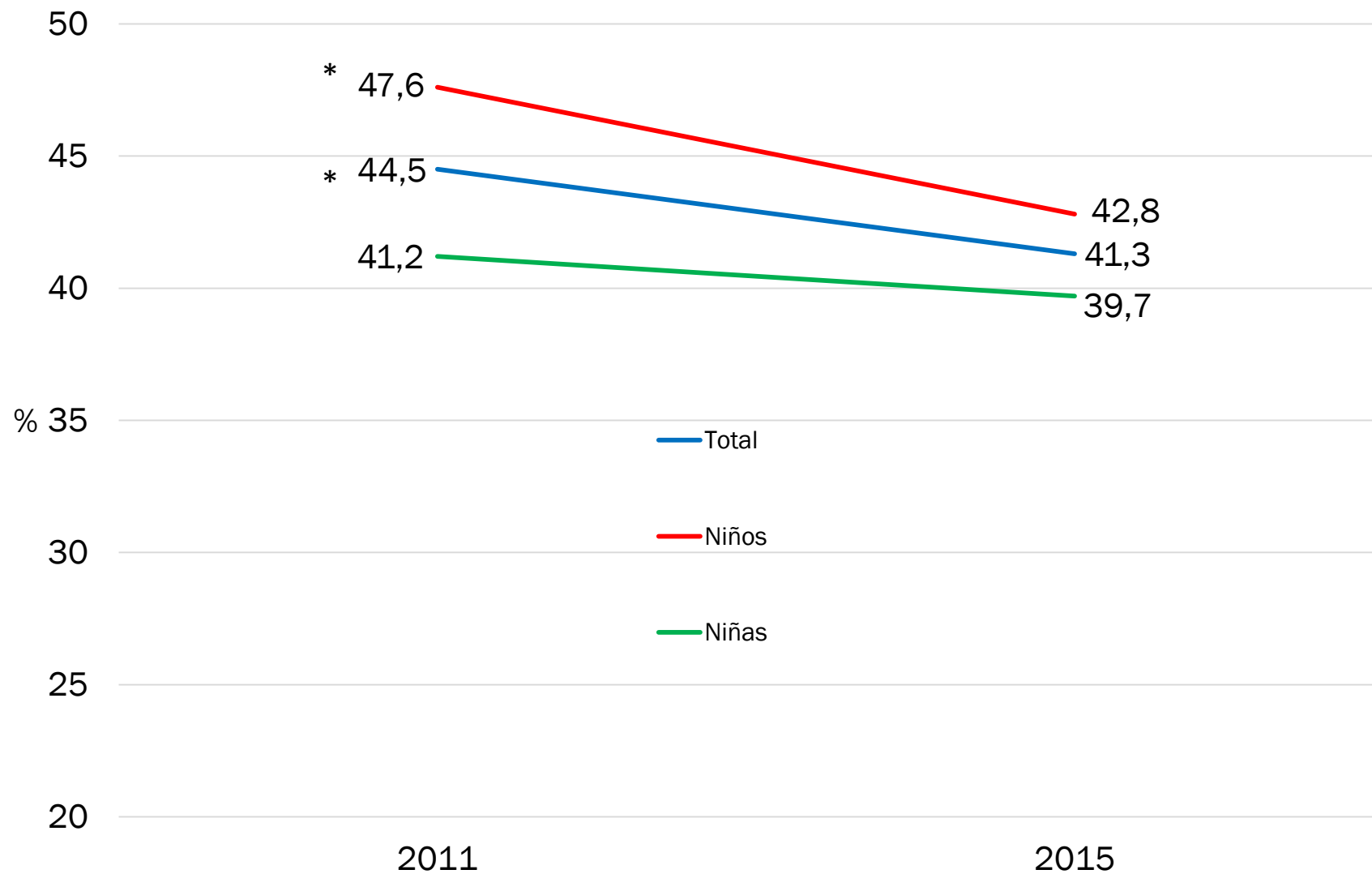
Prevalencia de sobrepeso en niños y niñas de 6 a 9 años. Estudios ALADINO 2011 Y 2015. AECOSAN.



Estándares de crecimiento de la OMS

* $p < 0,05$

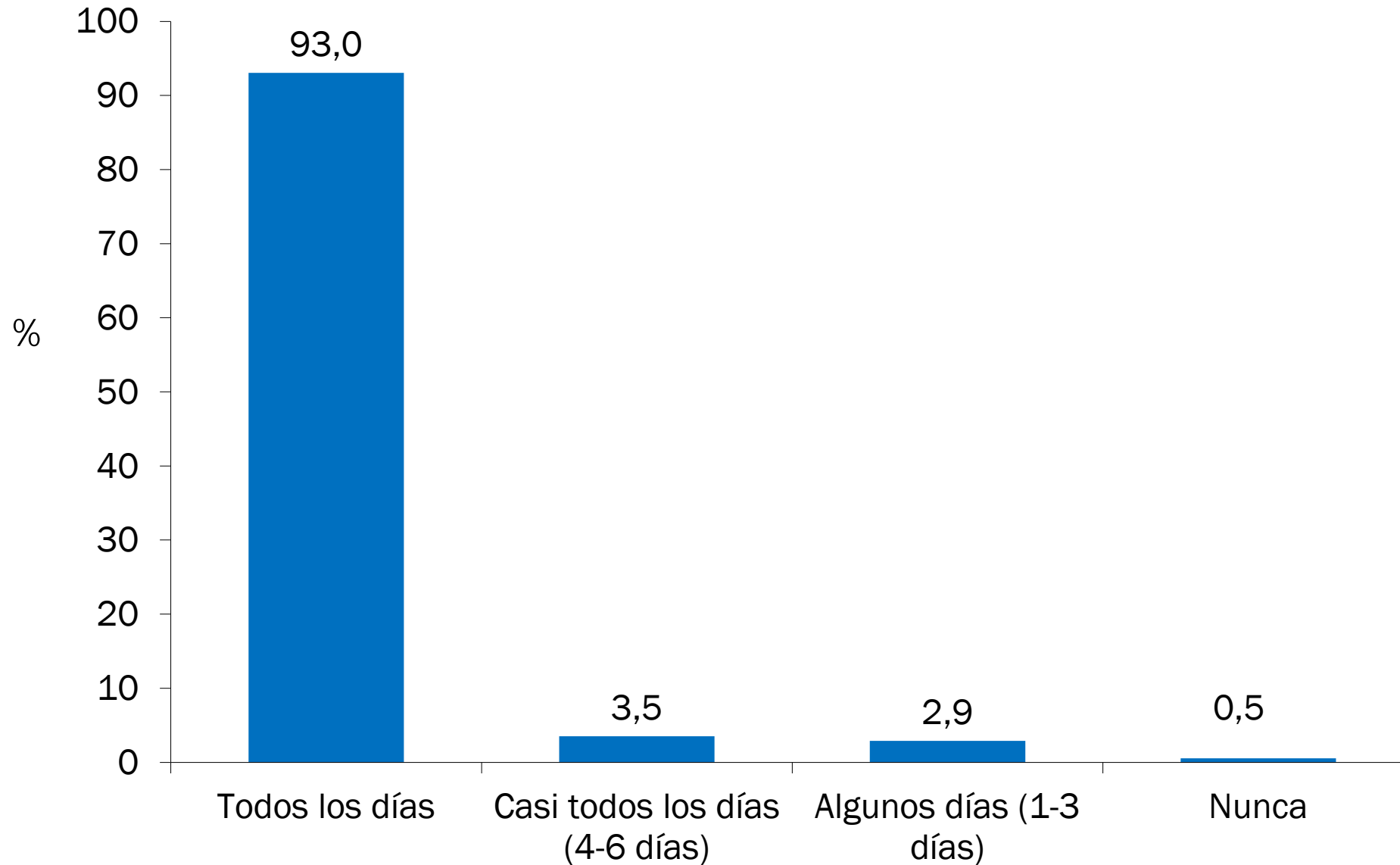
Prevalencia de exceso de peso en niños y niñas de 6 a 9 años. Estudios ALADINO 2011 Y 2015. AECOSAN.



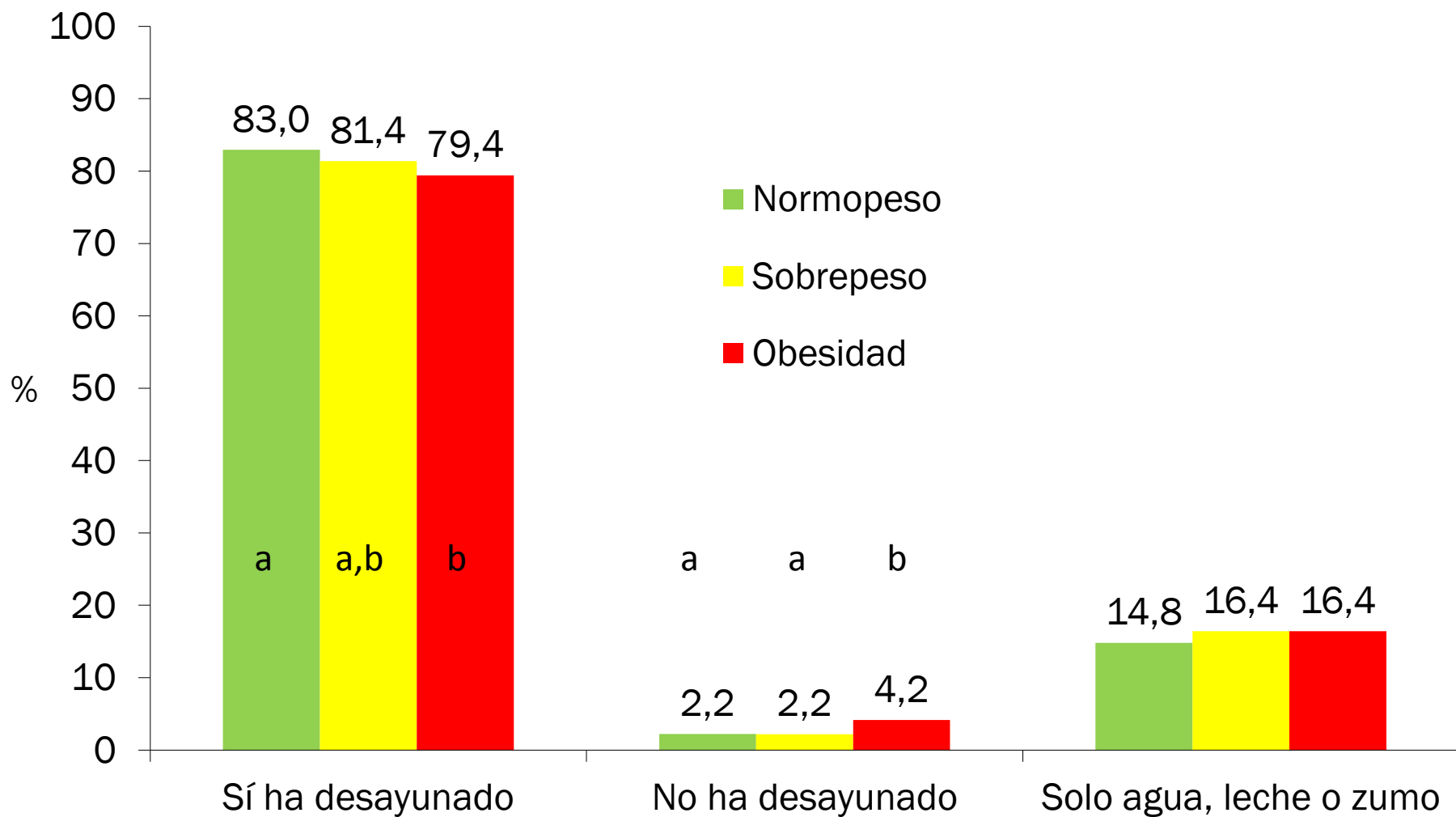
Estándares de crecimiento de la OMS

* $p < 0,05$

Frecuencia con la que el escolar desayuna habitualmente
(respuesta de las familias). Estudio ALADINO 2015. AECOSAN.

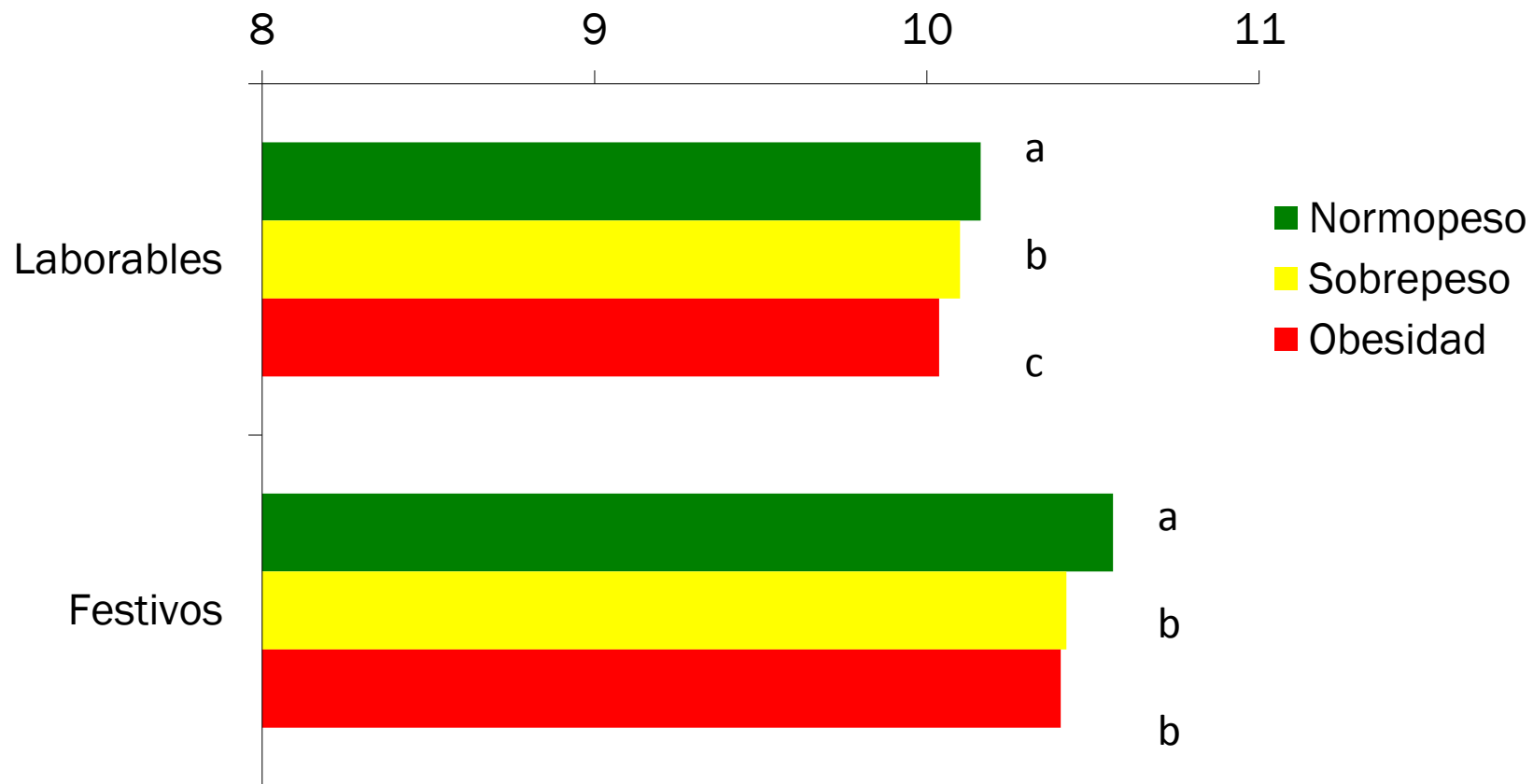


Desayuno de los escolares el día del examen en función de la situación ponderal. Estudio ALADINO 2015. AECOSAN.



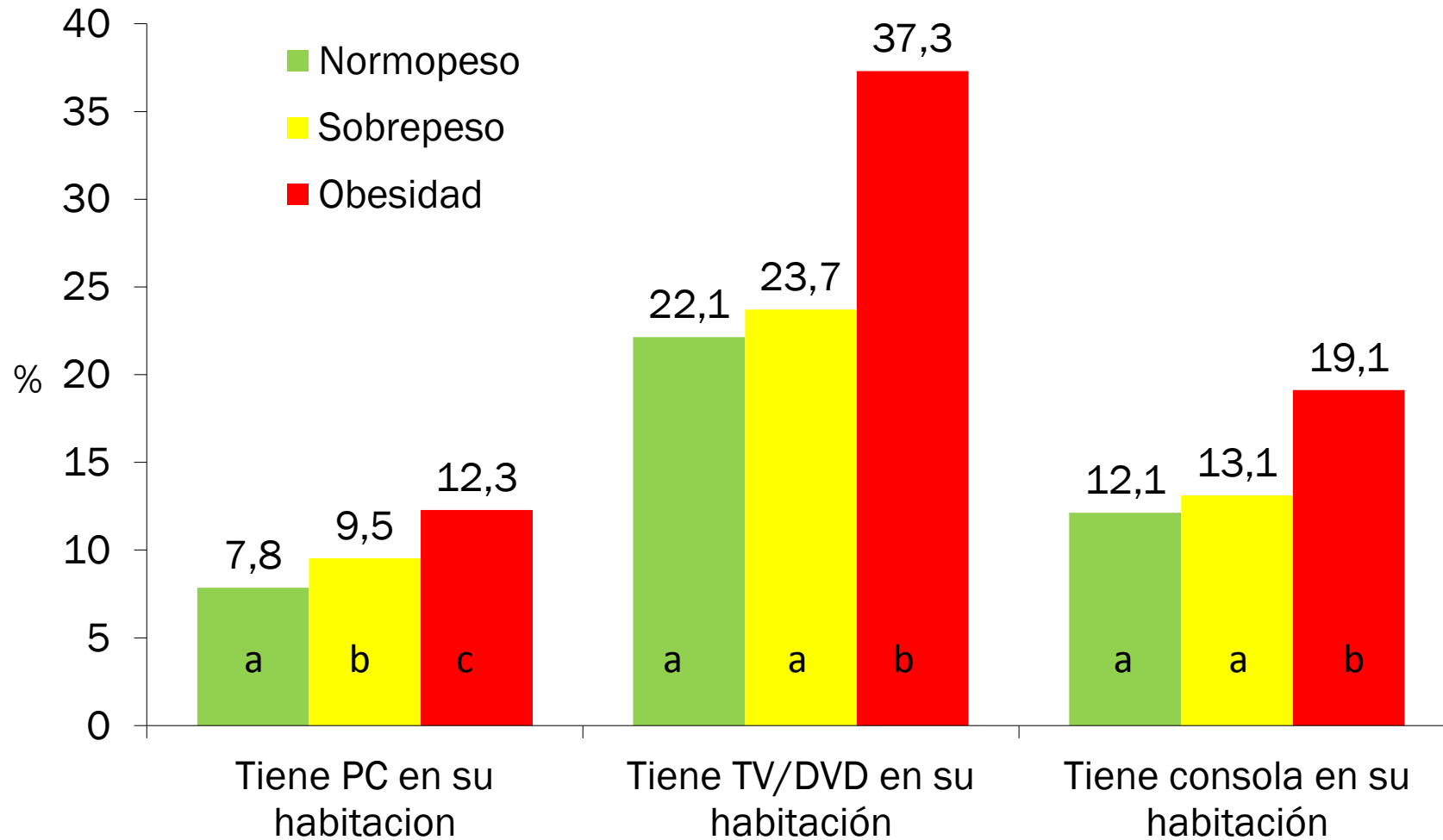
Letras diferentes indican diferencias significativas entre categorías de situación ponderal ($p < 0,05$)

Tiempo (horas diarias) dedicado a dormir en función de la situación ponderal de los escolares. Estudio ALADINO 2015. AECOSAN.



Letras diferentes indican diferencias significativas entre medias ($p < 0,05$)

Disponibilidad de medios de ocio pasivo en la propia habitación de los escolares en función de la situación ponderal. Estudio ALADINO 2015. AECOSAN.



Letras diferentes indican diferencias significativas entre categorías de situación ponderal ($p < 0,05$)

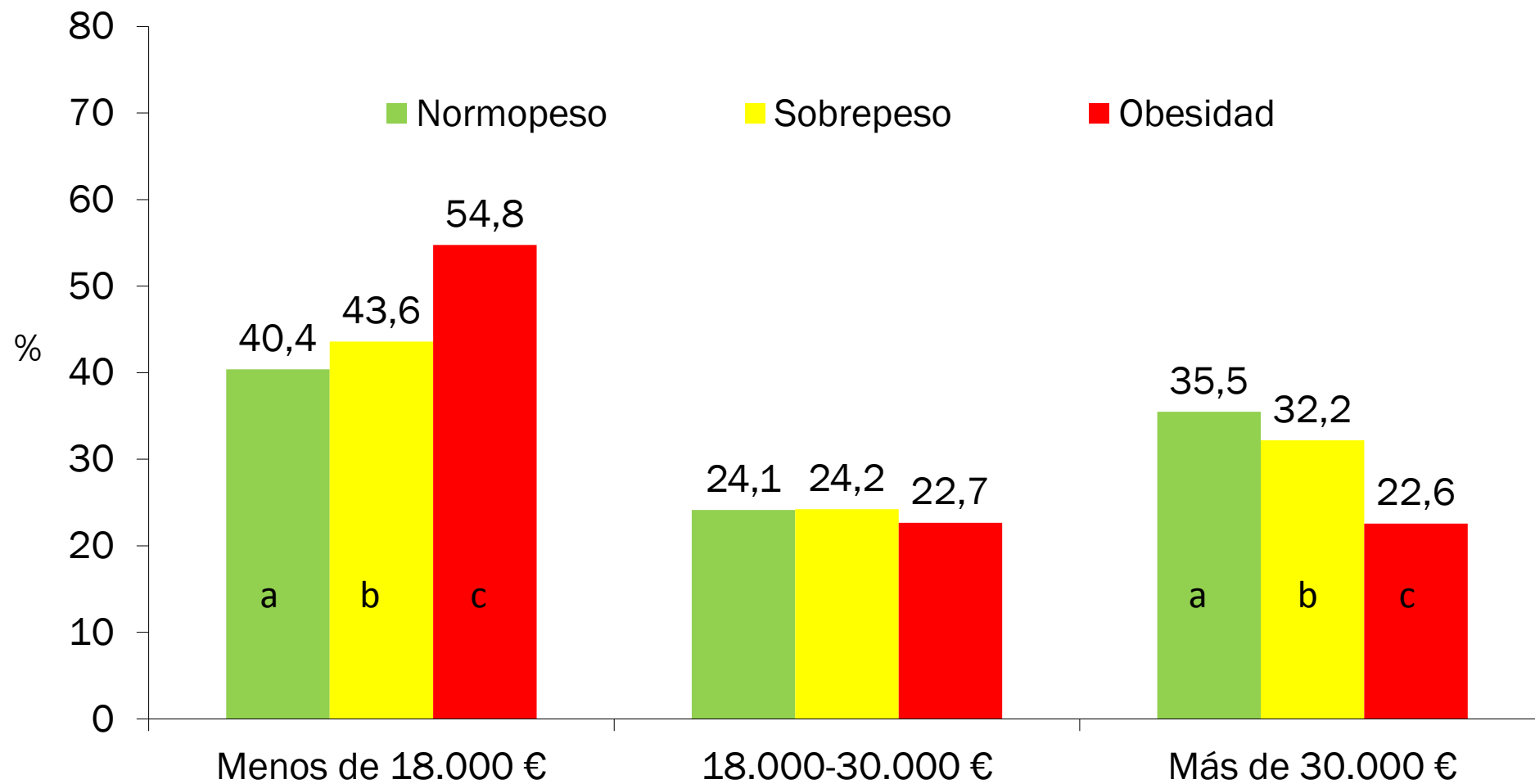
Porcentaje de escolares que dedican más tiempo a diferentes actividades.

	Normopeso	Sobrepeso	Obesidad
Dedican 2 h o más al día a jugar de forma activa			
Entre semana	40,5 _a	38,7 _{a,k}	35,8 _b
Fin de semana	72,0	71,0	69,4
Dedican 2 h o más al día a hacer deberes o leer			
Entre semana	29,6 _a	34,5 _b	36,2 _b
Fin de semana	25,4 _a	29,7 _b	28,9 _b
Dedican más de 2h al día a jugar con el ordenador o consolas			
Entre semana	22,1 _a	22,5 _a	29,0 _b
Fin de semana	67,0 _a	71,7 _b	71,1 _b

Letras diferentes indican diferencias significativas entre categorías de situación ponderal (p<0,05)

Estudio ALADINO 2015. AECOSAN.

Nivel de ingresos anuales y padecimiento de sobrepeso/obesidad. Estudio ALADINO 2015. AECOSAN.



Letras diferentes indican diferencias significativas entre categorías de situación ponderal ($p < 0,05$)

REVIEW ARTICLE

Evidence that the prevalence of childhood overweight is plateauing: data from nine countries

TIM OLDS¹, CAROL MAHER¹, SHI ZUMIN^{2,3}, SANDRINE PÉNEAU⁴, SANDRINE LIORET⁵, KATIA CASTETBON⁶, BELLISLE⁴, JEROEN DE WILDE⁷, MAEA HOHEPA⁸, RALPH MADDISON⁹, LAUREN LISSNER¹⁰, AGNETA SJÖBERG¹⁰, MICHAEL ZIMMERMANN¹¹, ISABELLE AEBERLI^{11,12}, CYNTHIA OGDEN¹³, KATHERINE FLEGAL¹³ & CAROLYN SUMMERBELL¹⁴

Anthropol. Anz. 73/2 (2016), 109–116
J. Biol. Clin. Anthropol.
Published online 15 March 2016, published in print June 2016

Article

Overweight and obesity in children and adolescents from Serbia in the period 2001–2004 and 2011–2014

Rada Rakić^{1,*}, Tatjana Pavlica¹ and Dubravka Jovičić²

¹ University of Novi Sad, Faculty of Sciences, Department for Biology and Ecology, Novi Sad
² Faculty of Applied Ecology Futura, Singidunum University, Belgrade
* Corresponding author; rada.rakic@dbe.uns.ac.rs

With 4 tables

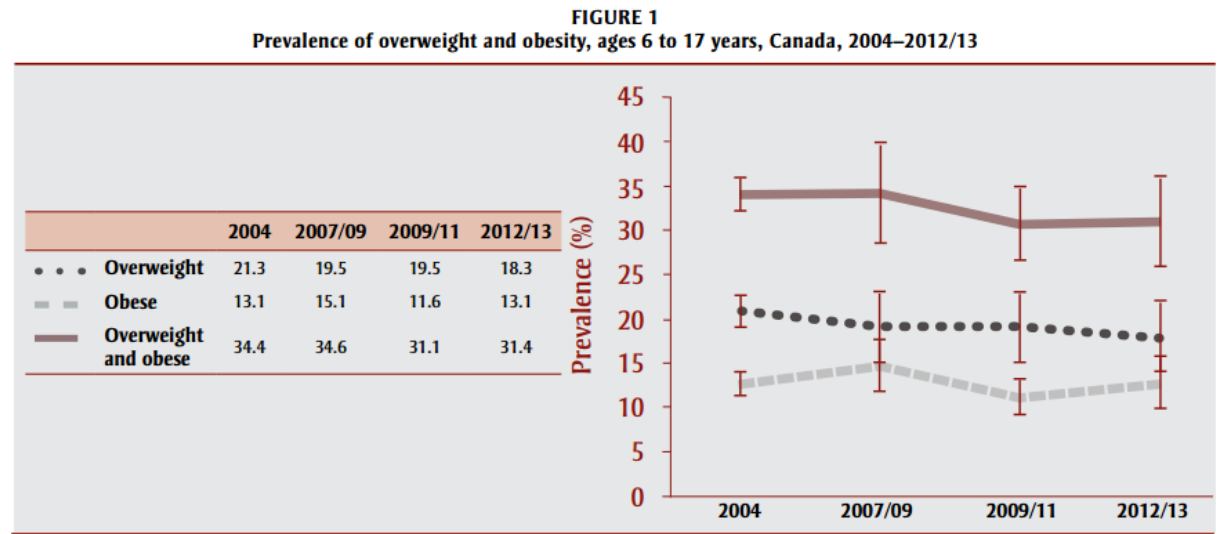
Summary: *Objective:* In recent years an increasing prevalence in overweight and obesity of children and adolescents has been recorded worldwide. Childhood obesity is a risk factor for adulthood obesity. The aim of the study is to examine the prevalence of overweight and obesity in children and adolescents aged 7–19 in a 10-year long period in Serbia. *Subjects and methods:* Cross sectional investigation was conducted in the periods 2001–2004 and 2011–2014. The first investigation included 8965 individuals, 4344 schoolboys and 4621 schoolgirls aged 7–19, while the second investigation included 2507 schoolboys and 3083 schoolgirls. The body mass index (BMI kg m⁻²) was obtained from the recorded height and weight and the assessment of overweight and obesity was based on IOTF reference values. *Results:* In the first period investigation overweight prevalence was detected in 18% of subjects (21.1% in boys and 15.1% in girls) and obesity prevalence in 5.5% of subjects (6.7% in boys and 4.4% in girls). In the second investigation the overweight and obesity prevalence was observed in 17.4% and 4.5% of subjects, respectively (20.6% in boys and 14.8% in girls; 5.3% in boys and 3.9% in girls). *Conclusion:* The results indicate that in the ten-year period there has been no increase in the number of overweight and obese children and adolescents in Serbia.

Childhood overweight and obesity trends in Canada

D. P. Rao, PhD; E. Kropac, MSc, RN; M. T. Do, PhD; K. C. Roberts, MSc; G. C. Jayaraman, PhD

This article has been peer reviewed.

[Tweet this article](#)



Source: Statistics Canada, Canadian Community Health Survey 2004 and Canadian Health Measures Survey 2007/09, 2009/11, and 2012/13.

Author references:

Surveillance and Epidemiology Division, Centre for Chronic Disease Prevention, Public Health Agency of Canada, Ottawa, Ontario, Canada

Correspondence: Deepa P. Rao, Public Health Agency of Canada, 785 Carling Avenue, Office 707B1, Ottawa, ON K1A 0K9; Tel: 613-867-8303; Fax: 613-941-2057; Email: deepa.rao@canada.ca

Health Promotion and Chronic Disease Prevention in Canada
Research, Policy and Practice

Trends in Prevalence of Overweight and Obesity in Danish Infants, Children and Adolescents – Are We Still on a Plateau?

Camilla Schmidt Morgen¹, Benjamin Rokholm², Carina Sjöberg Brixval¹, Camilla Schou Andersen², Lise Geisler Andersen², Mette Rasmussen¹, Anne-Marie Nybo Andersen³, Pernille Due¹, Thorkild I. A.

Conclusion: This study, based on data from 1998 through 2011, showed that the prevalence rates of overweight and obesity among Danish infants, children and adolescents were largely still on a plateau with tendencies for a decline among children and adolescents.

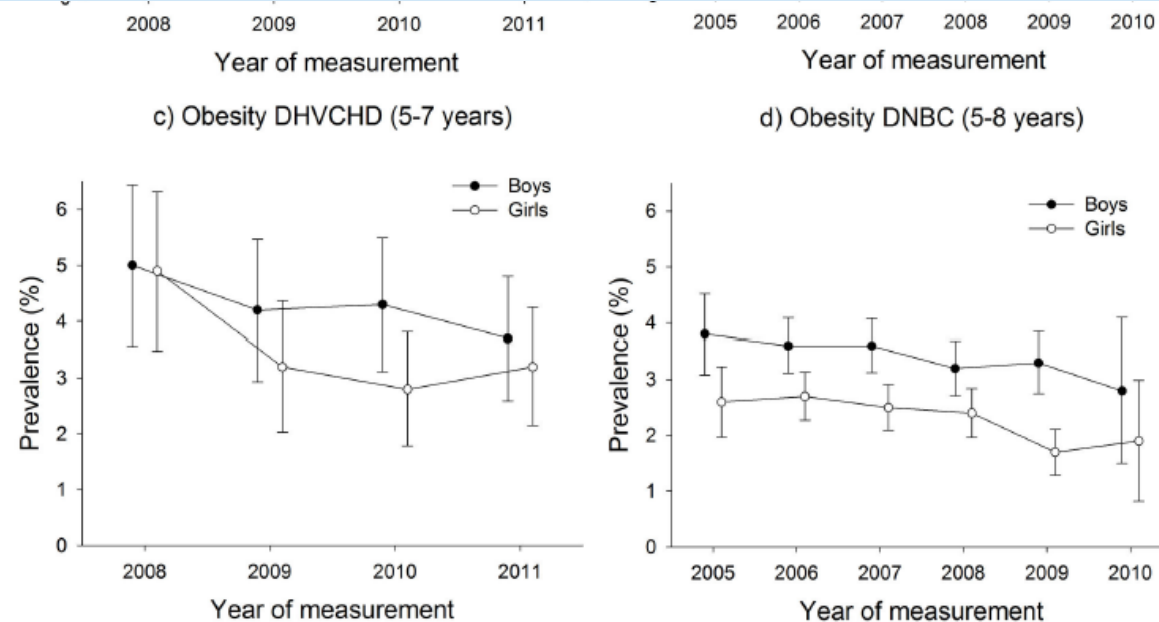


Figure 3. Prevalence of child overweight and obesity in the DHVCHD (5-7 years) and in the DNBC (5-8 years).

doi: 10.1371/journal.pone.0069860.g0032

REGULAR ARTICLE

Stable prevalence of obesity in Swedish schoolchildren from 2008 to 2013 but widening socio-economic gap in girls

Lotta Moraeus¹, Lauren Lissner¹, Agneta Sjöberg (agneta.sjoberg@gu.se)²

¹Public Health Epidemiology Unit, Department of Public Health and Community Medicine, Sahlgrenska Academy, University of Gothenburg, Gothenburg, Sweden

²Department of Food and Nutrition, and Sport Science, University of Gothenburg, Gothenburg, Sweden

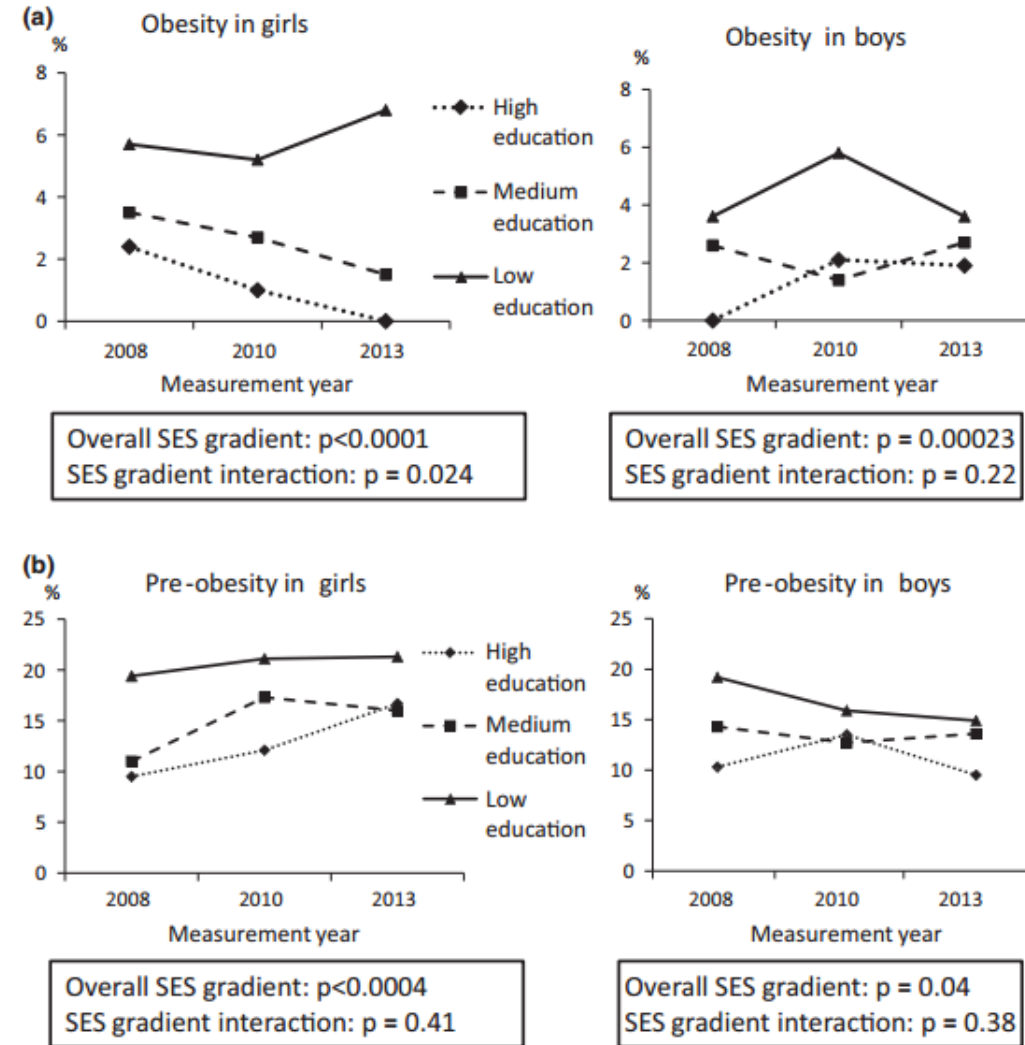


Figure 1 (a) Obesity trends 2008–2013 in girls and boys (total $n = 3492$) by area education level according to the International Obesity Task Force Reference (17). The social gradient in girls increased between 2008 and 2013, while no change was observed in boys. (b) Pre-obesity trends 2008–2013 in girls and boys (total $n = 3492$) by area education level according to the International Obesity Task Force Reference (17). There was a consistent social gradient observed in both girls and boys.

Pediatric adiposity stabilized in Switzerland between 1999 and 2012

Stefanie B. Murer · Siret Saarsalu ·
Michael B. Zimmermann · Isabelle Aeberli

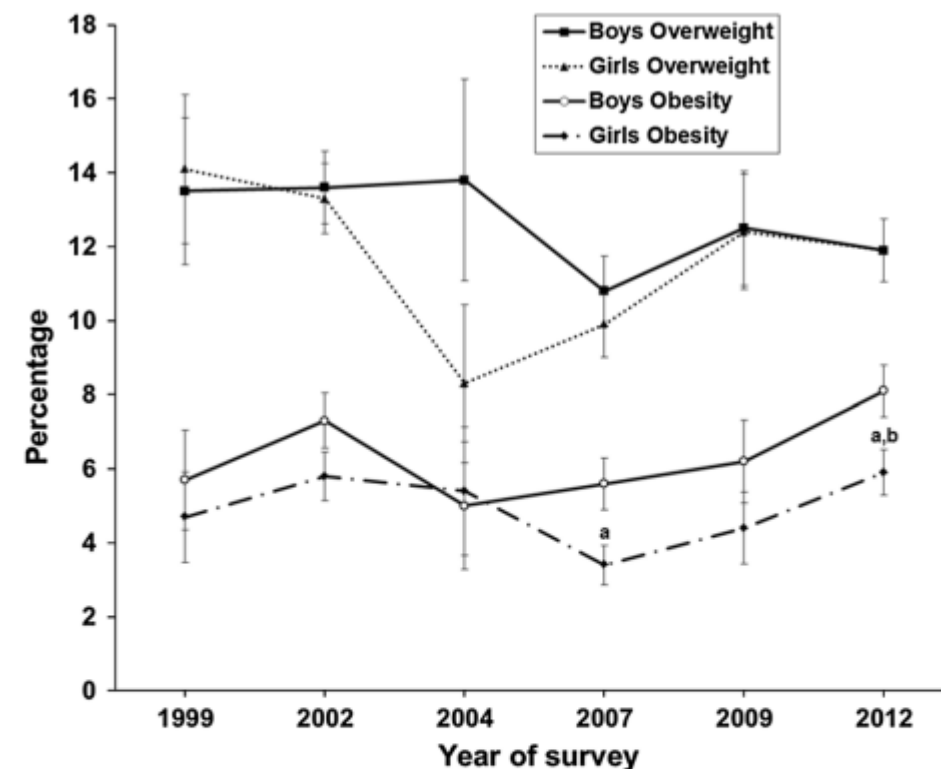


Fig. 1 Trends in prevalence (%) $\pm$ SE of overweight (excluding obesity) and obesity in Swiss children aged 6–12 years from 1999–2012 by gender, using the Centers for Disease Control and Prevention (CDC) reference. ^aGender difference in obesity prevalence in 2007 and 2012, $p < 0.05$ (z test, Bonferroni correction); ^bdifferent from obesity prevalence in 2007, $p < 0.05$ (z test, Bonferroni correction)

The European Journal of Public Health Advance Access published June 21, 2016

European Journal of Public Health, 1–4

© The Author 2016. Published by Oxford University Press on behalf of the European Public Health Association. All rights reserved.

doi:10.1093/eurpub/ckw087

.....

Stabilisation of the trend in prevalence of childhood overweight and obesity in Spain: 2001–11

Estrella Miqueleiz¹, Lourdes Lostao¹, Enrique Regidor^{2,3}

1 Department of Sociology, Sociology of Health, Universidad Pública de Navarra, Navarra, Spain

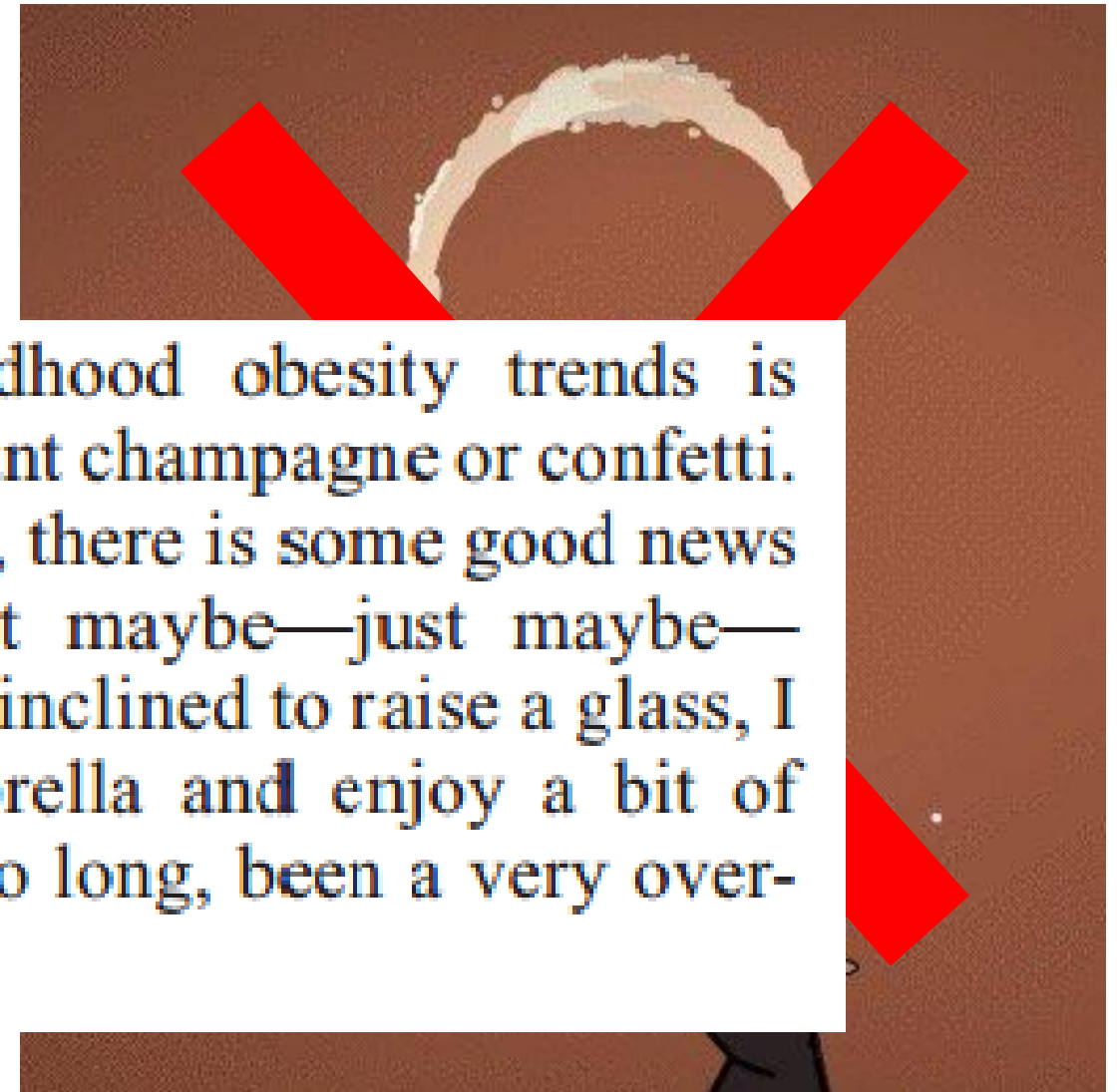
2 Department of Preventive Medicine and Public Health, Universidad Complutense de Madrid, Madrid, Spain

3 CIBER Epidemiología y Salud Pública (CIBERESP), Madrid, Spain

Childhood Obesity Trends: Time for Champagne?

David L. Katz, MD, MPH, FACPM, FACP

The good news about childhood obesity trends is not nearly good enough to warrant champagne or confetti. The tide has not yet turned. But, there is some good news just the same, suggesting that maybe—just maybe—the rain is slowing. Though not inclined to raise a glass, I am inclined to lower my umbrella and enjoy a bit of sunshine in what has, for far too long, been a very over-cast sky.



Conclusiones

- El Estudio ALADINO es la principal fuente de referencia en España sobre obesidad en niños y niñas de 6 a 9 años. El COSI (OMS) es referencia europea.
- La prevalencia de sobrepeso y obesidad en niños y niñas de 6 a 9 años en España es muy alta, y sigue constituyendo un grave problema de Salud Pública.
- La tendencia de la prevalencia del exceso de peso en niños y niñas se ha invertido, y ahora está en decrecimiento.
- Los factores relacionados con los hábitos de alimentación y la actividad física son determinantes importantes del exceso de peso.
- El nivel educativo de los padres y madres, y los ingresos económicos influyen sobre la presencia de obesidad infantil.
- Hay que continuar trabajando para que la tendencia decreciente siga, y el descenso de las prevalencias sea más rápido.

