

Riley Speaks

Talking to Your Patients' Families about Childhood Obesity

Sandeep K. Gupta, MD
Professor of Clinical Pediatrics
Indiana University School of Medicine
317-274-3774
sgupta@iupui.edu

Talking to Your Patients' Families about Childhood Obesity

Obesity is the greatest health issue facing American youth today. Here we share information to help you discuss childhood obesity with your patients' families — and, together, develop a lifestyle modification plan for healthier living.

Calculating and interpreting body mass index for children

Children ages 2 to 18 are considered obese if they have a body mass index equal to or greater than the 95th percentile of the age- and gender-specific BMI charts developed by the Centers for Disease Control and Prevention. A BMI between the 85th and 95th percentile is considered at risk for obesity

Linking lifestyle behaviors with childhood obesity

Genetics and environmental factors may play a role in childhood obesity. But the spike in the number of obese children is the result of suboptimal lifestyle factors — for example, young people eating more calories than they're burning through physical activity.

Bigger portions and increased intake of high-calorie foods and beverages are contributing to the obesity epidemic.

So is inactivity. In fact, fewer schools today offer scheduled gym class on a daily basis.

Turning the obesity tide requires a change in lifestyle behaviors, including nutrition and physical activity. Families will need guidance from you on how to identify and modify their suboptimal lifestyle factors.

Looking for obesity-related complications

Obese children are more likely to develop diabetes, dyslipidemia, joint disease, liver disease, insulin resistance and metabolic syndrome. The prevalence of nonalcoholic, fatty liver steatohepatitis is greater than 20 percent in obese children, compared with 3 percent in normal-weight children.

Research also has shown that pediatric metabolic syndrome is present in nearly half of all severely obese children and adolescents. In 2008, the American Academy of Pediatrics released new guidelines that recommend screening kids for high cholesterol earlier and more often. (See Talking to Your Patients' Families about Kids and High Cholesterol in the Riley Speaks series.)

Treating childhood obesity

Adherence to improved nutrition and physical activity is the preferred approach for treating childhood obesity. Pharmacotherapy may be an option, but it should not be considered as a stand-alone treatment. Surgery may be an option for motivated teenagers with completed skeletal maturity who have a BMI greater than 40, comorbidities and have failed organized weight-loss attempts for more than six months, among other factors.

Working with families one step at a time

For children with a BMI equal to or greater than the 95th percentile, follow these steps:

Step 1: Initiate discussion:

- raise the issue of weight management with the child's family
- discuss reasons why people are obese
- discuss health risks related to childhood obesity
- review the child's eating habits and physical activity
- assess the family's readiness to change.

Step 2: If the patient's family is receptive to change, use NICHQ guidelines to:

- measure the child's blood pressure
- gather a focused family history
- review systems
- conduct a thorough physical examination
- conduct blood tests and other tests, if needed
- provide the family with lifestyle modification guidance. Riley offers a form for physicians to use to conduct an assessment, and establish nutrition and activity goals with their patients. Call 317-274-3774 to request a form.

Step 3: If you see no improvement in a patient's weight or BMI in three to six months and the family is willing:

- refer the patient to a dietitian, exercise physiologist or behavioral therapist, or consider a referral to a structured lifestyle modification program such as POWER.

The POWER of a good program

The goals of Riley's Pediatric OverWeight Education and Research (POWER) program are to improve the health of children ages 2 to 18 and to decrease the risks of obesity. Our approach is to:

- empower health care providers in local communities
- educate and train community professionals
- offer a tertiary care center clinic at Riley
- promote family- and community-based programs and collaborations, and
- advance research and education in the field of pediatric obesity.

To refer a patient to POWER, complete the online referral form at www.rileyhospital.org/POWER and fax it to 317-274-8521. Or, call 317-274-3774.

For free materials on this topic for your patients' families,

please visit rileyhospital.org/RileySpeaks or call 317-962-4540.