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Barriers and facilitators of physical activity and unhealthy eating for children diagnosed with kidney disease or diabetes

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Over 89% of children diagnosed with type 2 diabetes are considered as obese or overweight. Childhood obesity is associated with an increased risk of kidney disease and the progression to and mortality of kidney disease. Most hospitals consider patient education as sufficient to helping this population to increase their physical activity and healthy eating. Without identifying the barriers to successful weight loss or successful increase in physical activity and healthy eating, this population will remain stagnant in their efforts to change. The purpose of this article is to identify the barriers of physical activity and healthy eating for patients with kidney disease or diabetes. A systemic literature review was conducted to identify the barriers of weight management for children and adolescents who have been diagnosed with kidney disease or diabetes. Upon identifying the barriers, the facilitators, which aim to improve health, can be established. Studies were found using PubMed, academic search premier, and the global internet. Search criteria included obesity rates for children, obesity rates for children with kidney disease, obesity rates for children with diabetes, physical inactivity rates for children, physical activity rates for children with kidney disease, physical activity rates for children with diabetes, unhealthy eating rates for children, unhealthy eating rates for children with kidney disease, unhealthy eating rates for children with diabetes, risk factors for children to acquire diabetes, risk factors for children to acquire kidney disease, barriers to healthy eating for children with kidney disease, barriers to healthy eating for children with diabetes, barriers to healthy eating, barriers to exercise, barriers to exercise for children with kidney disease, and barriers to exercise for children with diabetes. Although not all of the barriers were from research studies of patients with kidney disease or diabetes, there were multiple barriers which occurred in more than one study. These comprised lack of time, physical or personal appearance, lack of social support, lack of motivation, lack of money, weather, fatigue, and lack of access to exercise facilities for physical activity. Lack of time and cost of healthy food were both identified in at least two articles. Patient education alone is not sufficient to help this population to increase their physical activity and healthy eating. Investigators must first understand what prevents the population from increasing their physical activity and healthy eating, so that they can develop and test potential solutions (facilitators) to the problem. More research is needed to identify barriers among specific populations such as children with diabetes or kidney disease. More research is also needed to identify and test facilitators to healthy eating and physical activity. Without identification of barriers and the facilitators to change, morbidity and mortality statistics of children with diabetes or kidney disease will continue to increase.

Biography

Lori Sanderson completed her Doctoral degree in Public Health Education and Promotion. She completed her Master's degree of Social Work and currently she is a licensed Clinical Social Worker. She has worked as a Medical Social Worker for over 10 years. She has developed several programs to help the children with whom she works with. She is currently working to develop a non-profit organization in eating disorders.

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