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doi:10.1093/pubmed/fdp021  
Advance Access Publication 10 March 2009

Overweight and obesity among adolescents in Norway: a response from the UK

Sirs,
The article by Groholt et al. is valuable for its insights into the cultural and socio-economic differences that affect whether adolescents are overweight or obese, and these differences are important public health issues. However, as medical students who represent a relatively similar age group to the participants in the study, we question the accuracy of the self-reporting. Reflecting on our experiences in the UK, we consider that many 15–16 year olds will not be able to reliably categorize their family’s economic situation. We also question whether a teenager’s future educational plans at this age are an accurate proxy for socio-economic status, and whether social desirability bias may act to some degree when filling in the questionnaire. The use of self-reported height and weight is often unavoidable; however, evidence exists describing the underestimation of weight and overestimation of height by adolescents, particularly girls. With this in mind, it would be relevant to know whether the questionnaires were filled out alone and privately, or publicly with friends/colleagues in a classroom. The lack of association between physical activity, overweight and obese status seems evidence in itself of possible inaccuracies in self-reporting. We wonder if the term ‘activity’ is too diffuse and if further clarification of its appropriate use may have led to a different result.

Furthermore, we suggest an assessment of mental health status among the participants could have added an extra-dimension to the results and subsequent conclusions, especially as evidence exists showing an association between body weight, psychological well-being and future aspirations.

We appreciate our relative lack of knowledge of Norwegian adolescent cultures compared with the authors’. However, the issues we have described might assist the public health initiatives in Norway and possibly facilitate the application of the results to other countries.

References

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doi:10.1093/pubmed/fdp004  
Advance Access Publication 1 February 2009

Response to: Trends in drug misuse recorded in primary care in the UK from 1998 to 2005

Sirs,
In our report for the UK Drug Policy Commission, we concluded that there is little evidence that British drug policy has had significant impacts on the levels of drug use. In their article on trends in substance misuse in the UK, Frisher et al. suggest that our analysis is mistaken. The evidence they present is an apparent reduction in substance use problems, as indicated by General Practitioners’ records, among 16–24 year olds between 1998 and 2005. Though this is a new and helpful addition to the list of indicators for drug use in Britain, the reported changes do not alter our conclusions.

First, changes in one country, at one time period, in one age group cannot be taken to prove the effect of drug policies. We noted similar evidence on reductions in drug use by young