Impact of Delaying School Start Time on Adolescent Sleep, Mood, and Behavior

Multiple prior studies have suggested that the early start times of many high schools, as well as of some middle schools, may significantly contribute to inadequate sleep in adolescents. This study sought to examine the impact of a 30-minute delay in school start time on high school students. The delay resulted in a highly significant increase in sleep duration on school nights of 45 minutes and a substantial decrease in the proportion of students reporting not getting enough sleep. More importantly, students rated themselves as less depressed and more motivated to participate in a variety of activities and were less likely to seek medical attention for fatigue-related concerns in conjunction with the change in start times. The results of this study add to the growing literature supporting the potential benefits of adjusting school schedules to adolescents’ sleep needs, circadian rhythm, and developmental stage and of optimizing sleep and alertness in the learning environment.

See page 608


Singham and colleagues provide the latest estimates of and changes in obesity and overweight prevalence among US adolescents aged 10 to 17 years using 2 large, nationally representative samples from 2003 and 2007. Overall, in 2007, 16.4% of US children were obese and 31.6% were overweight. The obesity prevalence in 2007 varied from a low of 9.6% for children in Oregon to a high of 21.9% for those in Mississippi. Overweight prevalence varied from a low of 23.1% for children in Utah to a high of 44.5% for children in Mississippi.

Among boys, the observed obesity prevalence in 2007 was lowest in Oregon (11.0%) and highest in Arkansas (27.2%), while girls in Wyoming and Texas had the lowest and highest obesity prevalences (5.5% and 20.2%), respectively. All of the states in 2007 fell considerably short of the Healthy People 2010 goal of a child obesity prevalence of 5%. Prevention programs for reducing childhood obesity must include social policy measures aimed at improving the broader social and physical environments that create obesogenic conditions that put children at risk of poor diet, physical inactivity, and sedentary activities.

See page 598

Telephone Coaching for Parents of Children With Asthma: Impact and Lessons Learned

Effective interventions to improve asthma care have been difficult to disseminate into office practice: many physicians are unwilling or unable to attend training sessions to improve their skills, and most offices do not have a nurse or health educator available to share the work of asthma care. In this randomized controlled trial, 12 months of telephone coaching for parents of children with asthma had no impact on emergency department visits, hospitalizations, or the child’s quality of life and no difference in use of controller medications. However, it did decrease the number of children with very poorly controlled asthma and was associated with modest improvements in the parent’s self-reported quality of life.

See page 625

Self-control Protects Against Overweight Status in the Transition From Childhood to Adolescence

Self-control is the ability to override impulses in order to achieve goals and maintain standards and is among the most important developmental milestones in the social development of children. In the current obesogenic environment, more self-controlled children would be expected to make decisions that maximize long-term well-being, even at the expense of short-term gratification. In this prospective, longitudinal study of 844 participants, Tsukayama and colleagues found that children who were rated higher in self-control by their parents and teachers at age 9 years were less likely to become overweight by age 15 years. This relationship was significant even when controlling for a wide range of potential confounders. The ability to control impulses and delay gratification enables children to maintain a healthy weight even in today’s obesogenic environment.

See page 631