



Childhood Obesity in Clinical Practice

Children are at risk for obesity if:

- One or more parents are obese
- One or more siblings are obese
- They are from families with low incomes
- They have a chronic disease/disability limiting mobility.

Watch for early BMI rebound – a BMI rebound at ages 4-6 or earlier is associated with higher risk of future overweight.

“Think ahead” - For babies or patients with normal BMI, ask the family how they can “think ahead” to encourage activity and healthy eating habits. Encourage them to set a good example. Appropriate educational materials can be offered, such as breast feeding, healthy snacks, 5-2-1-0, etc.

GUIDELINES FOR CLINICAL PRACTICE

The American Academy of Pediatrics strongly encourages you to do the following in your clinical practice:

ASSESS:

1. Conduct thorough history including family history, eating and physical activity with all patients behaviors (including screen time, sweetened beverages, eating out and fruits and vegetables)
2. For each patient, consider patients risk by virtue of family history, height and weight gain pattern, socioeconomic, ethnic, cultural, presence of comorbidities and/ or environmental factors.
3. Beginning at age 2, calculate and plot BMI for all patients on a yearly basis.

PREVENT AND TREAT:

1. **Prevention** is for all patients and should include promotion and support for breastfeeding, family meals, limited screen time, regular physical activity and yearly BMI monitoring.

2. **Prevention Plus** is for children between the 85th - 94th percentiles BMI. Specifically encourage 5 servings of fruits and vegetables/day, 2 hours or less of screen time, 1 hour or more of physical activity and 0 sugared drinks. Also discuss the importance of family meal time, limiting eating out, consuming a healthy breakfast, preparing your own foods, and promotion of breastfeeding.

3. **Structured Weight Management** is used if prevention plus has not been effective and BMI is between 95th - 98th percentiles. This approach combines more frequent follow-up with written diet and exercise plans.

4. **Comprehensive Multidisciplinary Intervention** is used when 3 - 6 months of structured weight management has failed to achieve targets. This approach combines more frequent visits with an MD and a dietician and could also include exercise and behavioral specialists.

5. **Tertiary Care Intervention** is for patients with BMI 99th percentile or greater and with associated comorbidities or for those who structured weight management and comprehensive multidisciplinary intervention were not effective. This approach consists of all that is contained in the previous delivered interventions plus consideration of more aggressive therapies including meal replacements, pharmacotherapy, and even bariatric surgery in selected adolescents.

Note: The information above is from the recommendations in the AAP Policy Statement: Prevention of Pediatric Overweight and Obesity and the AAP endorsed Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity.

For more detailed information regarding what to do in your office visit the Clinical Resources section of the Web site. If you want to learn more about what you can do in your community visit Community Portal or what you can do with your own family visit the Family Portal. Reference: www.aap.org/obesity