

02-Jan-2017

Dear Prof. Hanson

BMJ.2016.036037 entitled "It's time to talk"

Thank you for sending us this paper and giving us the chance to consider your work.

We sent it out for external peer review again and discussed it at the Analysis manuscript committee meeting (present: Kamran Abbasi, Joseph Freer, Navjoyt Ladher).

If you are able to amend it in the light of our and reviewers' comments, we would be happy to consider it for publication.

The reviewers' comments are at the end of this letter. The editors' comments are below:

Editors felt that your paper covered a timely and important topic. However, we wondered how much the Analysis in its current form adds to previous work and moves things forward. We thought that the article could further advance the debate and have a stronger message/impact by using the government's obesity plan as more of a peg. The article is critical of the plan at the outset, but could maintain greater focus on this and use it to provide a narrative thrust, for example by exploring the reasons (political and otherwise) why the plan has fallen short and the describe how the available evidence (e.g. that discussed in the ECHO report and at the St George's meeting) could be used to tackle those issues. We would suggest reframing the discussion in this direction.

When submitting your revised manuscript please provide a point by point response to our comments and those of any reviewers. If you do not agree with any of the reviewer's suggestions, it would be helpful to explain why in your point by point response.

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IMPORTANT: Your original files are available to you when you upload your revised manuscript. Please delete any redundant files before completing the submission.

I hope you will find the comments useful. Please don't hesitate to contact me if you wish to discuss this further.

Yours sincerely

Navjoyt Ladher
nladher@bmj.com

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Reviewer(s)' Comments to Author:

Reviewer: 1

Recommendation:

Comments:

Thank you for the opportunity to read the commentary "It's time to talk". The basic premise of the article is that a UK government action plan to alleviate the problem of childhood obesity would benefit from incorporating material, especially evidence-based interventional data, recommended by the WHO ECHO report; and so adopting a role better complying with a

"global alliance against child obesity". I commend the authors for presenting their case in a clear and concise manner.

Below I comment on the document, and then take the opportunity to provide some personal fundamental reservations you may wish to consider; these reservations being based on the focus of my own groups work over the last decade or so.

The authors briefly describe the childhood obesity problem, its contributing factors, detrimental outcomes, and the need joined government in combatting the issues of the global increasingly numerous obesogenic societies. They express concern regarding the UK Plan of Action in that it has not taken the WHO ECHO report into consideration. The sections "What is the problem?" and "How have we got ourselves here?" point to consequences of childhood obesity, inadequacies of approaches to date to offset its ongoing development; with particularly attention pre- and neo-natal periods. In "What can we do about it now?" the authors discuss the kind of political, clinical and scientific collaboration required to make an impact; and in the section "Let's walk the talk" they alert us to the necessity for collaborative action of education, scientists healthcare, government, industry and public.

However, as a metabolic physiologist with an inherent interest in the roles of physical activity and physical education in child development, I offer the following comments, and ask that you excuse any perceived self-indulgence on my part. I felt compelled to direct the authors' attention to the major global drive toward the preventative medical research into the role of physical activity and "physical literacy". To this end, I ask you to consider that the issue of concern to us might not be obesity per se, but poor health and impaired quality of life, brought about by the metabolic dysfunction resulting from two main causative factors, obesity and physical inactivity. By adopting such a paradigm change I believe we can better tackle the problem, metabolic dysfunction. We know that both obesity and physical inactivity and associated metabolic dysfunction such as insulin resistance and elevated blood lipids have their genesis in childhood. Obesity is on everyone's lips, because we can see it everywhere. The "It's time to Talk" authors indicate we are making not inroads into reducing obesity, but is it because our focus of attention is inappropriate?

Your reviewer is completing final RCT's in collaboration with government, sporting bodies and state education sections, aimed at cost effective strategies to improve physical education in primary schools. My comments are based on published work from a 4-year randomized controlled trial, that 90 minutes of well taught physical education in primary schools was effective in reducing incidence of risk of impaired insulin sensitivity and elevated blood lipids, and has a beneficial effect bone remodeling, with the bonus of improving, certainly not impeding, national tests of academic performance! These effects occurred independently of changes in body fat (DEXA) (BMI produced flawed relationships in growing children by the way) but that body fat exerts its own independent risk.

Again it is with apologies that I present the above, and even if it is deemed largely irrelevant to the document in review, I make the suggestion that the authors give more recognition to the clear evidence that physical inactivity is a risk factor independent of obesity. Might we be better placed to solve our problems, rather than simply targeting obesity per se, by trying to find a solution to the increase in early development of chronic disease? And understanding that reduction in body fat, as well as an increase in physical activity are two independent and mutually enhancing ways to go about this across our community?

Finally, you might be interested that one of our published papers concerning healthy Australian children showed that the driver of obesity over a four-year period was reduced physical activity, and that the children who became overweight or obese consumed no more kilojoules or sugar or fat than their leaner peers!

(Any of the papers to which I refer may be sourced by searching Telford RD in PubMed.).

Thank you once again for the opportunity to review this well presented and interesting document.

Additional Questions:

Please enter your name: Richard D. Telford

Job Title: Professor, Metabolic Physiology and Physical Literacy

Institution: University of Canberra and Australian National University

Reimbursement for attending a symposium?: No

A fee for speaking?: No

A fee for organising education?: No

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Reviewer: 2

Recommendation:

Comments:

Hansen et al. It's time to talk, BMJ 2016
Reviewer: Susi Kriemler

In the recently published "Plan for Action" the UK Government calls for a conversation about preventing child overweight and obesity. Here Hanson, Mullins and Modi argue that an alliance of scientists, policy-makers, and health care professionals could mediate such a conversation nationally and globally, with young people, the education sector and industry.

The authors have written a throughout critical commentary about the diluted action plan of the UK government regarding childhood obesity prevention that has been published this summer. According to the authors the action plan is very vague, and does leave unlimited room for non action by the government, industry and the health care institutions. Moreover, it has missed to build up on the overarching WHO ECHO plan (Commission on Ending Childhood Obesity) that was published the same year.

I applaud the authors to take up the initiative and write up a critical commentary on the published Childhood Obesity Plan that misses evidence based policy despite the fact that it is 5 to 12 for the health protection of this generation to take place and to come up with a more draconic action plan that leaves no space to shirk duties.

There is no doubt that an alliance of scientists, policy-makers, and health care professionals could mediate such a conversation nationally and globally, with young people, the education sector and industry contributing. It is amazing that despite our seemingly endless sources of social media in every corner of the world, precious scientific publications like the lancet series on obesity 2015 or the WHO ECHO report have not reached those able to boot political and societal changes. Although there is still a global paralysis upon concrete governmental plans, punctual actions in countries like the USA, Australia or Brazil have been taken up to combat childhood obesity. Yet, successful achievement of the plans will need a control system and a dominant political will to put policy implementation through that is yet idealistic wish.

The commentary is well written and suits the readership of BMJ and perhaps helps to improve political perception of our major health problem.

There are some points to consider:

It's time to talk is a title that does not much focus on the specific content of the commentary. It is to consider that the title should be informative to attract all readers that might be interested.

The commentary is quite lengthy and may profit of making it shorter for the sake of clarity and sharpness. Especially the paragraphs on "how have we got ourselves here"...

Direct measures in children and young people of physiology or fitness (line 25, p3) does not fit into the paragraph. It is an important point, but is probably not needed here.

In the third paragraph, the examples of community pharmacists, health visitors, social workers and dentists seem to be too specific. Such examples tend to dilute the message. There is on the other hand no mention of our childcare, kindergarten and school system where all children are reached at one point in time. This system has also failed to counterbalance and fight against the obsogenic environment.

Under let's walk the talk

Top down resources AND regulations are needed

Although I'm a true believer in the relevance of early childhood development, I feel that scientists from the broader childhood obesity community should be part of the proposed alliance. F.i. I miss the scientists from the lancet series on obesity 2015, and any link to this important scientific series 2011 and 2015.

Box2 suggested roles of a Global Alliance Against Childhood Obesity

These points are without doubt extremely important.

I miss the notion throughout the box, that the major action should mainly focus on primary prevention of obesity. For the public and the scientific reader this is not always evident.

In the box 2, the focus on preconception and infancy is very dominant and appears a bit like a "mafia approach", perhaps a bit on the expense of the focus on children themselves that will constitute the society of tomorrow. This dominance may be contraproductive...

Additional Questions:

Please enter your name: Susi Kriemler

Job Title: Senior researcher

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Reimbursement for attending a symposium?: No

A fee for speaking?: No

A fee for organising education?: No

Funds for research?: No

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Date Sent: 02-Jan-2017