BIO-STREAMS: An Integrated Multi-layered Digital Intervention Approach to Tackle Childhood Obesity and Promote a Healthier Lifestyle

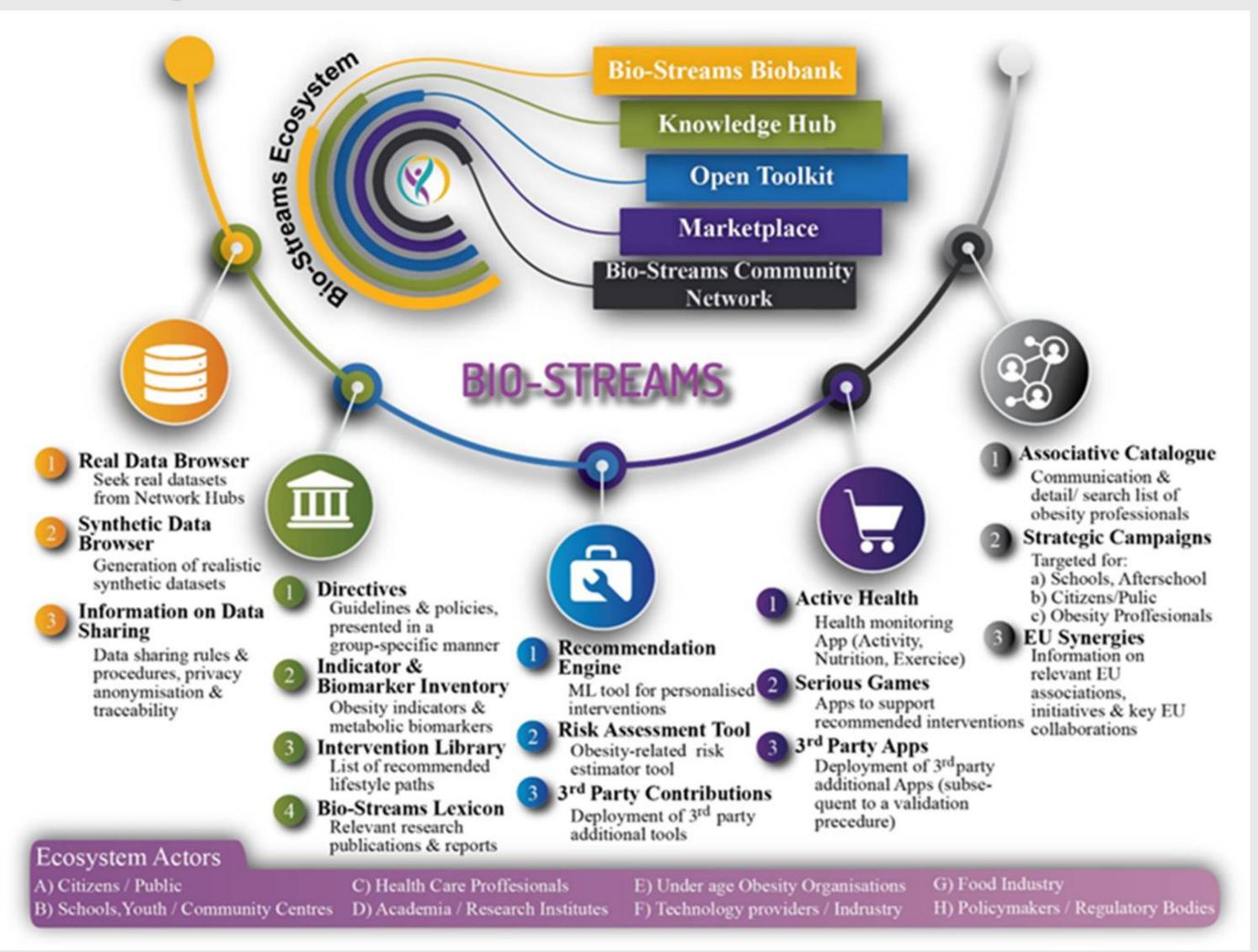


Christos Nikitas¹, Penio Kassari^{2,3}, Sofia-Maria Genitsaridi², Eleni Ramouzi², Marina Papadopoulou², Marios Prasinos⁴, Theodora Brisimi⁵, Stavros Pitoglou⁶, Eleni Georga⁷, Marianna Panagiotidou⁸, Izidor Mlakar⁹, Elena Politi¹⁰, Meropi Kontogianni¹¹, Eleftheria Vellidou¹², George Matsopoulos¹², Dimitris Koutsouris¹², Evangelia Charmandari^{2,3}, on behalf of BIO-STREAMS Consortium¹³

1. 1st Department of Otolaryngology, 'Hippocrateio' Hospital, Medical School, National and Kapodistrian University of Athens, Athens, Greece, 2. Center for the Prevention and Management of Overweight and Obesity in Childhood and Adolescence, Division of Endocrinology, Metabolism and Diabetes, First Department of Pediatrics, School of Medicine, National and Kapodistrian University of Athens, 'Aghia Sophia' Children's Hospital, Athens, Greece, 3. Division of Endocrinology and Metabolism, Center of Clinical, Experimental Surgery and Translational Research, Biomedical Research Foundation of the Academy of Athens, Athens, Greece, 4. Telematic Medical Applications LTD, Piraeus, Greece, 5.Netcompany-Intrasoft SA, L-1253, Luxemburg, 6. Computer Solutions Cyprus LTD, Nicosia, Cyprus, 7. Unit of Medical Technology and Intelligent Information Systems, Department of Materials Science & Engineering, School of Engineering, University of Ioannina, Ioannina, Greece, 8. AINIGMA Technologies, Belgium, 9. University of Maribor, Maribor, Slovenia, 10. Department of Informatics and Telematics, School of Digital Technology, Harokopio University of Athens, Greece, 11. Department of Nutrition and Dietetics, School of Health Sciences and Education, Harokopio University, Athens, Greece, 12. Institute of Communication & Computer Systems (ICCS), Biomedical Engineering Laboratory, Athens, Greece, 13. https://www.bio-streams.eu/consortium/

Background: The incidence of childhood obesity is systematically increasing worldwide. The World Health Organization (WHO) European Obesity Region

Figure 1: A visual representation of BIO-STREAMS Ecosystem



Report (2022) states that the prevalence of childhood obesity is at very high levels (29% boys, 27% girls). Increased prevalence has significant psychiatric and psychosocial consequences but is also associated with high rates of obesity in adulthood, premature death, and early markers of cardiovascular disease.

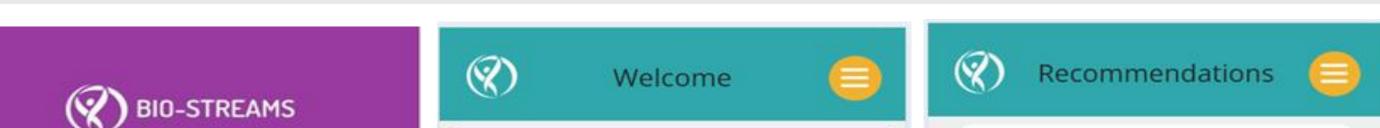
Purpose: BIO-STREAMS, a four-year duration project funded by the European Union (HORIZON No.101089718), aims to provide essential holistic solutions to tackle childhood obesity. It brings together **30 partners from 15 European countries** to design, create, develop, and implement a multi-pillar framework for children's anti-obesity behavior.

Methods: A visual representation of BIO-STREAMS ecosystem is shown in Figure 1. The solution is based on three major modules.

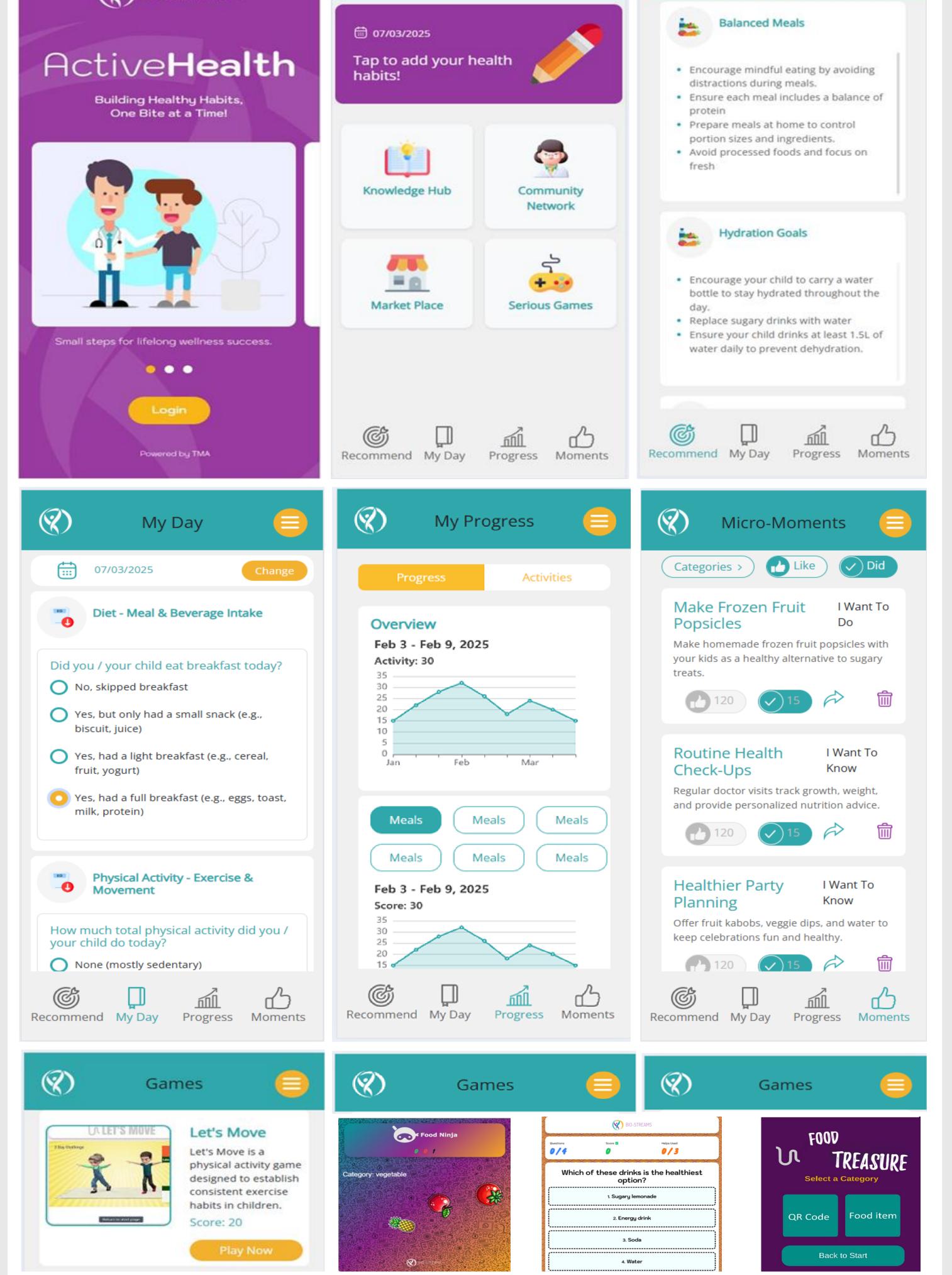
Module A: Development of the first child/adolescent obesity **Biobank** in Europe to standardize data collection and enhance data sharing for better diagnosis and treatment.

Module B: Design and Development concerns the BIO-STREAMS platform, which will include an obesity risk assessment platform using Machine Learning (ML) techniques and a digital marketplace. In this marketplace, participants can use serious games through the Active Health App (Figure 2) that aim to provide recommendations for increasing Physical Activity (PA) to the desired levels, reducing sedentary behavior, and improving dietary habits incorporating the micro-moments concept. These recommendations resulted from a systematic review and meta-analysis conducted by partners of the BIO-STREAMS Consortium, aimed to investigate the association between nutrition, PA, and overweight/obesity, metabolically unhealthy obesity in children and adolescents. *Module C*: Development of an EU social network (BIO-STREAMS social network) to facilitate communication and dissemination of best practices among stakeholders.

Figure 2: Screenshots of the BIO-STREAMS Active Health App



Results: The use of ML models will contribute to the identification of prognostic biomarkers (>15 new insights), while the personalized, gamified intervention aims to increase adherence (>50% of individuals). The validation of the platform will be carried out through a feasibility study in 7 pilot sites in 6 different countries in Europe that will examine the acceptability and usability of the Active Health App and the risk of metabolic dysfunction, reduction of body mass (>5%), and the improvement of health/food literacy and the quality of life using



validated outcome measures.

Conclusions: BIO-STREAMS' integrated multi-level approach is anticipated to substantially contribute to promoting a healthier lifestyle, shaping appropriate health policies in the EU, and enhancing the standard of living for the underage population. Thus, is expected to be a beneficial tool in clinical environments.

Implications: In the BIO-STREAMS project, WHO's guidelines for promoting PA have been considered. ML models and innovative technology, are being applied to develop personalized interventions to prevent childhood obesity.

The Physiotherapy community can also benefit.



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