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Covid 19 outbreak with Childhood Obesity in Pediatric practice: A Special Issue

Corresponding Author

Massimo R,

Massimo R, Department of Department of Clinical Epidemiology and Biostatistics, McMaster University, Hamilton, Italy; Phone. +81-90-3187-2485,E-mail: ralli@massimo.it

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Abstract

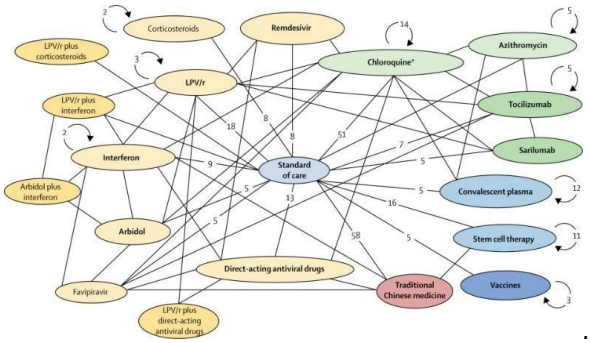
As the COVID-19 pandemic grows, the need for rapid, innovative, and cost-effective emergency response mechanisms and the presence of gaps in critical care capacity become glaringly obvious in most countries and territories worldwide.

2020 Objectives and Topic Keywords: Intensive care; Critical care; Global health; COVID-19

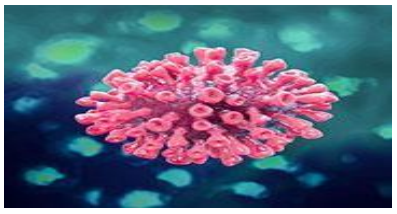
Outbreak with Childhood obesity in Pediatric Practice

In response to the global coronavirus disease 2019 (COVID-19) emergency, clinical trial research assessing the efficacy and safety of clinical candidate interventions to treat COVID-19 are emerging at an unprecedented rate[1- 3]. As of April 21, 2020, well over 500 clinical trials have been registered at the various international and national clinical trial registry sites [4]. Findings from randomised clinical trials that have been published as of April 21, 2020, have investigated the efficacy of lopinavir–ritonavir compared with standard of care. Over 300 trials are enrolling participants and cover further investigations of the above drugs and promising therapies such as remdesivir, IL-6 inhibitors (tocilizumab and sarilumab), convalescent plasma therapy, stem-cell transfusion, vaccine candidates, several other well-known direct acting anti virals, and traditional Chinese medicines. Most of these trials will offer comparative efficacy data versus standard of care according to local COVID-19 treatment guidelines, but a handful of randomised controlled trials will also provide head-to-head evidence between high profile interventions of childhood obesity. The figure shows the network of completed, ongoing, and planned COVID-19

interventional clinical trials of these interventions or intervention groups that are being explored in at least two trials [5-7



Both automated and manual searches are done to ensure minimisation of duplicated entries and for appropriateness to the research questions. Identified studies are then manually reviewed by two separate reviewers before being entered into the registry. Concurrently, we have developed Artificial Intelligence (AI)-based methods for data searches to identify potential clinical studies not captured in trial registries. These methods provide estimates of the likelihood of importance of a study being included in our database, such that the study can then be reviewed manually for inclusion. Use of AI-based methods saves 50–80% of the time required to manually review all entries without loss of accuracy. Finally, we will use content aggregator services, such as Lit Covid, to ensure our data acquisition strategy is complete. With this three-step process, the probability of missing important publications is



greatly diminished and so the resulting data are representative of global COVID-19 research efforts[8-10].

Acknowledgement

The authors would also like to thank the participants who took part in this research for sharing their experiences with us. Violet may not be with us anymore; we dedicate this work to her, in the hope that the experiences shared can have a positive impact on the lives of future generations.

References

1. Massimo M (2001) Eating Patterns, Dietary Quality and Obesity. Journal of the American College of Nutrition. 20: 599-608.

2. Parsons TJ, Power C, Logan S, Summerbell C(1999) Childhood predictors of adult obesity: a systematic review. International J Obesity. 23: S1-S107.

3. Whitaker RC, Wright JA, Pepe MS, Seidel KD, Dietz WH (1997). Predicting obesity in young adulthood from childhood and parental obesity. New England Journal of Medicine. 337: 869-

873.

4. James PT(2004). Obesity: The worldwide epidemic. Clinics in Dermatology. 22: 276-280.

5. AlNuaim AR, Bamgboye EA, AlHerbish A(1996). The pattern of growth and obesity in Saudi Arabian male school children. International J Obes.20:1000-1005.

6. Mc Carthy HD, Ellis SM, Cole TJ(2003). Central overweight and obesity in British youth aged 11-16 years: cross sectional surveys of waist circumference. BMJ. 326: 624-626.

7. Mossberg HO(1989). 40-Year Follow-Up of Overweight Children. Lancet.2:491-493.

8. Flegal KM, Carroll MD, Ogden CL, Johnson CL(1999). Prevalence and trends in obesity among US adults, 1999-2000. JAMA. 1723-1727.

9. Stevens J (1995) Obesity, fat patterning and cardiovascular risk. Adv Exp Med Biol.369: 21-27.

10. Grundy SM(1998). Multifactorial causation of obesity: implications for prevention. Am J Clin Nutr. 67: 563S-572S.