Addressing Childhood and Adolescent Overweight

By ACSH Staff — March 11, 2004

If it’s difficult to deal successfully with overweight and obesity in adults, it can be even harder to help overweight children attain and maintain age-appropriate, healthful body weight. Is a given child really at risk for unhealthy weight gain, or is he or she simply putting on a few extra pounds in anticipation of a growth spurt? Is the family prone to obesity and related diseases? Are family members willing to change their lifestyle if necessary to help the child attain and maintain an appropriate weight? These issues complicate childhood and adolescent overweight and may require advice from more than one type of healthcare provider.

These issues and more are considered in a recent publication by the American Dietetic Association Childhood and Adolescent Overweight: The Health Professional's Guide to Identification, Treatment, and Prevention. Although written as a guide for physicians, dietitians, counselors, and other healthcare professionals, many other people conversant with basic medical terminology could benefit from its well-organized and clearly written content.

The book is divided into four sections:

- background information that discusses the etiology and environmental correlates of obesity
- assessment of overweight
- management
- tools questionnaires and the like to help with diagnosis and counseling decisions.

Although the definition of adult obesity (BMI of 30 or more) is clear, it is not so simple when the person under discussion is a child or teen because people in these age groups are still growing and physical changes are normal. This is particularly true around puberty, when both height and weight may increase dramatically. Thus, the Guide recommends tracking BMI for age and gender and taking into account pubertal status, especially when dealing with early- or late-maturing individuals. With these caveats in mind, children from age 2 through adolescence who have BMI (for their age and gender) above the 95th percentile are considered overweight. If this parameter falls between the 85th and 95th percentile, the individual is considered "at risk for overweight." The term obesity is not used with respect to children and teens there is no universally accepted definition for them as there is for adults.
While restrictive dieting may be in order for obese adults, it can be a problem for children because it is important not to restrict growth, and important to avoid instigating unhealthy behaviors that could lead to eating disorders. The Guide recommends that weight maintenance be considered for children between 2 and 7 years of age at risk for overweight who have no other health issues, with the goal of allowing them to "grow into" their weight. Similar advice is given for those older than 7. Children who have other health complications (e.g., hypertension, diabetes) may need weight reduction, but it should be undertaken cautiously.

Treating the at-risk or overweight child is complicated by the fact that the family milieu is crucial to the success of the undertaking. Not only is it necessary to determine if the child is ready to make appropriate lifestyle changes, but whether family members are interested in and capable of supporting such changes. The Guide notes that all significant caregivers should be involved in the treatment program; the child should not become the focal point, but rather the family unit as a whole should be invested in achieving healthy behaviors. A number of strategies for dietary modification and increasing physical activity are suggested, and complications and barriers to success are acknowledged and discussed.

While most of the strategies described are for less aggressive therapies, the Guide discusses the possible use of very restrictive diets, pharmacological treatment, and surgical interventions such as gastric bypass. Behavioral models and counseling strategies are discussed. The reader is given pointers on how to decide whether the child is ready for lifestyle changes and how to help provide motivation, realistic goal-setting, and appropriate reinforcement.

The final chapter of this book discusses the importance of and strategies for preventing overweight in children and adolescents. These include active involvement at the individual, family, school, and community levels.

While much of the information in this short book (208 pages) is not new or startling, it is organized in a practical and useful manner. Further resources are listed in an appendix, as are useful reference materials such as the DRIs (Dietary Reference Intakes) and food guide pyramids for young children. It should be on the shelf of any healthcare professional who has to deal with children, adolescents, and body weight issues and could be enlightening for other concerned individuals as well.