

**Discharge ready... or not? Patient perspectives on equitable wrap-around care needs when living with severe obesity [abstract only]**

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(Deliver). Finally, these strategies were collaboratively refined with youth workers into concrete, actionable interventions tailored to the context.

**Results:** The study implements five co-creation projects across various youth organisations, with each organisation identifying the key determinants. In this way, a mix of intervention strategies is developed, tailored to the specific contexts. Based on the discussed determinants, brainstormed strategies included goal-setting with friends, discussing healthier choices among peers, and organising challenges within the youth organisation to increase fruit and vegetable intake. Practical ideas also included cooking workshops and introducing a loyalty card system to encourage fruit consumption, similar to how soft drinks are currently promoted. These strategies were co-refined with youth workers, producing a contextually tailored, actionable intervention. Youth workers indicated that the process is more important than the outcome. Progress should be made in small steps, as even minor insights can lead to significant results. Adolescents reported increased ownership, relevance, and feasibility of the strategies compared to conventional health education approaches.

**Conclusions:** Co-creation with socially vulnerable adolescents offers insights into food temptations and generates strategies aligned with their daily lives. Service Design Thinking methods can increase the relevance, acceptability, and potential impact of obesity prevention interventions addressing health inequalities.

**Conflicts of Interest:** Non disclosed

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## AD13 - T3 Abstract Session: Pharmacotherapy in Child & Adolescent Management: Opportunities and Challenges

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AD13.01

### Real-World Use of Reimbursed Semaglutide in Icelandic Children with Obesity: A Nationwide Longitudinal Study

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**Introduction:** Childhood obesity is a growing global health burden that requires effective interventions to prevent serious comorbidities. Iceland was one of the first European countries to reimburse GLP1-agonists for children with grade 2 obesity, placing it in a unique position to evaluate their use and effectiveness in a diverse sample of children, regardless of parents' financial resources.

**Objective:** To evaluate treatment patterns, duration of treatment, and clinical outcomes for children with obesity prescribed semaglutide.

**Methods:** This retrospective cohort study included all children (n=152) in Iceland who were prescribed semaglutide from 2019-2025. Data were obtained from the National Prescription Database and from nationally available growth data. More detailed information for a subset of children (n=68) was obtained from the Paediatric Obesity Centre at the National University Hospital of Iceland, of which 30 children also had recent blood tests prior to being prescribed medication. Statistical analyses were descriptive. BMI was analysed as %IOTF-25, a calculated value where the BMI is expressed as a percentage of the age-and-sex-specific IOTF cutoff

for overweight (corresponding to an adult BMI of 25 kg/m<sup>2</sup>). This cut-off serves as the baseline (100%). For example, a child with a BMI of 33, where the cutoff value is 22, would have a %IOTF-25 of 150%. Changes in %IOTF-25 were calculated as the difference between %IOTF-25 at the prescription start date and the latest %IOTF-25 measurement.

**Results:** 159 children were prescribed GLP1 receptor agonists, of which 7 were prescribed only Saxenda and not used for further analyses. 152 children, 82 boys and 70 girls were included in the study, the mean age at the time of prescription was 15.4 (SD=2.08). Use of these medications increased over the study period, particularly since the introduction of Wegovy late in 2023. The proportion of children who discontinued medication after three months was 15%. A decrease in BMI was observed in 85% of children who used the medication for more than three months (n=120). Eight percent of the participants had a decrease of more than 50% in %IOTF-25. The subset of 68 children revealed that 84% had a neurodevelopmental or psychiatric disorder (e.g. Attention-Deficit Hyperactivity Disorder, Autism Spectrum Disorder, anxiety or depression). A further sub-analysis of 30 children revealed that 23% had MASLD (metabolic dysfunction-associated steatotic liver disease) and the majority (80%) had abnormal blood values before treatment, including raised insulin levels, ALAT (alanine aminotransferase) and HbA1c (glycated haemoglobin).

**Conclusion:** This study suggests that semaglutide is an effective and generally well-tolerated adjunct to obesity treatment in children and adolescents. Consistent effects were observed across a national cohort, independent of neurodevelopmental or psychiatric diversity or parents' financial means. In the context of increasing evidence of early-onset obesity-related comorbidities, these findings support the demands for reimbursed and equal access to obesity management medications for children and adolescents with severe obesity.

AD13.02

### Discharge Ready... or Not? Patient Perspectives on Equitable Wrap-Around Care Needs When Living with Severe Obesity

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**Introduction:** The National Health Service in England set up a pilot programme of Complications of Excess Weight (CEW) services (n=39) to address increasing rates of severe obesity in children and young people (CYP). The ENHANCE (Evaluating the NHS EngLAND Complications of Excess weight services for Children and Young People) evaluation has been funded to understand what is working, for whom and in what contexts, to inform future commissioning and evidence best practice. This paper will present the experiences and needs of CYP and their families/carers attending CEW services.

**Methods:** A Patient and Public Involvement group have been central to this work. Surveys have been distributed at two time points (T0 and T1). T0 a baseline survey (September 2024) for patients who had had at most one appointment within CEW services (n=35). T1 for all active CEW patients between March 2025 – December 2025 (n=310). The surveys sought to capture patient experiences of clinics and support from health care professionals, demographic data and information on access to GLP1s. Descriptive statistics of responses from the overall sample, and subgroups (e.g. participants disclosing GLP1 use) were analysed in R. A representative sample of participants were invited to interview (n=245 invited; n=34 interviews). A Framework Analysis was employed to gain deeper understanding of experiences.

**Results:** Survey data was representative of CEW population demographics, with good representation of responses from patients living in the most deprived areas. Thirty percent of the survey respondents were using GLP1s. While there was some apprehension prior to their first appointment, those attended "have hope for the first time". Preference of support

from multi-disciplinary team members varied by age, where older CYP (16+) found link/family workers more helpful, while younger CYP and their families preferred clinicians and dietitians. Findings from interviews suggest the relationships and rapport established with family workers was instrumental in care, alongside links to other and community resources. Participants given GLP1s felt more supported to achieve their goals, however those on GLP1s, older CYP and those with learning difficulties were also least ready to be discharged. Specifically, a smaller percentage of these groups felt like they had 1) had a long term follow up plan, 2) a clearer understanding how to manage their weight, and 3) were able to sustain the changes they had made. Emerging findings from interviews suggest this is because of a lack of transition into adult services, the need for continued support and the need for easy access and re-entry into services. Participants on GLP1s further discussed increased anxiety around access to the medication upon discharge.

**Conclusions:** Given the chronic and relapsing nature of obesity, CYP living with severe obesity need ongoing patient-centred tailored support and points of contact to manage their weight and associated complications. Those on GLP1s especially require adequate wrap-around care, and with ongoing conversations and support regarding long-term plans, which could be provided by the CEW services.

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AD13.03

### Integrating Sleep Hygiene into Nutrition Therapy: Enhancing Health Outcomes in Adolescents with Obesity – A Randomized Controlled Trial

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**Introduction:** Adolescent obesity is a major public health problem associated with long-term cardiometabolic risk. Beyond unhealthy dietary patterns, insufficient sleep duration and poor sleep quality have been recognized as factors leading to obesity during adolescence. However, randomized controlled interventions on this topic remain limited. This study aimed to determine whether the incorporation of sleep hygiene education into medical nutrition therapy (MNT) provides added improvements in anthropometrical measurements, diet quality and sleep-related parameters among adolescents with pre-obesity and obesity.

**Methods:** A total of 60 adolescents with pre-obesity and obesity (38 girls and 22 boys), aged 12-18 years, were included in the study. All participants were administered a MNT for a 12-week period. In the first 6-week (W6) period, all participants received only MNT, and they were randomised into two groups at the end of W6. The study group (n = 30) received sleep hygiene education in addition to MNT while the control group (n = 30) continued to receive only MNT. Sleep and nutrition related parameters examined at baseline (W0), W6 and W12. Sleep quality and sleep hygiene were assessed using respectively, the Pittsburgh Sleep Quality Index and Sleep Hygiene Index. Anthropometric measurements and dietary intake were assessed, and diet quality was calculated using the Healthy Eating Index-2010. Nighttime eating habits were evaluated by the Night Eating Questionnaire.

**Results:** Total sleep duration on weekdays and number of participants with good sleep quality were increased in both groups, but these changes were more pronounced in the study group (p<0.001 for each). Diet quality increased in both groups; however, the increase in the study group (from 45.8 to 74.5 score) was higher than control group (from 44.1 to 69.6 score) (p<0.001). The night eating behaviour was decreased in both groups, more significantly in the study group (p<0.001). Body weight, body mass index, waist circumference, waist-to-height ratio and body fat mass decreased in both groups and genders by MNT, but the differences in anthropometrical measurements by MNT plus sleep hygiene education were more pronounced compared to only MNT (p<0.05 for each).

**Conclusion:** This study confirms the bidirectional relationship between nutrition and sleep. Improving nutritional status enhances sleep quality, while providing nutrition and sleep education together leads to a stronger improvement in nutritional status. Sleep hygiene should be incorporated into nutrition therapies as a component of the process.

**Conflicts of Interest:** None disclosed.

**Funding:** No funding to report

AD13.04

### Weight Loss in Adolescents Living with Obesity Treated with Semaglutide: A Real-World Study

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**Introduction:** Semaglutide demonstrated significant efficacy in reducing body mass index (BMI) and improving cardiometabolic risk factors in adolescents in a formal intervention trial. However, evidence from real-world clinical settings remains limited. This study aimed to (1) evaluate the effect of semaglutide on weight and BMI z-score (BMIz) during routine care of adolescents living with obesity, and (2) identify patient factors associated with treatment response.

**Methods:** We conducted a secondary cross-sectional analysis of routinely collected data from patients aged 12–18 years treated with semaglutide at two United Kingdom hospitals. Height and weight at baseline and at 120–240 days and 300–420 days after treatment initiation were extracted from clinical records. Z-scores for age and sex were calculated using British reference data. Data on medications, complications of excess weight, comorbidities (including autism and mental health disorders) and reported disordered eating patterns were collected. For patients who discontinued and restarted semaglutide after >4 weeks, this was considered a second episode. Changes in weight and BMIz were standardized to 180 days (“6 months”) and 360 days (“12 months”) based on actual treatment duration. Factors associated with weight and BMIz change were assessed using univariate linear regression; variables with p<0.1 were included in multivariate models.

**Results:** We identified 220 treatment episodes for 197 patients. Median age at semaglutide initiation was 15.1 years (IQR 13.6,16.7); 46% male; 45% autistic. Mean baseline weight was 113.0 kg (SD 27.6) and BMIz 3.55 (SD 0.58). Dysglycaemia was present in 86%, hypertension in 11%, and metabolic-associated steatotic liver disease in 48%; 16% reported hyperphagia and 15% emotional overeating. Metformin use was noted in 57% at baseline. At 6 months, mean weight loss was 6.4 kg (SD 7.3, n=161),