An Evaluation of the Identification and Management of Overweight and Obesity in a Pediatric Clinic

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ABSTRACT

With the rise in overweight and obesity in children, it is imperative for health care providers to routinely address appropriate body mass index for children during primary care visits. The purposes of this project were to determine if overweight and obese children are accurately being identified and to evaluate provider adherence to American Academy of Pediatrics guidelines for the management of obesity. A retrospective chart review was completed for all children ages 2, 6, and 10 years who presented for a well-child visit from January 1, 2011, through June 30, 2011. Based on a review of 255 charts, 21.6% of patients were overweight and 18.4% were obese according to standards of the Centers for Disease Control and Prevention. Of these children, 34% were properly documented as being either overweight or obese, and documentation was lacking for the remaining 66%. Of the children correctly identified as being overweight or obese, only 11% and 26%, respectively, were counseled on therapeutic lifestyle changes, including diet and exercise. This review provides evidence that providers have opportunities to intervene early with well-child examinations and that providers have great room for improvement on counseling overweight and obese children. J Pediatr Health Care. (2015) *29*, e9-e14.

KEY WORDS

Pediatric obesity, overweight, management

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Imelda Reyes reports that she has received lecture fees from Children's Healthcare of Atlanta for Strong4Life training.

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According to the Centers for Disease Control and Prevention (CDC, 2013), both the incidence and prevalence of overweight and obesity among children are on the rise. Results from the 2007-2008 National Health and Nutrition Examination Survey (NHANES) of children 2 to 19 years of age estimated that 31% of children were overweight and 17% were obese (Fryar, Carroll, & Ogden, 2012). Overweight is defined as being equal to or greater than the 85th percentile and lower than 95th percentile of the body mass index (BMI) for age. Obesity is defined as being greater than or equal to the 95th percentile of the BMI for age (CDC, 2013). Using the NHANES data, Doolen, Alpert, and Miller (2009) found that the prevalence of obesity in children had quadrupled from 1963 to 2004.

Current Healthy People 2020 goals contain approaches to address obesity in the U.S. population (U.S. Department of Health and Human Services [DHHS], 2011), including ways of reducing the overall incidence of obesity in children 2 to 19 years of age.

Currently, 16.2% of children 2 to 19 years of age are considered obese, which exceeds the goal of 14.5%. Goals for reducing obesity are specific to dietary issues, physical activity, adolescent health, and communication with health care providers. With weight trends heading in an upward trajectory, it is important to address the issue of prevention and management as early as possible. Yet in one study, only 19% of providers reported giving the family tools specifically related to diet or exercise to address the issue of overweight and obesity (Holt et al., 2011). Although 91% of providers believed they had adequate resources for treating overweight, only 11% believed they had the necessary resources for treating obesity (Spivack, Swietlik, Alessandrini, & Faith, 2010). Of note, parents regard the information from the health care provider as relevant and find it motivating when considering behavioral changes (Kubik, Story, Davey, Dudovitz, & Zuehlke, 2008).

With the rise in overweight and obesity in children, it is imperative for health care providers to routinely address appropriate BMI for children during primary care visits.

With the rise in overweight and obesity in children, it is imperative for health care providers to routinely address appropriate BMI for children during primary care visits. Children who are overweight and obese have an increased risk of cardiovascular issues, diabetes, chronic inflammation, asthma, and psychosocial issues (Krebs et al., 2007). In addition to having increased risks of co-morbidities, overweight children also are at risk for having persistent obesity into adulthood (Krebs et al., 2007). Not only do children experience long-term consequences of being overweight, but society also experiences a financial burden from dealing with the subsequent morbidity associated with obesity (Juonala et al., 2011). Within the United States, the estimated cost of obesity for adults and children is $75 billion (Doolen et al., 2009). Doolen and colleagues (2009) noted that either Medicaid or Medicare covers half of those costs through tax dollars; the cost of overweight associated with children is estimated to be about $3 billion.

PURPOSE

The aims of this study, conducted in an urban Georgia community, were (a) to determine if children were being identified as overweight or obese accurately and (b) to evaluate how well the clinic was performing in the management and evaluation of overweight and obesity in a pediatric setting. Most children visit their primary care provider annually for well-child checkups, which is the optimal opportunity for a discussion about healthy weight and BMI. Whether the child has a healthy weight or is overweight, it is important for the provider to discuss physical activity, general dietary issues, and the consumption of sugary drinks (e.g., soda and fruit juice). If the child also happens to be overweight and/or obese, then further discussion and planning should be initiated between the provider, patient, and primary caregiver, parent, or responsible adult to develop a plan as outlined in the American Academy of Pediatrics (AAP) Expert Committee recommendations for the management of overweight and obesity in pediatrics (Barlow & Expert Committee, 2007).

BACKGROUND

To provide guidance to the pediatric community, the AAP Expert Committee recommended a five-step approach for dealing with child and adolescent overweight and obesity (Krebs et al., 2007). The most important step in combating overweight and obesity in children is early identification and treatment (Melamed, Nakar, & Vinker, 2009). Fundamental to identifying and treating children who are overweight or obese is documentation of the diagnosis in the chart by the care provider. Equally important is effectively coding for overweight and obesity as part of the billing process. Melamed and colleagues (2009) found that the age of the patient did not seem to affect whether providers accurately coded for obesity. Moreover, reports indicate that providers accurately coded for obesity for 20-25% of patients (Bardia, Holtan, Slezak, & Thompson, 2007). The absence of documentation of overweight or obesity may indicate that the conditions are not being identified or well managed. The possibility exists that providers discuss the issue and fail to document it (Bardia et al., 2007). Stephens (2011), for example, found that within the electronic medical record in primary care, only 16% of patients had an associated International Classification of Diseases, ninth revision (ICD-9) code for obesity.

Health care providers may encounter various barriers that interfere with addressing weight issues on a timely basis. Possible barriers may include comfort in managing the issue, time constraints, reimbursement for services, and cultural perceptions of weight. Two specific issues related to pediatrics, culture and provider barriers, are discussed here.

CULTURE

An important challenge in childhood obesity is parental perception due to cultural differences or parental perception of weight status is early childhood. Higher rates of obesity exist among minority and disadvantaged or lower socioeconomic status children, but the reason for these higher rates is unclear (Ogden, Flegal, Carroll, & Johnson, 2002). Relatively few parents