Adolescent Obesity

Julia Taylor, MD MA

jft4p@Virginia.edu
• Tools to Reduce Stigma
• Tools for Evaluation & Management
• Resources in the Community
Sydney  15 yo F

• Hasn’t been seen since her 12 yo WCC
• “Obesity” listed on her problem list
• The note you review from 3 years ago doesn’t have any specific recommendations/advice regarding lifestyle changes
• Your nurse tells you that she refused to get weighed.
• Both she and her Mom are frowning when you walk in.....
Weight Bias in Health Care
WEIGHT BIAS & STIGMA

People who have a higher body weight are vulnerable to stereotypes, bias, bullying, and discrimination in our society, known as “weight bias” or “weight stigma.” These experiences occur for both children and adults in many aspects of daily life. People face weight discrimination in the workplace, biased attitudes from health care professionals, negative stereotypes in the media, barriers in education, and weight stigma in interpersonal relationships. These stigmatizing experiences are harmful, leading to both immediate and long-term consequences for emotional and physical health, reducing quality of life.

The Rudd Center aims to address weight bias and discrimination through research, education, and advocacy. We’re working to draw attention to weight bias and develop strategies to address this societal problem, by educating and engaging young people, families, teachers, employers, health care professionals, and policymakers.

To effectively address weight bias, efforts are needed in multiple settings throughout our society. Below are informational resources that provide education about weight and strategies to address this problem.

Resources

- Videos Exposing Weight Bias
- Web Links
- Media Gallery
- Media Guidelines for Portrayals of Persons with Overweight and Obesity
- Presentations by Rebecca Puhl

Information for:
- Healthcare Providers
- Researchers
- Kids & Teens
- Educators
- Parents
- Policymakers
- Employers

http://uconnruddcenter.org/weight-bias-stigma
PREVENTING WEIGHT BIAS  
HELPING WITHOUT HARMING IN CLINICAL PRACTICE

If you learned a certain group of patients was facing disparities in health care, would you advocate for them?

If you discovered a barrier that was preventing your patients from getting recommended screenings, and it was within your power to knock down that barrier—would you?

If you found a technique that helped your patients adopt healthy lifestyle changes, would you use it?

The questions are easy. But the answers challenge us to change our practice.

Doctors, nurses and other health professionals self-report bias and prejudice against overweight and obese patients. Research demonstrates that obese patients frequently feel stigmatized in health care settings. These patients are more likely to avoid routine preventive care, and when they do seek health services they may receive compromised care. When patients feel stigmatized, they are vulnerable to depression and low self-esteem. They are less likely to feel motivated to adopt lifestyle changes, and some may even turn to unhealthy eating patterns for solace.

Weight bias jeopardizes patients’ emotional and physical health. As the majority of Americans are now overweight or obese, this is an important clinical concern, one that no provider can afford to ignore.

This toolkit is designed to help clinicians assess a variety of practice settings with easy-to-implement solutions and resources to improve delivery of care for overweight and obese patients. The resources are designed for busy professionals and customized for various practice settings. They range from simple strategies to improve provider-patient communication and ways to make positive changes in the office environment, to profound ones, including self-examination of personal biases.

We hope this toolkit helps you improve your clinical practice. If you would like additional copies or weight bias resources, just visit The Rudd Center for Food Policy & Obesity. The science on weight bias continues to evolve, so we encourage you to stay in touch and keep current. We also applaud you for taking this first important step to become informed about weight bias, and to provide more sensitive care to your patients.
Sydney  15 yo F

- Hasn’t been seen since her 12 yo WCC
- “Obesity” listed on her problem list and her BMI at that visit was 27.5 m/kg²
- The note you review from 3 years ago doesn’t have any specific recommendations/advice regarding lifestyle changes
- Your nurse tells you that she refused to get weighed.
- Both she and her Mom are frowning when you walk in.....
Sydney 15 yo F

• You want to diffuse the situation, but aren’t sure what to say...
**Casebook**

**Weight-related Conversations Knowledge Translation Casebook**
This Casebook is a compilation of best evidence and practice to assist healthcare professionals in having positive conversations about weight-related issues with children and their families.

[Download](http://research.hollandbloorview.ca/research-education/bloorview-research-institute/research-centres-labs/weight-related-conversations)

**When Getting the Conversation Started**
Use this do's and don'ts checklist to help you start weight-related conversations.

[Download](http://research.hollandbloorview.ca/research-education/bloorview-research-institute/research-centres-labs/weight-related-conversations)

**Before You Start the Conversation**
Here are some key considerations to keep in mind when having weight-related conversations.
https://simulations.kognito.com/changetalk/
Sydney  15 yo F

• You let them know you’re glad to see them today and want to know what they hope to get out of the visit.
• You ask if its ok to spend a little time talking about why she was reluctant to get on the scale.
Sydney  15 yo F

• She lets you know that she was called “obese” at her last visit and sensed disapproval from the provider. She felt ashamed and like a failure so begged her mom not to make her go back.

• She has been playing basketball and Mom reports that the whole family has made changes to meal time after Dad was diagnosed with Diabetes.

• They both admit feeling afraid that she’d be told she hadn’t done enough or made enough progress...
Child and Adolescent Weight Management: Guidelines, Guidance, and Goals

This training module offers strategies for implementing current guidelines for treatment and prevention of obesity in childhood. It includes a 1-hour recorded webinar presented by Sandra Hassink, M.D., FAAP, Director of the American Academy of Pediatrics Institute for Healthy Childhood Weight.

After completing this training module, health care providers will be able to:

- Understand current guidelines for treatment and prevention of obesity in childhood.
- Understand the role of the practice team and clinical workflow in operationalizing obesity guidelines.
- Initiate changes in practice workflow to implement obesity prevention and treatment guidelines.
- Access the Resource Toolkit:
  - Algorithm for the Assessment and Management of Childhood Obesity (algorithm)
  - Child and Adolescent Weight Management: Guidelines, Guidance, and Goals (online resources)
  - How to Calculate and Communicate BMI Information Effectively (fact sheet)
  - Self-Assessment of Application of Childhood and Adolescent Obesity Clinical Guidelines (self-assessment form)
  - Tips for Finding Resources for Pediatric Weight Management (fact sheet)

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Child and Adolescent Weight Management: Guidelines, Guidance, and Goals

Release Date: 5/14/2019
Expiration Date: 5/14/2020

Child and Adolescent Weight Management: Guidelines, Guidance, and Goals is focused on the current guidelines for prevention and treatment of obesity in childhood. This course describes the role of the healthcare practice team and changes in clinical workflow in effectively implementing these guidelines.

Activities Included:
- CME Information
- Pre-Test
- Video and Toolkit
- Post-Test
- Evaluation
Sydney  15 yo F

• She lets you know that she was called “obese” at her last visit and sensed disapproval from the provider. She felt ashamed and like a failure so begged her mom not to make her go back.

• She has been playing basketball and Mom reports that the whole family has made changes to meal time after Dad was diagnosed with Diabetes.

• They both admit feeling afraid that she’d be told she hadn’t done enough or made enough progress...
Sydney 15 yo F

• You advise them it can be frustrating to feel that your hard work isn’t paying off. However, it is important to remember that these changes you’ve already made will result in improved health outcomes like having more energy, lower cholesterol levels, and reduced risk factors for chronic diseases such as diabetes and heart disease.

• You praise Sydney and Mom for making changes.

• You ask if it would be ok to bring them back in to talk more and get her weight at that time because you’d like to prioritize some of their other concerns during this visit.
Sydney  15 yo F

• They both appear relieved and Sydney moves on to talk about why she decided to come in.
• She’s falling asleep in class and always tired.
• Mom notes that Sydney has always snored and Dad wears CPAP at night.
• Sydney also notes that she has been getting up in the middle of the night to pee so feels less well rested in the morning.
Algorithm for the Assessment and Management of Childhood Obesity in Patients 2 Years and Older

This algorithm is based on the 2007 Expert Committee Recommendations, new evidence and promising practices.

Assess Behaviors
Assess healthy eating and active living behaviors

Provide Prevention Counseling
5 (fruits & vegetables) 2 (hours or less of screen time) 1 (hour or more of physical activity) 0 (sugary drinks) every day!

Determine Weight Classification
Accurately determine weight and height, calculate and plot Body Mass Index (BMI) and determine BMI percentile.

Healthy Weight (BMI 5-84%)
- Family History
- Review of Systems
- Physical Exam

Overweight (BMI 85-94%)
- Augmented (obesity-specific)¹
  - Family History
  - Review of Systems
  - Physical Exam

Determine Health Risk Factors*

Obesity (BMI ≥ 95%)
- Augmented (obesity-specific)¹
  - Family History
  - Review of Systems
  - Physical Exam

Risk Factors Present

Risk Factors Absent
Routine Care
- Provide ongoing positive reinforcement for healthy behaviors.
- For patients in the healthy weight category, screen for genetic dyslipidemia by obtaining a non-fasting lipid profile for all children between the ages of 9-11 and again between 18-21.
- For patients in the overweight category, obtain a lipid profile.
- Maintain weight velocity:
  - Crossing 2 percentile lines is a risk for obesity?
  - Reassess annually
  - Follow up at every well-child visit.

Lab Screening
- The 2007 Expert Committee Recommendations\(^1\) state that a fasting glucose and fasting lipid profile along with ALT and AST should be obtained.
- Additionally, guidelines from the ADA and Endocrine Society recommend using A1C, fasting glucose or oral glucose tolerance to test for diabetes or pre-diabetes. The ADA notes that there are presently limited data supporting A1C for diagnosing diabetes in children and adolescents; however, they are continuing to recommend A1C at this time.\(^3\)
- For patient convenience, some providers are obtaining non-fasting labs.
- Clinical judgment, local preferences and availability of testing should be used to help determine the timing of follow up of abnormal labs.
- Of note, some subspecialty clinics are screening for Vitamin D deficiency and insulin resistance by obtaining labs for Vitamin D and fasting insulin. The clinical utility and cost effectiveness of such testing is yet to be determined.
- Currently, there are no guidelines on when to start laboratory testing for patients with obesity. Based upon the patient’s health risk, some experts may start screening patients at 2 years of age.

Fasting glucose/ A1C
ALT
AST
Fasting lipids
Vitamin D
Fasting serum insulin
TSH
Screen for renal disease
June 15th, 2012

Dear Virginia pediatric provider:

The need for enhancing the competence of pediatric providers to help slow down the epidemic of childhood obesity, or even reverse it, is not a topic that needs debate. We need to know how to help families without saying the wrong things and we need to know that our efforts are not causing more harm. We are now at a point with childhood obesity similar to where we were 20 years ago with addressing smoking. This public health threat will require collective action involving community-based activism, wide range policy changes, and proactive efforts on the part of all providers who care for children.

The Virginia Chapter of the AAP has formulated this toolkit to begin helping you in your quest against childhood obesity. The kit is meant to be user friendly and easy to implement in any practice. The content is adapted from a combination of tools already put in place by experts from our participating pediatric providers and from our pediatric colleagues from Arizona to Maine. This comprehensive kit includes everything from a template for a standard medical evaluation to a listing of useful CPT and ICD-9 codes for billing.

Our toolkit is a work in progress and is just the beginning of our efforts in battling the obesity epidemic. We are currently working on a Virginia obesity website and we hope to soon have trainers coming to your cities and towns to help guide you and perfect your skills as an anti-obesity warrior. We are committed to helping you develop the expertise needed to confidently and effectively treat this vulnerable population thus, bringing the fight against childhood obesity to the frontlines of primary care. If you have any comments or suggestions or would just like to share your expertise, please let us know. We would love to hear from you.

Sincerely,

Robert Shayne, M.D.
Co-Chair of Obesity Subcommittee

Maggie Jeffries-Honeycutt, M.D.
Co-Chair of Obesity Subcommittee

William Moskowitz, M.D.
Chapter President

http://www.virginiapediatrics.org/obesity-toolkit/
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<th>No</th>
<th>Unknown</th>
<th>Comments</th>
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<tr>
<td>Tonsils - Please rate</td>
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<tr>
<td>Snoring?</td>
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<tr>
<td>Too sleepy?</td>
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<td>Hyperactivity?</td>
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<td>If YES to insomnia:</td>
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<td>Cannot fall asleep</td>
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<tr>
<td>Cannot stay asleep</td>
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<tr>
<td>Other - specify in comments</td>
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<td>Restless Legs Syndrome symptoms?</td>
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<td>Are you concerned about Narcolepsy?</td>
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<td>Neurological symptoms - please select appropriate:</td>
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<td>Global delay</td>
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<td>Hypotonia</td>
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<td>Muscular dystrophy</td>
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<td>Down syndrome</td>
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<td>Muscular Dystrophy?</td>
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<td>ADD/ADHD?</td>
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<td>Autism?</td>
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<td>Other pertinent info (please list):</td>
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<td>Insurance companies require specific symptoms before they will approve sleep studies. Please select ALL symptoms this patient is experiencing:</td>
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<tr>
<td>Reason for referral:</td>
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</table>
Sydney  15 yo F

• You note that Sydney has not had any labs in the past 5 years.
• You note that her family history and her symptoms raise concern for both diabetes and for obstructive sleep apnea.
• You recommend labs and a referral to Sleep Medicine for possible sleep study.
• You ask them to come back in 2 weeks to review labs and get a full set of vital signs so you can continue the discussion.
Sydney  15 yo F

• You note that Sydney has not had any labs in the past 5 years.
• You note that her family history and her symptoms raise concern for both diabetes and for obstructive sleep apnea.
• You inquire about other possible co-morbidities. She does have irregular periods and unwanted facial hair.
• You recommend labs and a referral to Sleep Medicine for possible sleep study.
• You ask them to come back in 2 weeks to review labs and get a full set of vital signs so you can continue the discussion.
## Sydney 15 yo F: Labs

<table>
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<tr>
<th>Test</th>
<th>Value</th>
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<tr>
<td>Glucose</td>
<td>122 mg/dL</td>
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<tr>
<td>Creatinine</td>
<td>0.7 mg/dL</td>
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<tr>
<td>ALT</td>
<td>24 U/L</td>
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<tr>
<td>AST</td>
<td>29 U/L</td>
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<tr>
<td>Hemoglobin A1C</td>
<td>6.1 %</td>
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<tr>
<td>25 OH Vitamin D</td>
<td>12 ng/mL</td>
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<tr>
<td>TSH</td>
<td>1.12 mIU/L</td>
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<tr>
<td>Cholesterol</td>
<td>159 mg/dL</td>
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<tr>
<td>Triglycerides</td>
<td>72 mg/dL</td>
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<tr>
<td>HDL Cholesterol</td>
<td>43 mg/dL</td>
</tr>
<tr>
<td>LDL Cholesterol</td>
<td>104 mg/dL</td>
</tr>
</tbody>
</table>
Sydney 15 yo F

Your Nurse asks Sydney if she’d prefer to step on the scale backward.

Wt: **202 lbs**, Ht: 62 in

BMI: **36.9 kg/m², 99th percentile**

BP: 106/82

You wonder if you should refer Sydney to a weight management clinic or for Bariatric Surgery since she has pre-diabetes and possibly OSA....
Bariatric Surgery for Adolescents

- BMI $\geq 35 \text{ kg/m}^2$ and 1 or more severe comorbidity
- BMI $\geq 40 \text{ kg/m}^2$ with minor comorbidities
- Physiologic Maturity (age 14 or older for girls and age 15 or older for boys).
- Have failed six or more months of organized attempts at weight management.
- Be committed to comprehensive medical and psychological evaluations both before and after surgery.
- Agree to avoid pregnancy for at least 18 months after surgery.
- Be capable of and willing to follow a strict bariatric diet after the operation.
- Consider and understand the risks of surgery and balance them with the potential benefits.
- Demonstrate the ability to make sound decisions.
- Have a supportive family environment.

Sydney  15 yo F

Sydney reports still feeling tired most days. They haven’t schedule with Sleep Medicine yet.
You review her labs in the room with Sydney and her Mom.
You ask about their experience with and understanding of diabetes.
Sydney immediately starts to look tearful.
“I don’t want to have to check my blood sugar like Dad does, I hate needles”.
You reassure her that’s not what you had in mind.
You ask if it would be ok to review her responses from her questionnaire because you see some really good ideas there that could help her not develop diabetes.
Sydney 15 yo F

We are interested in the health and well-being of all our patients. Please take a moment to answer the following questions.

Patient Name: _____________  Age: 15  Today’s Date: ____________

1. How many servings of fruits or vegetables do you eat a day? (One serving is most easily identified by the size of the palm of your hand.)
2. How many times a week do you eat dinner at the table together with your family?
3. How many times a week do you eat breakfast?
4. How many times a week do you eat takeout or fast food?
5. How many hours a day do you watch TV/movies or sit and play video/computer games?
6. Do you have a TV in the room where you sleep?
7. Do you have a computer in the room where you sleep?
8. How much time a day do you spend in active play (faster breathing/heart rate or sweating)?
9. How many 8-ounce servings of the following do you drink a day?
   \[\frac{1}{2}\text{ 100% juice} \quad \frac{2}{2}\text{ 100% juice} \quad \frac{2}{2}\text{ 100% juice}\]
   \[\frac{2}{2}\text{ Fruit or sports drinks} \quad \frac{2}{2}\text{ Fruit or sports drinks} \quad \frac{2}{2}\text{ Fruit or sports drinks}\]
   \[\frac{2}{2}\text{ Water} \quad \frac{2}{2}\text{ Water} \quad \frac{2}{2}\text{ Water}\]
   \[\frac{2}{2}\text{ Whole milk} \quad \frac{2}{2}\text{ Whole milk} \quad \frac{2}{2}\text{ Whole milk}\]
10. Based on your answers, is there ONE thing you would be interested in changing now? Please check one box.
   ☐ Drink more water.
   ☐ Spend less time watching TV/movies and playing video/computer games.
   ☐ Eat less fast food/takeout.
   ☐ Drink less soda, juice, or punch.
   ☐ Switch to nonfat (skim) or low-fat (1%) milk.
Sydney  15 yo F

Using your Motivation Interviewing skills, you help Sydney and her Mom commit to:

• Stop skipping breakfast. Have 1 serving fruit and yogurt for breakfast.

• Replace 1 soda with 8 ounces of water every day.

• Schedule appointments at the Fitness Clinic and with Sleep Medicine.

You Rx Vitamin D

You provide them with a list of resources and recommend follow-up in 2-3 weeks (since the wait time for the Fitness clinic can be several months).
Vitamin D Deficiency 25OHD to >20 ng/mL

- Implicated in atherosclerosis
- Inflammation
- 50,000IU/week x 8 weeks, then recheck
- 2-3x higher doses
- 1,000 IU/day v. 2,000–6,000 IU /day to maintain
- Goal of 30 ng/mL

Family Resources

• https://letsmove.obamawhitehouse.archives.gov/parents
• http://recipes.doctoryum.org/
  • Nimali Fernando MD, MPH
• https://www.healthydiningfinder.com/
• http://www.ChooseMyPlate.gov
• http://www.cinchcoalition.org/
• https://med.virginia.edu/research-in-reproduction/outreach-education/go-girls-fitness-support-group/
• https://acac.com/prep/
• http://www.move2healthcentralva.org/move/active-kids