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The assessment of side effects of health recommendations given to youth in general and children and adolescents with obesity in particular is important. Typically, the benefits of such recommendations have been confirmed in several studies. In contrast, the inherent risks have either not been evaluated at all or have not received the same scientific scrutiny. Single studies have shown an increased risk of physical activity-related injuries in obese children and adolescents. The major limitation of these studies was that physical activity participation was not co-assessed, which in itself is a major predictor of injuries. Warsh et al. (Canada) [1] performed multivariate analyses to overcome this limitation; they determined factors associated with physical activity injuries in a representative survey of 9,672 Canadian school children (grades 6–10). The results were confirmed in a subsample followed up longitudinally. As expected, youth who engaged in high levels of physical activity experienced higher risks for physical activity injuries. However, a modifying effect of weight status on this relationship was not discernible. Whereas the authors view these results as encouraging, the total number of obese youth was rather small; in the multivariate analyses the odds ratios observed for this group were increased, albeit non-significantly.

Losekam et al. (Germany) [2] examined self-reported physical activity with regard to weight teasing and self-efficacy in a cross-sectional study encompassing 321 overweight and normal-weight students with a mean age of 12 years. Self-efficacy, weight teasing and social context variables explained physical activity ($R^2 = 0.43$). Independent of weight status, weight teasing was associated with reduced physical activity in boys, but not in girls. Expectedly, overweight subjects reported more weight teasing and lower self-efficacy than normal-weight students. Self-efficacy and physical activity were strongly correlated ($r = 0.6$). The authors plead for more school-based interventions to reduce weight-related teasing.

OBESITY FACTS – THE EUROPEAN JOURNAL OF OBESITY represents an ideal forum to present and discuss national obesity-related initiatives. Renders and coworkers (The Netherlands) [3] introduce the ambitious Dutch national approach for tackling overweight and obesity. Apart from the Knowledge Center Overweight, which is formed by obesity experts to increment knowledge as to both treatment and prevention of obesity, two other main partners comprise this national initiative:

- The Covenant of Overweight includes 20 partners from national and local government, the public and private sector; the Covenant has initiated various activities at the levels of home, school, work, and recreation.
- The Partnership Obesity Netherlands facilitates the development and implementation of a chronic disease management model.

These three initiatives are complementary and facilitated by the Ministry of Health; they are each staffed by a project manager, 1–4 project assistants, a secretary and a board. The ambition is to make this the first integrated, evidence- and practice-based, national approach for tackling the problem of overweight and obesity. Rates of obesity are to be closely monitored to assess the effect of this national initiative. Obviously, public health officials and researchers will look forward to the evaluation of this program.

How does Xenical® compare to generic orlistat products? To address this issue, Taylor et al. (UK/Switzerland) [4] performed pharmaceutical quality tests conducted in laboratories of F. Hoffman La-Roche in Basel, Switzerland. The nine generic products stemmed from six different Asian and South American countries. Color, melting temperature, crystalline form, particle size, capsule fill mass, active pharmaceutical ingredient content, amount of impurities and dissolution were compared. All generic compounds failed the Xenical specifications in at least four tests. Dissolution rate and impurity content were identified as two areas of concern with respect

to dose delivery and toxicological issues. Unfortunately, wholesale or retail costs of products were not compared despite the authors pointing out that costs can be a major argument for the development and usage of generic products.

Binge eating disorder is amenable to a wide range of different treatments including conventional weight loss programs, psychotherapy and different pharmacological agents. Schlup et al. (Switzerland) [5] compared the effect of short- (8 sessions) and long-term (16 sessions) cognitive behavior treatment (CBT). A total of 76 females were subjected to one of the two treatments in this nonrandomized trial. Upon completion of the program, long-term treatment proved more effective than short-term therapy; however, at the 12-month follow-up the outcomes of the two treatments no longer differed significantly. The drop-out rate was higher in the long-term treatment group. The treatment of the binge eating disorder was not associated with a change in body weight.

Bigaard et al. (Denmark) [6] analyzed the associations between waist and hip circumference and BMI on mortality upon adjustment for smoking, alcohol intake, sports activity and education based on a large population-based prospective study encompassing over 55,000 probands. Adjustment for these lifestyle factors tended to attenuate the associations be-

tween mortality and the three body size measurements: Mortality was positively correlated with waist circumference and inversely with hip circumference, and decreased highly significantly with higher BMI for BMI below 25 kg/m². Smoking proved to be the most important confounder of the investigated associations between the body size measurements and mortality for both males and females. Alcohol intake and sports activity were weak confounders among men, but not among women.

To investigate the expression of neuropeptide Y (NPY), omentin and visfatin in visceral and subcutaneous adipose tissues of obese adults and controls and their possible correlation with clinical parameters such as BMI and blood pressure, Barth and coworkers (Germany) [7] studied 168 adult patients who belonged to four subgroups, including obese bariatric patients and surgical controls, nonbariatric obese patients and nonsurgical controls. mRNA levels of NPY, visfatin, and omentin did not differ between obese and control patients. Whereas mRNA NPY and visfatin levels were comparable in the two different adipose tissues, omentin mRNA levels were substantially higher in visceral adipose tissue. Because multiple tests were performed, the significant findings warrant independent confirmations.

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