



## Clinical Practice Guideline for the Management of Obesity in Children

The prevalence of obesity is reaching epidemic proportions. Obesity is a risk factor for Type 2 diabetes mellitus, hypertension, dyslipidemia, coronary artery disease, cerebrovascular disease, and osteoarthritis. While obesity is related to a positive energy balance (intake > output), other factors contribute to the increasing prevalence (environmental, cultural, and genetic). After reaching the age of six, an obese patient has a 50% change of being obese in adulthood.

### Definitions:

- Body mass index (BMI) = (Body weight in kilograms)/(Height in meters)<sup>2</sup>
- Obesity: BMI > 85th percentile
- Severe obesity > 95th percentile

### Initial Assessment for Risk Factors (at diagnosis):

- Assess degree of obesity based on BMI
- Assess presence of associated morbidity:
  - Cardiac risk factors, weight-related orthopedic problems, skin disorders, and potential psychiatric sequelae
- Assessing cardiac risk factors:
  - Cigarette smoking, High blood pressure, High cholesterol and triglycerides, Presence of diabetes mellitus, Family history of premature coronary heart disease, Decreased physical activity
- Physical examination
  - Blood pressure determination – use appropriate sized cuff
  - Evidence of orthopedic problems (tibial torsion, bowed legs, slipped femoral epiphysis, symptoms of weight stress in joints)
  - Skin examination – heat rash, intertrigo, monilial dermatitis, acanthosis nigricans (may be marker for type 2 diabetes mellitus), acne
- Psychological assessment – depression, poor self-esteem, negative self-image, withdrawal from peers
  - Sensitivity and acceptance of the obese patient is important
  - Focus on the positive aspects of a treatment plan

### Laboratory Tests (at diagnosis):

- Fasting blood sugar
- Total cholesterol (including LDL-C, HDL-C, HDL-C/TC)
- Triglycerides

### Treatment (Initial visit and assessment at periodic follow-up visits):

- Prevention:
  - Address obesity at every well care visit, even in non-obese patients
  - Bottle and breast fed patients can be overfed – families should be counseled that they don't need to finish every bottle
  - Skim milk can replace whole milk after age two
  - Sweets should not be offered as a reward
  - Healthy family meals (<30% calories derived from fat)
  - Limit TV time and encourage physical play
- Treatment
  - Reasonable weight-loss goal – initially 5% to 10% reduction in weight, or a rate of 1 to 4 pounds per month
  - Dietary management – reduced calorie, balanced diet, low in fat, family oriented
  - Nutritional counseling by a professional nutritionist
  - Activity prescription that is fun and recreational, with lifestyle activities tailored to the relative strengths of the patient and family.

### Treatment Goals and Monitoring (6 months):

- Short-term goal: 10% loss of initial body weight in 6 months

- Long-term goal: Altered and sustained life style behaviors to provide further weight loss, maintain declined weight, and avoid additional weight gain.

**Additional interventions if initial goals not met:**

- Drugs are not recommended for weight loss in children
- Weight loss surgery: is not recommended in children.

**References:**

American Academy of Pediatrics. Policy Statement: Prevention of Pediatric Oversight and Obesity. Pediatrics,, August 2003

Lau, D.C.W., et al. 2006 Canadian clinical practice guidelines on the management and prevention of obesity in adults and children [summary]. Canadian Medical Association Journal, April 2007

Moran, R. Evaluation and Treatment of Childhood Obesity. American Family Physician, February 15, 1999

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