

(both psychotherapy and psychopharmacology) remains a continued challenge and is a national priority.

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Parent-only interventions may be effective for weight loss in overweight children in rural areas

Janicke DM, Sallinen BJ, Perri MG, Lutes LD, Huerta M, Silverstein JH, et al. Comparison of parent-only vs family-based interventions for overweight children in underserved rural settings: Outcomes from project STORY. *Arch Pediatr Adolesc Med* 2008;162:1119-25.

Question Among overweight children in underserved rural settings, is a parent-only intervention as effective as a family-based intervention in terms of decreasing the child's standardized body mass index (BMI)?

Design A 3-arm randomized controlled clinical trial.

Setting Cooperative Extension Service offices in 4 underserved rural counties.

Participants Ninety-three overweight or obese children (ages 8-14 years) and their parent(s).

Intervention Families were randomized to (1) a behavioral family-based intervention, (2) a behavioral parent-only intervention, or (3) a wait-list control group.

Outcome Change in children's standardized BMI.

Main Results Seventy-one children completed posttreatment (month 4) and follow-up (month 10) assessments. At the month 4 assessment, children in the parent-only intervention demonstrated a greater decrease in BMI z-score (mean difference [MD] = 0.127; 95% confidence interval [CI] 0.027 to 0.226) than children in the control condition. No significant difference was found between the family-based intervention and the control condition (MD = 0.065; 95% CI, -0.027 to 0.158). At month 10 follow-up, children in the parent-only and family-based intervention groups demon-

strated greater decreases in BMI z-score from before treatment compared with those in the control group (MD = 0.115; 95% CI, 0.003 to 0.220; and MD = 0.136; 95% CI, 0.018 to 0.254, respectively). No difference was found in weight status change between the parent-only and family-based interventions at either assessment.

Conclusions A parent-only intervention may be a viable and effective alternative to family-based treatment of childhood overweight. Cooperative Extension Service offices have the potential to serve as effective venues for the dissemination of obesity-related health promotion programs.

Commentary Many more randomized control trials of interventions in real world settings are needed to inform clinical strategies for treatment of overweight children, something observational (epidemiologic) studies are less able to contribute. Unfortunately, a number of important design and implementation problems in this study prohibit making definitive conclusions regarding the comparative efficacy of the 2 treatments and the generalizability of the results. Key among these were randomizing participants before their enrollment in the study, biased dropout of participants after randomization, not using an intention-to-treat analysis, and randomizing as families but analyzing as individual children. However, there was some evidence that both treatments produced greater improvements in BMI z-scores than the waitlist when assessed 6 months after the end of the 4-month treatment period. Thus both of these approaches may be efficacious in real-world settings, but additional experimental studies are needed to determine the most effective approaches. Also, this study demonstrated the feasibility of using Cooperative Extension Service offices to deliver treatments to rural children and families—a high-risk group that has received little attention in past weight control research. This is one example of a creative community partnership that may help pediatricians provide treatment programs to a larger proportion of the at-risk population.

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