EPOCH Elucidating pathways of child health inequality Obesity

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The EPOCH collaboration

Including high quality
Prospective Child Cohorts

Representing countries with different level of inequlity in the community

Canada, United States, Australia, United Kingdom, Sweden, The Netherlands

Upcomming analysis of different outcomes:

Obesity
Chronic conditions
Asthma
Dental health
ADHD
Physical activity
and more to come....

Obesity Participating cohorts

ABIS Sweden

MCS "the Millenium cohort" United Kingdom

LSAC Australia

ELDEQ Canada, Quebec

International comparative studies

Harmonization of data



Objectives and hypothesis

TO analyze if Socioeconomic status (measured by mother's educational level and family income) is associated to the risk of childhood obesity aged 8-11 years.

To compare socioeconomic gradients between the cohorts/countries.

Further, to Identify possible mediators of SES differences.



Economical inequalities measured by Gini index (2015) for the participating countries (ref World Bank)

Sweden ABIS	29.2
UK MCS	33.2
Canada ELDEQ	34.0
Australia LSAC	35.8
(compared to USA 41.5)	



Prevalence of child obesity

- the primary outcome

The prevalence of child obesity aged 8-11 years according to the IOTF definition in the four cohorts:

ABIS (Sweden) age 8-9 yrs	2.4 %
LSAC (Australia) age 8-9 yrs	6.6 %
MCS (United Kingdom) age10 yrs	6.2 %
ELDEQ (Canada) age 10 yrs	6.6 %

IOTF: the International Obesity Task Force



Prevalence of some maternal factors between the cohorts:

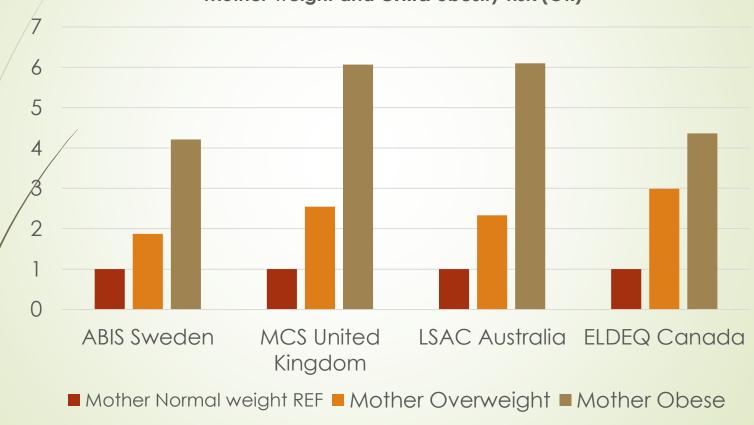
	ABIS	MCS	LSAC	ELDEQ
Low education	3.7	20.8	11.9	23.1
Foreign born	4.9	17.2	36.8	6.8
Maternal age <20	0.9	6.9	3.3	2.4
Smoking pregnancy	5.9	19.7	16.7	23.1
Excl breastfeeding	4.6	-	3.1	2.0
(months)				
Single parent	2.7	14.2	9.3	15.0
Mother obese	7.9	11.1	23.9	13.0

Household income was diveded into quintiles for each country:



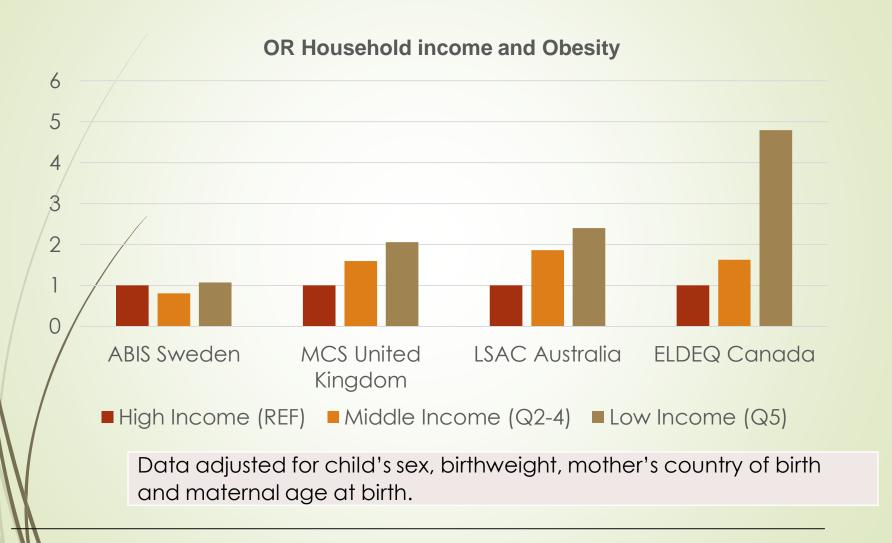
Mother weight and risk for child obesity

Mother weight and child obesity risk (OR)



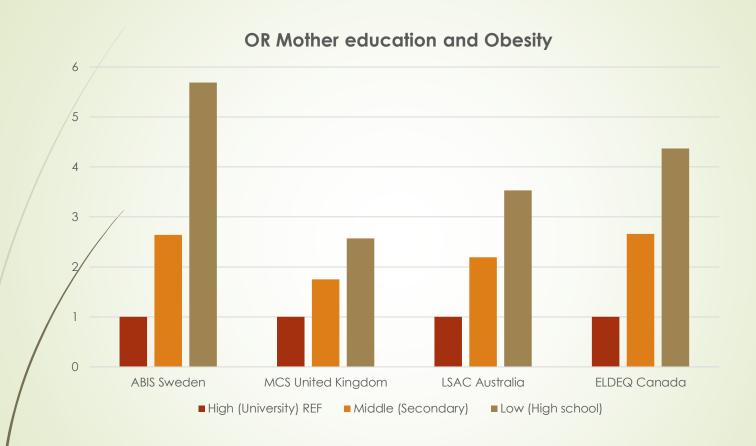


Odds Ratios and the likelihood of being obese at followup for different household income in the cohorts.





Odds Ratios and the likelihood of being obese at followup and mother educational level in the cohorts.



Data adjusted for child's sex, birthweight, mother's country of birth and maternal age at birth.



Etiologic fraction: high risk but low impact on population health

Next step is Mediation analysis with main research question:

How much of the socioeconomic differences in obesity risk could be explained by different mediators?

Direct effect from socioeconomy to obesity.

Indirect effect on this association mediated by different potential factors like:

Mother/father overweight, child's screentime, breastfeeding, smoking during pregnancy, single parenthood, mother ethnicity, childs birth weight, sweats and drinks consumption.



Some conclusions....



- Clear Socioeconomic differences in Obesity risks across the 4 cohorts (countries) even after adjustments for potential confounders and mediators.
- ► Maternal/paternal overweight might also be and important risk factors for childhood obesity and a mediator of SES differences across all 4 cohorts.
- The upcoming mediation analysis will elucidate the relative importance of all the potential mediators.

