

Pediatric Nurse Practitioners' Assessment and Management of Childhood Overweight/Obesity: Results from 1999 and 2005 Cohort Surveys

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ABSTRACT

Introduction: Recently, public and professional emphasis has been placed on addressing the increasing prevalence of childhood overweight.

Method: This survey study was conducted with two cohorts of pediatric nurse practitioners ($N = 413$) to explore differences in self-reported practice skills over time.

Results: Significant improvements in assessment, screening, and laboratory evaluations were reported, although reduced adherence to recommended psychosocial assessments was noted.

Discussion: This study outlines self-reported barriers to effective childhood weight management. One support that participants requested was evidence-based guidelines. Motivational interviewing may be an additional strategy to enhance provider skills to assess and manage challenging patient behavior change (e.g., dietary and activity changes). *J Pediatr Health Care.* (2009) 23, 231-241.

Key words: Childhood obesity/overweight, evidence-based guidelines, motivational interviewing, pediatric nurse practitioners

The prevalence of childhood overweight and obesity was fairly stable from 1960 through 1980, ranging from 4% to 7% of the child population (aged 6-19 years). Between 1988 and 1994, however, the prevalence increased to 11% and continued to surge to 16% from 1999 until 2002 ([Forum on Child and Family Statistics, 2005](#)). The factors that have contributed to this sudden increase are not clear. While health care providers are now routinely confronted with childhood overweight and obesity, limited treatment or prevention intervention strategies have been found to be effective in curbing this burgeoning child health dilemma ([Small, Anderson, & Melnyk, 2007](#)). Assessment and management guidelines for overweight and obese children have been developed by several

expert groups (Barlow & Dietz, 1998; Eissa & Gunner, 2004; Lyznicki, Young, Riggs, & Davis, 2001, National Association of Pediatric Nurse Practitioners [NAPNP], 2006); however, some research suggests that these guidelines and practice recommendations are not being followed (Bauer, 2002; Mabry, et al., 2005; Scott et al., 2004). The key factor in the development and testing of provider-focused interventions may be to understand the assessment and treatment techniques practitioners currently are using with overweight and obese children and their families to determine how these techniques have changed over time. Furthermore, an assessment of barriers to the prevention of overweight perceived by practitioners may assist researchers in planning and testing practice change interventions to more effectively confront these barriers and potentially reduce the overall prevalence of childhood obesity. Therefore, the aims of this study were to investigate the changes in health care providers' practice behaviors regarding the evaluation and treatment of overweight and obesity from 1999 to 2005. As a result, disparities between expert recommendations and practice, as well as perceived barriers to effective treatment of overweight in children, will be outlined. These may be the first critical steps toward developing novel interventions to enhance evidence-based strategies and rapidly change practice in a responsive way to the growing dilemma of childhood overweight and obesity.

BACKGROUND

The rapid increase in the prevalence of childhood overweight and obesity has reached epidemic proportions in the United States (Ogden et al., 2006). However, a clear explanation is lacking for the widespread and sudden increase of childhood overweight (such as critical periods or genetic/environmental exposure factors). Obese children have a higher prevalence of physical health problems

that may include hypertension, insulin resistance, dyslipidemia, metabolic syndrome, type II diabetes, and increased asthma symptoms (Barlow & Dietz, 2002; Behrman, Kliegman, & Jenson, 2004; Forum on Child and Family Statistics, 2005). These diseases, previously thought to affect only adults, now are being diagnosed in younger children (Washington, 2008). This finding is significant considering that approximately 21% of American preschool children, ages 2 to 5 years, have a body mass index (BMI) greater than the 85th percentile (Hedley et al., 2004; Ogden et al.). Overweight and obese children also disproportionately have mental health problems, such as disturbed body images, negative self-perception, low self-esteem, depression, and anxiety (Abraham, 2004; Behrman et al.; Wardle, Walker, & Fox, 2002). These mental health problems may be related to increased discrimination and poor peer relationships that these children endure (Abraham) as well the body's physiologic response to excess adipose tissue (Daniels, 2006).

In response to the rapid rise in excess adiposity in children, which became apparent in 1994, a section

to guide physicians, nurse practitioners, and nutritionists in the evaluation and treatment of overweight children, teens, and their families (Barlow & Dietz; Cook et al.; Sokol).

During the same time period, childhood overweight and obesity has become a focus of media attention in an attempt to raise the awareness of health care providers and the public (Action for Healthy Kids, 2006; Taubes, 2002). Pioneers in the medical field began to speak out against the rising incidence of childhood obesity in the 1990s by making public the rising prevalence data and publishing expert recommendations (Barlow & Dietz, 1998; Taubes). The news media soon followed suit with steadily increasing numbers of journal and news articles. Recently, the North American Association for the Study of Obesity (NAASO) reported that the number of obesity-related articles in U.S. newspapers and journal articles has more than tripled in the 5-year period between 1999 (8,000 articles) and 2004 (30,000 articles; NAASO, 2007).

Despite the increase in information available, the prevalence of overweight and obese children and adolescents continued to climb as indicated by data published in

Gaps in knowledge and practice inconsistent with expert recommendations and research evidence are likely to result in inadequate or delayed recognition of excess child weight or unhealthy weight gain and thus limit the effectiveness of early prevention or treatment strategies.

of the Department of Health and Human Services convened a panel of experts in the field of child and adolescent obesity in 1997 (Barlow & Dietz, 1998; Cook, Weitzman, Auinger, & Barlow, 2005; Sokol, 2000). The result of this meeting was the development of several recommendations (published in 1998)

1999 and more recently in 2004 and 2006 (Hedley et al., 2004; Institute of Medicine of the National Academies, 2005; Ogden et al., 2006). Research studies completed after the publication of the Expert Panel recommendations in 1998 suggest that practitioners' evaluations of child and adolescent

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