

Therapeutic Options to Treat Pediatric Obesity



Allen F. Browne, MD, Diplomate ABOM*

KEYWORDS

- Obesity • Pediatric • Children • Adolescent • Pharmacotherapy
- Medical device therapy • Endoscopic therapy • Bariatric surgery

KEY POINTS

- Obesity in children and adolescents is a severe health, psychosocial, and economic problem.
- Treatment of obesity should be based on the physiology, biochemistry, and genetics of the disease.
- The foundation of treatment of obesity should be a healthy environment, including healthy eating, healthy activity, and mental health support.
- Patients with obesity usually need more than diet, activity, and behavior to control their disease.
- The most successful treatment of obesity follows a chronic disease model, provides a continuum of care, and involves many different disciplines.

INTRODUCTION

The need for effective treatment of obese children and adolescents is increasingly agreed on. Clinicians now recognize that a significant percentage of children and adolescents with obesity become obese adults. They also have significant psychosocial and medical comorbidities while they are children as well as when they become adults. As the physiology and biochemistry of obesity is being unraveled, it becomes apparent that obesity is not a voluntary behavior problem on the part of the pediatric patient or their parents. Obesity is the energy regulatory system of the body gone awry and driving unhealthy behavior. Obesity is the root cause of many comorbidities. These comorbidities prevent a healthy life, a high-quality life, and a productive life. Comorbidities result in massive health care costs throughout the lifetime of the patient.^{1,2} There is now strong evidence of the effectiveness of a multidisciplinary

Disclosure Statement: The author has nothing to disclose.

Department of Surgery, Maine Medical Center, 22 Bramhall Street, Portland, ME 04102, USA

* 25 Andrews Avenue, Falmouth, ME 04105.

E-mail address: allenbrowne@sbcglobal.net

Gastrointest Endoscopy Clin N Am 27 (2017) 313–326

<http://dx.doi.org/10.1016/j.giec.2017.01.003>

1052-5157/17/© 2017 Elsevier Inc. All rights reserved.

giendo.theclinics.com

approach to obesity leading to an improved quality of life, resolution of comorbidities, improved economic productivity, and decreased health care costs.³⁻⁷

This article:

1. Discusses the goals of therapy when treating pediatric obesity
2. Presents the basic cornerstones of diet, activity, and behavior that need to be provided to all pediatric patients with obesity and their families
3. Presents bariatric procedures that have been shown to help adolescent and pediatric patients with obesity
4. Speculates how weight loss medications might be used to help pediatric patients with obesity
5. Speculates how weight loss devices might be used to help pediatric patients with obesity
6. Speculates how endoscopic weight loss procedures might be used to help pediatric patients with obesity
7. Speculates how some theoretic techniques might be used to help pediatric patients with obesity

Gastroenterologists might be involved in pediatric weight management in many ways:

1. As obesity medicine specialists directing the multidisciplinary weight management program
2. In the care of obesity-related comorbidities such as nonalcoholic fatty liver disease
3. Using endoscopic skills to revise bariatric procedures
4. Performing endoscopic versions of bariatric procedures
5. Placing, adjusting, and removing weight loss devices

GOALS OF THERAPY

The goals of therapy for pediatric patients with obesity include improving the quality of life, resolution and/or prevention of comorbidities, improving economic productivity when patients become adults, and reducing lifetime health care costs.

Identification and objective measurement of childhood obesity are accomplished by calculating body mass index (BMI) for age and gender. Although percentage body fat is a better measure of obesity and the accompanying visual, metabolic, and physiologic issues, it is more difficult and expensive to do, and thus is not commonly done.

BMI charts for age and gender are readily available.⁸ Using the child's height, weight, age, and gender, the patient can be categorized on the appropriate growth chart (**Table 1**).

With a child increasing in height and age, keeping a stable weight may result in an improvement in the classification of the obesity. Calculating the predicted ultimate adult height for a child with obesity provides information on whether weight loss will

Table 1
Pediatric body mass index categories

BMI Category	BMI Percentile
Overweight	>85th percentile to <95th percentile
Obesity: class 1	>95th percentile to <120% of the 95th percentile
Obesity: class 2	120% to <140% of the 95th percentile or BMI 35 to <40 (whichever is lower)
Obesity: class 3	>140% of the 95th percentile or BMI >40 (whichever is lower)

Download English Version:

<https://daneshyari.com/en/article/5659979>

Download Persian Version:

<https://daneshyari.com/article/5659979>

[Daneshyari.com](https://daneshyari.com)