OBESITY Interventions – f/u

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Objectives

- Provide tools to begin conversations
- Present Case Scenarios
- Scripting considerations
- Goal setting
What is BMI?

• Body Mass Index
• A number calculated from a person's weight and height.
• BMI provides a reliable indicator of body fatness for most people and is used to screen for weight categories that may lead to health problems.
• The BMI number is plotted on the BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking.
• The percentile indicates the relative position of the child's BMI number among *children of the same sex and age*.
• The growth charts show the weight status categories used with children and teens (underweight, healthy weight, overweight, and obese).
BMI in children
(BMI percentages factor in age & gender)

Percentiles for Assessing Overweight and Obesity Percentile Status:

$\leq 4^{th}$ = Underweight
$5^{th}$ to $85^{th}$ % = Healthy weight
$85^{th}$ – $94^{th}$ = Overweight
$\geq 95^{th}$ = Obese
Potential Negative Psychological Outcomes:

a. Depressive symptoms
b. Anxiety
c. Poor Body Image
d. Low Self-Concept
e. Risk for Eating Disorders
f. Behavior and Learning Problems
Interventional Goals:
How fast should my child lose weight?

Children 2 to 18 years of age:

- BMI 85th to 94th percentile:
  GOAL = Weight maintenance, resulting in decreasing BMI as age increases

- BMI >95th percentile with no comorbidity:
  GOAL = Weight maintenance, resulting in decreasing BMI as age increases

- BMI >95th percentile with comorbid conditions or severely obese:
  GOAL = Gradual weight loss that should not exceed 1 pound per month in children 2 to 11 years of age
  or
  2 pounds per week in older obese children and adolescents

http://brightfutures.aap.org/pdfs/Guidelines_PDF/5-Promoting_Healthy_Weight.pdf
Intervention

• Information
  ◦ Food choices
  ◦ Portion sizes
  ◦ Reading labels
• Setting goals
• Developing strategies
• Back up strategies – life happens
Hey kids! Eating right helps you bee better!

Half of my plate is FRUITS & VEGETABLES!

WHOLE GRAINS fit here!

This much MEAT & PROTEINS!

www.theportionplate.com
Information is not enough

- Significant change in family life style
- Emotional components
- Cultural components
- Social and economic constraints
- Sensitive topic
“Touchy” topic

1. **Parental Obesity** - children of obese parents are more likely to be overweight themselves. Parental obesity may also reflect a family environment that promotes excess eating and insufficient activity.

2. **Parenting Style** - some researchers believe that excess parental control over children's eating might lead to poor self regulation of kid's energy intake.
   - Also, food may be used as a “reward.”
The American Academy of Pediatrics recommends the following elements be incorporated into overweight and obesity prevention messaging:

1. Limit consumption of sugar-sweetened beverages.
2. Encourage consumption of diets with recommended quantities of fruits and vegetables.
3. Limit television and other screen time (the AAP recommends no television viewing before 2 years of age and thereafter no more than 2 hours of television viewing per day)
4. Eat breakfast daily.
5. Limit eating out at restaurants, particularly fast food restaurants.
6. Encourage family meals during which parents and children eat together.
7. Allow child to self-regulate his or her food.
   - Find ways to reward good behavior other than with food.
   - Parents say “what & when,” children say “how much.”
CDS Toolkit

Pages 8-12

Screening tool that may be sent to families prior to Well Child Visits
• Sent to all of our patients
• Let’s review
• Opens the door for communication and discussion
• Assess readiness of parent and child (age appropriate)
Case Scenario 1:

Chunky preschooler

• Parents don’t want to acknowledge
  o Overweight parent(s)
  o Review history from pre-appointment survey
  o Engage parent to share their experience in weight control
Case Scenario 2:

Parents / Caregivers not on the same page
• Different households
• “Disney mom”
• Relationship dynamics
  o Refocus attention on child and goal
  o Engage both parents in goal and intervention strategies
  o Empower
Summary: intervention

- Children/youth with BMI > 85th%tile should be identified for more focused counseling
- Tertiary prevention: multipronged approach for children/youth with BMI > 95th%tile
- Identify co-morbid conditions
- Address the emotional, social and psychological causes and consequences
Examples of Short term goals:
• I will serve oatmeal or yogurt for breakfast instead of Pop-Tarts for 2 weeks.
• I will offer popcorn, fruit, veggies for snacks between meals for 4 weeks.
• I will go up and down the stairs with my child 2 times a day for 1 week.
• I will play the “Could you find me the ?” and send the child on a hunt through the house every other day for 2 weeks.
• I will buy pretzels instead of potato chips for 1 month.
• Child will have soda three times a week instead of daily for 1 month.

Examples of Long term goals:
• I will enroll child in a dance class, martial arts, or sport in the next 2 months.
• Child will go roller skating or swimming with friends at least once weekly for the next 3 months.
• Family will walk around the block with our dog daily for 1 month.
• BMI % will decrease by 2% in next 6 months.
• I will weigh child and keep a log monthly for 6 months.
Questions ?