**52 – An evaluation of a 5-week, school-based, exergaming intervention using the Gamercize Power Stepper on BMI and physical activity during school lunch breaks in British primary-school children**

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*Introduction:* As active video games are prevalent in modern society, the present study aimed to evaluate the impact of a school-based exergaming intervention on BMI and physical activity (PA) during school lunch breaks in British schoolchildren.

*Method:* Thirty-eight, 10–11-year-old children (20 boys, 18 girls, 5·3% overweight, 15·8% obese) were randomly allocated to intervention (n 19) or control (n 19) groups. The intervention group undertook twice weekly exergaming sessions during school lunch breaks using the Gamercize power stepper. The control group took part in ‘regular’ lunch break physical activity. BMI was assessed before and after intervention. PA was assessed each week using pedometry (expressed as steps/min).

*Results:* Repeated measures ANOVA (2 (group) × 5 (weeks)) indicated a significant group by weeks interaction (F (4, 128) = 2·72, P = 0·03). Steps/min for the exergaming group were not significantly different across the intervention period (P = 0·237) but was higher in weeks 4 (P = 0·008) and 5 (P = 0·01) compared with week 1 for the control group. Exergaming activity contributed 13–16% and regular lunch break 11·5–16% of the recommended daily step counts for maintaining healthy weight (Tudor-Locke et al. 2004). BMI was not significantly different across time or group (P > 0·05).

*Conclusions:* Exergaming using the Gamercize power stepper offers an alternative mode for school-based physical activity that is comparable to regular lunch break activity in the short term (over 3 weeks). This mode of exercise contributed a similar proportion of the recommended steps/day for maintaining healthy weight compared with regular lunch break activity.

**53 – Intervention of a health network REPPPOP 69 for treating obesity and overweight in children**

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*Introduction:* Child and adolescent overweight and obesity are increasingly prevalent. An health network REPPPOP 69 (Reseau de Prevention et de Prise en charge de l’Obesite Pediatrique) has been created in 2004 in Lyon (France). The aim is to offer to overweight children and adolescents, a multidisciplinary intervention with a medical, nutritional and psychological follow-up associated with physical activity.

*Method:* Overweight, 1–17-year-old children have a monthly medical follow-up and can be addressed to a diettitian or a psychologist. Specific physical activities are proposed by the network to improve lifestyle. Moreover, a diettitian and a psychologist have a monthly phone call with the family.

The evaluation is made from measurements of height and weight of children followed at least 12 months. To account for sex- and age-related changes over time, we chose BMI standard deviation score (BMI Z-score) as evaluation criteria.

*Results:* A total of 305 children had the evaluation of BMI Z-score before and after at least a one-year follow-up.

*Conclusion:* The reduction of BMI Z-score is better in overweight children but its stabilization rate is higher in obese children; this is linked to the number of follow-up visits by any professional health worker and improved when there is a psychological follow-up.