<table>
<thead>
<tr>
<th>Study/Author</th>
<th>Year</th>
<th>Country</th>
<th>Intervention</th>
<th>Design Type</th>
<th>Sample Characteristics</th>
<th>Treatment Effect and Statistical Significance</th>
<th>Main Reported Findings by Critical Question</th>
<th>Limitations of Studies Reviewed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epstein, LH</td>
<td>2003</td>
<td>USA</td>
<td>Physical activity</td>
<td>RCT</td>
<td>At least 1 exercise or physical activity treatment arm was investigated either in isolation or as an adjunct to an alternative treatment simultaneously</td>
<td>Q1: Is exercise or physical activity an effective preventive or therapeutic strategy for overweight in children and adolescents: the skinny on overweight prevention trials.</td>
<td>Few studies were of robust design.</td>
<td>Studies not reporting baseline data, studies primarily conceptualized as evaluations of treatment effects.</td>
</tr>
<tr>
<td>Atlantis, E</td>
<td>2006</td>
<td>USA</td>
<td>Efficacy of exercise for treating overweight in children and adolescents</td>
<td>RCT</td>
<td>Subjects randomly assigned to groups or assigned by matching on demographic and anthropometric factors, physical activity and SES.</td>
<td>Q2: Participants gender and duration in weeks, number of studies, and in gender distribution</td>
<td>Lack of/inability to obtain data on changes in confounding factors adjusted</td>
<td>Studies not reporting baseline data, studies primarily conceptualized as evaluations of treatment effects.</td>
</tr>
<tr>
<td>Maziekas, MT</td>
<td>2007</td>
<td>USA</td>
<td>Follow up exercise studies in overweight children</td>
<td>Cross-sectional studies</td>
<td>At least 1 exercise or physical activity treatment arm was investigated either in isolation or as an adjunct to an alternative treatment simultaneously</td>
<td>Q3: Studies which included normal weight subjects in obesity prevention programs</td>
<td>Few studies were of robust design.</td>
<td>Studies not reporting baseline data, studies primarily conceptualized as evaluations of treatment effects.</td>
</tr>
<tr>
<td>Stice, E</td>
<td>2008</td>
<td>USA</td>
<td>A meta-analytic review of obesity prevention trials</td>
<td>Systematic reviews</td>
<td>At least 1 exercise or physical activity treatment arm was investigated either in isolation or as an adjunct to an alternative treatment simultaneously</td>
<td>Q4: Studies not reporting baseline data, studies primarily conceptualized as evaluations of treatment effects.</td>
<td>Few studies were of robust design.</td>
<td>Studies not reporting baseline data, studies primarily conceptualized as evaluations of treatment effects.</td>
</tr>
</tbody>
</table>

**Note:** The table above represents a summary of studies reviewed and their findings. Each row corresponds to a specific study's characteristics, intervention type, design, sample characteristics, and main findings. Limitations of the studies are also noted to provide a comprehensive understanding of the research outcomes.
<table>
<thead>
<tr>
<th>Study Title</th>
<th>Study Objective</th>
<th>Study Pop.</th>
<th>Study Design</th>
<th>Study Duration</th>
<th>Frequencies</th>
<th>Details of Treatment</th>
<th>Details of Outcomes</th>
<th>Treatment Effectiveness</th>
</tr>
</thead>
</table>

**Participants overweight at baseline**

**Treatment duration:**
- Mean initial treatment: 22 weeks.
- Median follow-up: 32 weeks.
- Treatment groups: family-behavioral, other combinations of lifestyle modifications and behavioral interventions.
- Report: Median number of participants per study: 35.2 participants.

**Study results reported in English.**

**Non-English language studies:**
- 80 studies evaluated in the study.

**Second follow-up:**
- 9 months: 307 participants (69.8%) overweight at baseline.
- 5 months: 307 participants (69.8%) overweight at baseline.

**Prevention:**
- Currently, in 75% of the prevention trials, there were at least 1 aspect of treatment for childhood obesity.
- Studies with adult-only samples.

**Obesity epidemic in the United States--gender, age, geographic regions, as well as the manner in which children are overweight or obese:**
- Prevalence of overweight among children aged 6–19 yr was 19.6% (8.4% for females and 11.2% for males).
- Prevalence was similar among older children and adolescents. The overall national average prevalence is similar among among non-Hispanic White, non-Hispanic Black, and Mexican-American boys and girls, respectively.

**In all age groups, the prevalence of overweight had increased since the NHANES data show considerable racial/ethnic disparities in obesity.**
- Prevalence of overweight, which is expected to reach 31.1% and 32.9%, respectively, by 2015.

**Children and adults who are overweight or obese:**
- Inadequately described details of dietary interventions during which participants received dietary modification both as part of the treatment for childhood obesity because of the lack of high-quality evidence specifically about this intervention.

**During follow-up:**
- Most changes in dietary intake in response to the intervention at the individual or group level were small and not statistically significant.
- For comparisons involving an active lifestyle intervention and a control group, the mean difference for the control groups was of moderate magnitude in the positive direction (d=0.46, SD=0.27, 95% CI=3.65 to 4.57), non-significant, and the effect size for the control groups was of moderate magnitude in the positive direction (0.61, SD=0.46, 95% CI=0.52, SD=0.41, 95% CI=0.52, SD=0.41, 95% CI=0.41 to 0.46).

**Conclusion:**
- Effective in achieving relative weight loss in overweight/obese children and adolescents. The largest effect sizes were found for weight change (−1.82; 95% CI: −2.40 to −1.23).
- Given the dearth of studies that used BMI as an outcome variable, the effect size for BMI was of moderate magnitude (−0.52, SD=0.41, 95% CI=−0.52, SD=0.41, 95% CI=−0.41 to −0.45).

**Q5:**
- There are considerable racial and ethnic disparities in obesity, especially among non-Hispanic Black and Mexican-American children and adolescents compared with their non-Hispanic White and non-Hispanic Mexican-American counterparts. Prevalence was similar among older children and adolescents. The overall national average prevalence is similar among among non-Hispanic White, non-Hispanic Black, and Mexican-American boys and girls, respectively.

**Q6:**
- The obesity epidemic in the United States--gender, age, geographic characteristics: a systematic review and meta-analysis.