Table BMI *Z*-score evolution after at least a 1-year follow-up

	Obesity (*n* 158)		Overweight + obesity (*n* 305)			
Overweight (*n* 147)	*n*	%	*n*	%	*n*	%
BMI *Z*-score evolution						
Reduction	6	58	69	44	155	51
Stabilization	49	33	74	47	123	40
Increase	12	8	15	9	27	9

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54 – FamilY – family intervention in obesity

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Introduction: Few studies have focused on the effect of including obese children and parents to follow-up in primary health care after an initial treatment phase in special health care. FamilY is a multicenter randomized clinical trial comparing two ways of cooperation across health-care levels. The project starts in 2010, but preliminary results from two pilot summer camps in 2008 and 2009 will be presented.

Method: Families with at least one obese parent (BMI > 30 kg/m^2; *n* 100) and one obese child (BMI > iso-BMI 30 kg/m^2; age 7–12 years; *n* 100) are randomized to group A/B. The intensive group A attend a family summer camp (2 weeks) and four repetition weekends at a rehabilitation centre (group A), whereas the less intensive group B participate in a lifestyle school (2 + 2 d) in paediatric departments. Group sessions, elements from motivational interviewing and parent management training – Oregon will be used to improve family interplay towards more active lifestyle. The families are followed monthly over 2 years by a community coordinator, who will join lectures and network groups about obesity treatment during the follow-up period. The primary end point is children change in BMI SDS after 2 years.

Results: Data at inclusion and change in BMI SDS after one-year follow-up of eighteen children attending the pilot summer camps:

	Mean	SD
Age (years)	9·8	−1·4
BMI SDS (kg/m^2)	2·38	−0·28
Change in BMI SDS (kg/m^2)	−0·11	−0·22
Change in lean mass (kg)	4·22	−2·31
Change in fat (%)	−1·44	−4·66

Conclusions: The present study will add new knowledge about the effect of including the obese family in 2-year follow-up after an initial family summer camp.

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55 – The pitfall of restraint eating and cognitive control

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Introduction: Normally therapy in obese patients is inevitably associated with dieting or restraint eating. Not eating certain food would necessarily require successful suppression of unwanted food-related thoughts.