

Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report

RECOMMENDATIONS

Recommendation

The Role of the Provider's Office

Imperative: The expert committee endorses the following office practices. routine documentation of BMI.

Rec_1: Imp_1

Imperative: The expert committee endorses the following office practice establishment of procedures to deliver obesity prevention messages to all children. When the patient's individual risk of obesity is low, these messages can promote appropriate general health or wellness, rather than weight control.

Rec_1: Imp_2

Recommendation

Medical Assessment

Imperative: The BMI percentile, although imperfect, is the recommended screen for body fat in routine office practice.

Rec_2: Imp_3

Imperative: Skinfold thickness measurements are not recommended.

Rec_2: Imp_4

Imperative: waist circumference measurements are not recommended currently.

Rec_2: Imp_5

Imperative: Parental obesity is a strong risk factor for a child's obesity persisting into adulthood, especially for young children.

Rec_2: Imp_6

Imperative: Offices should review and regularly update the family history regarding first-and second-degree relatives

Rec_2: Imp_7

Imperative: A review of systems and a physical examination represent an inexpensive way to screen for many of these conditions, although some conditions are without symptoms or signs.

Rec_2: Imp_8

Imperative: Blood pressure should be assessed at all health supervision visits, and offices should have large cuffs, including thigh cuffs, which allow accurate assessment of blood pressure for severely obese youths.

Rec_2: Imp_9

Imperative: the expert committee recommends a focused assessment of behaviors that have the strongest evidence for association with energy balance and that are modifiable.

Rec_2: Imp_10

Imperative: For eating behavior assessment, the following behaviors should be addressed frequency of eating food prepared outside the home, including food in restaurants, school and work cafeterias, and fast food establishments and food purchased for “take out”; • ounces, cups, or cans of sugar-sweetened beverages consumed each day; portions that are large for age (qualitative assessment); • ounces or cups of 100% fruit juice consumed each day; frequency and quality of breakfast; consumption of foods that are high in energy density, such as high-fat foods; number of fruit and vegetable servings consumed each day; and number of meals and snacks consumed each day and quality of snacks.

Rec_2: Imp_11

Imperative: For physical activity assessment, the following behaviors should be addressed: time spent in moderate physical activity each day (including organized physical activity and unstructured activity, including play), to estimate whether the goal of 60 minutes of moderately vigorous activity each day is achieved; routine activity patterns, such as walking to school or performing yard work; sedentary behavior, including hours of television, videotape/DVD, and video game viewing and computer use to determine whether viewing is andgt;2 hours per day.

Rec_2: Imp_12

Recommendation

Prevention Plus

Imperative: involve the whole family in lifestyle changes

Rec_3: Imp_13

Imperative: help families tailor behavior recommendations to their cultural values

Rec_3: Imp_14

Recommendation

Assessment Recommendations

Conditional: the expert committee recommends that individuals 2 to 18 years of age with BMI of 95th percentile for age and gender

or BMI of 30 (whichever is smaller) should be considered obese and individuals with BMI of 85th percentile but 95th percentile for age and gender should be considered overweight; this term replaces “at risk of overweight.”

Rec_4: Cond_1

Conditional: the expert committee recommends individuals with BMI of 85th percentile but 95th percentile for age and gender should be considered overweight; this term replaces “at risk of overweight.”

Rec_4: Cond_2

Conditional: The expert committee recommends that a thorough physical examination be performed and that, for a child identified as overweight or obese, the following measurements be included, in addition to the aforementioned recommendations on BMI: (a) pulse, measured in the standard pediatric manner; (b) blood pressure, measured with a cuff large enough that 80% of the arm is covered by the bladder of the cuff; and (c) signs associated with comorbidities of overweight and obesity (see the assessment report).² Waist circumference is not recommended for routine use. Although high waist circumference can indicate insulin resistance and other comorbidities of obesity and may be useful to characterize risks for obese children, measurement is difficult and appropriate cutoff values are uncertain.

Rec_4: Cond_3

Conditional: If the BMI is 85th to 94th percentile for age and gender with no risk factors, then a fasting lipid profile should be obtained.

Rec_4: Cond_4

Conditional: If the BMI is 85th to 94th percentile for age and gender with risk factors in the history or physical examination, then AST, ALT, and fasting glucose levels should also be measured.

Rec_4: Cond_5

Conditional: If the BMI is andgt;95th percentile for age and gender, even in the absence of risk factors, then all of the tests listed for 85th to 94th percentile BMI with risk factors should be performed.

Rec_4: Cond_6

Imperative: The expert committee recommends that physicians and allied health care providers perform, at a minimum, a yearly assessment of weight status for all children and that this assessment include calculation of height, weight (measured appropriately), and BMI for age and plotting of those measures on standard growth charts.

Rec_4: Imp_15

Imperative: the expert committee recommends that individuals 2 to 18 years of age with BMI of 95th percentile for age and gender

or BMI of 30 (whichever is smaller) should be considered obese and individuals with BMI of 85th percentile but 95th percentile for age and gender should be considered overweight; this term replaces “at risk of overweight.”

Rec_4: Imp_16

Imperative: The expert committee recommends the use of 99th percentile BMI values for age as cutoff points (indicated by using a table with cutoff points for the 99th percentile BMI according to age and gender), to allow for improved accessibility of the data in the clinical setting and for additional study.

Rec_4: Imp_17

Imperative: The expert committee recommends that qualitative assessment of dietary patterns for all pediatric patients be conducted at each well child visit for anticipatory guidance and readiness to change and identification of the following specific dietary practices, which may be targets for change: frequency of eating outside the home, excessive consumption of sweetened beverages, consumption of excessive portion sizes for age

Rec_4: Imp_18

Imperative: The expert committee recommends that physicians and allied health care providers obtain a focused family history for obesity, type 2 diabetes mellitus, cardiovascular disease (particularly hypertension), and early deaths resulting from heart disease or stroke, to assess the risks of current or future comorbidities associated with a child's overweight or obese status.

Rec_4: Imp_19

Recommendation

RECOMMENDATIONS FOR PREVENTION OF CHILDHOOD OBESITY: Patient-Level Interventions

Conditional: 1. The expert committee recommends that physicians and allied health care providers counsel the following for children 2 to 18 years of age whose BMI is 5th to 84th percentile: (a) limiting consumption of sugar-sweetened beverages (consistent evidence); (b) encouraging diets with recommended quantities of fruits and vegetables (mixed evidence); (c) limiting television and other screen time by allowing no more than 2 hours per day, as advised by the American Academy of Pediatrics (consistent evidence), and removing television and computer screens from children's primary sleeping areas (consistent evidence);

Rec_5: Cond_7

Imperative: 2. The expert committee also suggests that providers counsel families to engage in the following behaviors: (a) eating a diet rich in calcium; (b) eating a diet high in fiber; (c) eating a diet with balanced macronutrients (energy from fat,

carbohydrates, and protein in proportions appropriate for age, as recommended by Dietary Reference Intakes); (d) initiating and maintaining breastfeeding; (e) participating in 60 minutes of moderate to vigorous physical activity per day for children of healthy weight (the 60 minutes can be accumulated throughout the day, rather than in single or long bouts; ideally, such activity should be enjoyable to the child); and (f) limiting consumption of energy-dense foods.

Rec_5: Imp_20

Recommendation

RECOMMENDATIONS FOR PREVENTION OF CHILDHOOD OBESITY: Practice-and Community-Level Interventions

Imperative: 1. The expert committee recommends that physicians, allied health care professionals, and professional organizations (a) advocate for the federal government to increase physical activity at schools through intervention programs from grade 1 through the end of high school and college and through the creation of school environments that support physical activity in general and (b) support efforts to preserve and to enhance parks as areas for physical activity, inform local development initiatives regarding the inclusion of walking and bicycle paths, and promote families' use of local physical options by making information and suggestions about physical activity alternatives available in doctors' offices.

Rec_6: Imp_21

Imperative: 2. The expert committee recommends the use of the following techniques to aid physicians and allied health care providers who may wish to support obesity prevention in clinical, school, and community settings: (a) actively engaging families with parental obesity or maternal diabetes, because these children are at increased risk for developing obesity even if they currently have normal BMI; (b) encouraging an authoritative parenting style (authoritative parents are both demanding and responsive) in support of increased physical activity and reduced sedentary behavior, providing tangible and motivational support for children; (c) discouraging a restrictive parenting style (restrictive parenting involves heavy monitoring and controlling of a child's behavior) regarding child eating; (d) encouraging parents to model healthy diets and portions sizes, physical activity, and limited television time; and (e) promoting physical activity at school and in child care settings (including after-school programs) by asking children and parents about activity in these settings during routine office visits.

Rec_6: Imp_22