

# The Future of Pediatric Obesity



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## KEYWORDS

- Obesity • Social media • Nutrition • Peer influence • Physical activity
- Wearable technology • Motivational interviewing

## KEY POINTS

- Obesity has increased over the last 30 years across the nation and disproportionately in the Latino and black cultures.
- Food marketing targets vulnerable children and adolescents but can be countered by education.
- Emerging technology may benefit children and adolescents in attaining healthier lifestyles.
- The pediatric multidisciplinary approach is unique and requires a family-centered approach.
- Treatment options are a challenging evolution in the pediatric population with behavioral modification as the foundation of success.

## INTRODUCTION AND OVERVIEW OF CHILDHOOD OBESITY

### *Providers Struggle with Obesity Treatment*

The medical community has been aware of the pediatric obesity epidemic for over a decade and yet providers self-report a low degree of confidence in their ability to successfully treat childhood obesity. Only 30% of general pediatricians feel they are good to excellent at providing obesity counseling and only 10% feel that their counseling is effective.<sup>1</sup> In 2007, expert committee recommendations (ECRs) regarding the prevention, assessment, and treatment of child and adolescent overweight and obesity were published.<sup>2</sup> Despite these ECRs, counseling given during well visits at the primary care practice level has not significantly changed. The frequency of lifestyle counseling for patients has not changed, and socioeconomically disadvantaged children diagnosed with obesity have received counseling less frequently since the ECRs were published.<sup>3</sup> These findings highlight some of the difficulties providers face in trying to incorporate obesity prevention and healthy lifestyle counseling into daily practice.

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**Prevalence of Childhood Obesity**

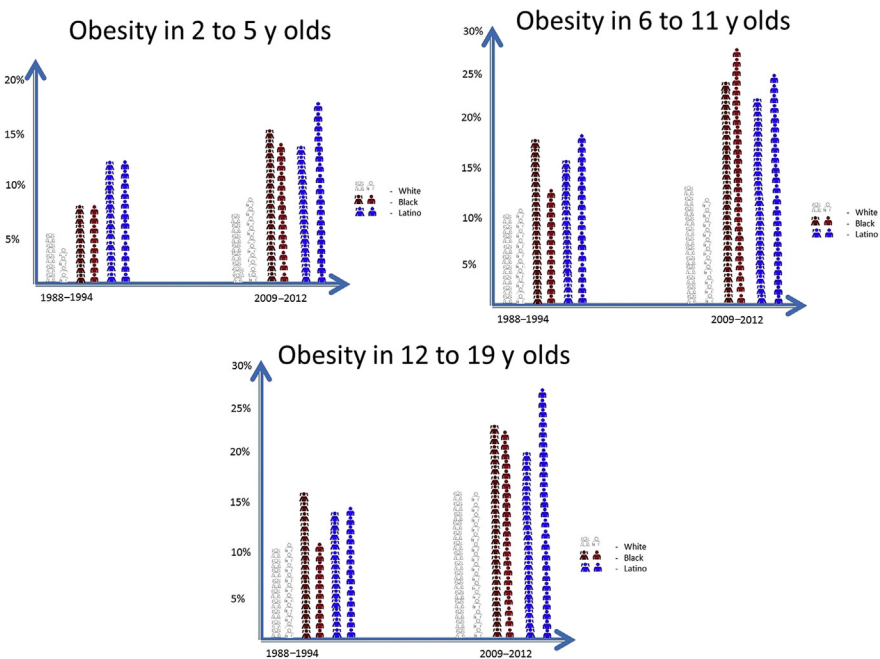
Childhood obesity is defined as a body mass index (BMI) at or above sex- and age-specific 95th percentile norms from the 2000 Centers for Disease Control and Prevention (CDC) Growth Charts. The prevalence of childhood obesity has increased since 1993 but has not changed significantly for most groups since 2003 to 2004, remaining at current levels of around 17%.<sup>4</sup> There have even been nationwide improvements in some areas. Improvements include a reduction in obesity rates in 2 to 5 year olds from 13.9% in 2003 to 2004 to 8.4% in 2011 to 2012. This success is likely attributable to multiple efforts.<sup>5</sup>

**Trends Among Age Groups**

**Fig. 1** shows obesity trends by age group. A greater percentage of black and Latino children are classified as obese.

**Cultural Considerations with Weight**

Obesity is influenced by multiple and complex factors. In the simplest terms, weight gain and weight loss are determined by overall energy balance as determined by caloric intake and caloric expenditure. For children and their families, language, culture, and environment interact to influence intake and expenditure and motivation to change behaviors. The disproportionate increase in obesity among certain ethnic groups (often despite income) challenges providers to consider their personal biases, expectations, and assumptions when planning patient- and family-specific interventions.<sup>6</sup>



**Fig. 1.** Childhood obesity trends from NHANES. (Data from Obesity among children and adolescents aged 2–19 years, by selected characteristics: United States, selected years 1988–1994 through 2009–2012. National Center for Health Statistics. Centers for Disease Control and Prevention. Available at: <http://www.cdc.gov/nchs/data/hus/2014/065.pdf>. Accessed June 28, 2015.)

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