Weight management for children with disabilities: Exploring the perspectives of healthcare professionals working in paediatric weight management clinics in Canada

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BACKGROUND
Obesity is 2-3 times higher in children with disabilities. Children with disabilities are often not being referred to weight-related programs. Health care professionals (HCPs) working in weight-management clinics do not have disability-specific weight-management training; feel under-confident.

RATIONALE / PURPOSE
• There is a need for an enhanced understanding of how HCPs can best support their clients’ weight-related journeys.
• The current study explored the perspectives of HCPs working in paediatric weight management settings regarding the inclusion of children with disabilities and their families in weight-management programs.

METHODS
Qualitative, semi-structured telephone interviews with 17 HCPs working in paediatric weight-management clinics across Canada.
Descriptive thematic analysis of verbatim interview transcripts.

SAMPLE
• 14 identified as female and three as male.
• 5 dieticians
• 3 social workers
• 5 physicians
• 1 exercise counselor
• 1 physiotherapist
• 1 psychologist
• 1 activity specialist

RESULTS
Experience with children with disabilities in weight management clinics
• HCPs working in weight management clinics believe that:
  ▪ Children with disabilities are infrequently referred to weight management clinics.
  ▪ More acute medical issues take precedence over weight management.
  ▪ Referrals earlier in a child’s life may make weight management more successful.

“...children with disabilities are often excluded from typical clinic group programming."

Providing adequate adaptations
• HCPs try to tailor, adapt, and create treatment plans that take the client’s disability into perspective.
• HCPs are often unsure of how to integrate children with disabilities into the group programming that many clinics use.
• Children with disabilities are often excluded from typical clinic group programming.

“...children with disabilities can come for individual appointments because they can’t do the group programming.”

Overcoming moral distress
• HCPs experience moral distress when they do not feel they can provide good quality weight management support to children with disabilities and their families.
• A formal disability-specific curriculum should be embedded into their education and training.
• More support from and access to other HCPs / programs would help increase their confidence when providing care to children with disabilities.

“I feel like a loser honestly. Honestly, I really feel that I am always feeling like I could be doing a better job.”

CONCLUSIONS
• HCPs believe that weight-management is not seen as a priority for children with disabilities, but should be.
• They are unsure of how to integrate children with disabilities into typical programming, causing them to often be excluded.
• HCPs require more training and support to overcome moral distress.

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