

27. Wadhwa RK, Wadhwa P, Gaba P, Figueroa FJ, Maddox KEJ, Yeh RW, et al. Variation in COVID-19 hospitalizations and deaths across New York City boroughs. *JAMA* 2020;323:2192-5.
28. Andrist E, Riley CL, Brokamp C, Taylor S, Beck AF. Neighborhood poverty and pediatric intensive care use. *Pediatrics* 2019;144:e20190748.

## 50 Years Ago in *THE JOURNAL OF PEDIATRICS*

### Parents Are Crucial to the Development/Prevention of Childhood Obesity

Khan EJ. Obesity in Children: Identification Risk of a Group at Risk in a New York Ghetto. *J Pediatr* 1970;77:771-4.

In 1970, owing to the poor treatment response of patients with obesity, Dr Khan aimed to identify risk factors for the development of childhood obesity to more adequately prevent it. Comparing 72 patients with obesity with 72 normal weight children presenting to his clinic in New York City, he noted that 65% of cases were obese before 3 years of age. Khan went on to identify mother-child separation as a significant risk factor for the development of childhood obesity, occurring in 32% of patients with obesity and 8% of normal weight controls. Importantly, socioeconomic status and brief maternal absences from home during the day showed no impact.

Childhood obesity continues to be a significant and growing problem in the US despite attempts at prevention and treatment.<sup>1</sup> Patients with childhood obesity are more likely to be obese in adolescence and adulthood and develop several significant comorbidities.<sup>2</sup> The etiology of childhood obesity is multifactorial—genetic predisposition, early life psychosocial environment, poor diet, and sedentary lifestyle—resulting in excessive caloric intake compared with expenditure.<sup>2</sup> However, prevention and treatment efforts focused on restoring this caloric imbalance are difficult to implement and to sustain.

Since Dr Khan's 1970 study, there has been increased attention on the parent-child relationship and its effect on childhood obesity. Social situations that foster insecurity and stress such as low socioeconomic status and family dysfunction increase the likelihood of childhood obesity.<sup>3</sup> These upstream effects on emotional and behavioral development can lead to an inappropriate, addictive relationship with “junk food” for stress relief and pleasure.<sup>3</sup> Poor quality parent-child interactions negatively impact the child's emotional development and self-regulation increasing their risk of obesity.<sup>4</sup> Therefore, we may attribute the limited success of current prevention and treatment measures to a failure in appropriately addressing the psychosocial risk factors stimulating childhood obesity.

In conclusion, childhood obesity is a growing global health crisis with multifactorial etiology and multiple psychosocial risk factors. Recent efforts to promote positive parent-child interactions have demonstrated improvements in socioemotional outcomes<sup>5</sup> and cognitive stimulation.<sup>6</sup> Research studying the impact of improving parent-child interactions on childhood obesity is ongoing and should be encouraged if we are to see sustained down trends in the prevalence of childhood obesity.<sup>7</sup>

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## References

1. Skinner AC, Ravanbakht SN, Skelton JA, Perrin EM, Armstrong SC. Prevalence of obesity and severe obesity in US children, 1999-2016. *Pediatrics* 2018;141.
2. Kohut T, Robbins J, Panganiban J. Update on childhood/adolescent obesity and its sequela. *Curr Opin Pediatr* 2019;31:645-53.
3. Hemmingsson E. Early childhood obesity risk factors: socioeconomic adversity, family dysfunction, offspring distress, and junk food self-medication. *Curr Obes Rep* 2018;7:204-9.
4. Anderson SE, Keim SA. Parent-child interaction, self-regulation, and obesity prevention in early childhood. *Curr Obes Rep* 2016;5:192-200.
5. Weisleder A, Cates CB, Dreyer BP, Berkule Johnson S, Huberman HS, Seery AM, et al. Promotion of positive parenting and prevention of socioemotional disparities. *Pediatrics* 2016;137:e20153239.
6. Cates CB, Weisleder A, Berkule Johnson S, Seery AM, Canfield CF, Huberman H, et al. Enhancing parent talk, reading, and play in primary care: sustained impacts of the video interaction project. *J Pediatr* 2018;199:49-56.e1.
7. Marsh S, Gerritsen S, Taylor R, Galland B, Parag V, Maddison R. Promotion of family routines and positive parent-child interactions for obesity prevention: protocol for the 3 Pillars Study randomized controlled trial. *JMIR Res Protoc* 2019;8:e12792.