CHILDHOOD WEIGHT

MANAGEMENT PROGRAM

VPHP Guidelines approved 2007

VPHP Childhood Weight Management Medical Guidelines
Prevention/Reduction Guidelines
EPSDT 3-20 Years of Age

	Stage 1- Prevention	**Stage 2- At-Risk**	**Stage 3**	**Stage 4**
Risk Factors	▪ Family History ▪ Birth Weight ▪ Socioeconomic Factors ▪ Ethnic Factors ▪ Cultural Factors ▪ Environmental Factors	▪ Stage 1 *plus* ▪ Identified failure with prevention recommendations ▪ Significant change in BMI/percentile	▪ Stage 2 *plus* ▪ Identified failure with Stage 2 recommendations ▪ Complications in - Dyslipidemia - Glucose tolerance - Triglycerides - Acanthosis nigricans - Elevated blood pressure	▪ Stage 3 *plus* ▪ Identified failure with Stage 3 recommendations ▪ Identified willingness to change/desire to changes (tool) ▪ Ages 7-20 years
PCP Patient Obesity Identification Use BMI/ Percentile Wheel	▪ Calculate Body Mass Index (BMI) and growth percentile annually to identify excessive weight gain relative to linear growth	▪ PCP identified/ parent identified weight gain relative to linear growth ▪ 75th percentile	▪ 85th percentile	▪ 95th percentile or greater
PCP Parent/Child Education	▪ Encourage breastfeeding ▪ Promote healthy family eating patterns ▪ Promote family physical activity ▪ Recommend limitation of TV /video 2 hours per day ▪Monitor for changes in BMI or growth percentile (cross percentiles)	▪ Stage 1 *plus* ▪ Refer medical nutritionist/ dietician consultation ▪ Evaluate for depression ▪ Recommendations for weight loss goals	▪ Stage 2 *plus* ▪ Recommend family exercise consultation ▪ Increase family nutritionist/ dietician consultations ▪ In-depth medical assessment, including lab work-up	▪ Stage 3 plus ▪ Increased family nutritionist/ dietician consultations ▪ Increased exercise program visits
Medical Nutrition Therapy/Dietician	N/A	2 visits per year	4 visits per year	1 x per week x 16 weeks, with follow up at 3, 6, 9 and 12 months
Supervised Exercise Program When available in area	N/A	N/A	1 x per week x 4 weeks with monthly follow-up visit (60 minute visits)	1 x per week x 16 weeks, with follow up at 3, 6, 9 and 12 months
Depression Management	N/A	If indicated	If indicated	If indicated

Definitions/Resources

BMI (Body Mass Index) is the standard obesity assessment in adults and its use in children provides a consistent measure across age groups. *Reference Obesity Evaluation and Treatment: Expert Committee Recommendations, Barlow Sarah E.M.D., M.P.H. and William H Dietz, M.D., Ph.D., Pediatrics Vol. 102 No 3, September 1998.*	**Parent/Child Agreement** is a discussed and signed agreement between the provider and the member and/or their parent/guardian that they agree to follow recommendations and keep appointments scheduled.
Calculating BMI is body weight in kilograms divided by the square of height in meters (kg/m2). *Reference Obesity Evaluation and Treatment: Expert Committee Recommendations, Barlow Sarah E.M.D., M.P.H. and William H Dietz, M.D., Ph.D., Pediatrics Vol. 102 No 3, September 1998.*	**Parent/Child Educational Tools:** *Reference the Center for Disease Control website for age appropriate educational tools for parents and children.*
Establishing Weight Loss Goals *Initial*: The first step in weigh control for overweight children is maintenance of baseline weight. Achieved through modest changes in diet and activity. Initial success can be the foundation for future changes. *Prolonged Weight Maintenance*: Allows for a gradual decline in BMI/percentile as children grow in height, is a sufficient goal for many children. *Weight Loss*: For children with a BMI at the 95th percentile or above, the family should be encouraged to demonstrate that they can maintain the child's weight and then clinicians should recommend additional changes in eating and activity to achieve weight loss of at least one pound per month, until they fall below the 85th percentile, with the primary goal of healthy eating and activity remaining. *Obesity Evaluation and Treatment: Expert Committee Recommendations, Barlow Sarah E.M.D., M.P.H. and William H Dietz, M.D., Ph.D., Pediatrics Vol. 102 No 3, September 1998.*	**Percentiles** are growth curves established for children. NCHS will overlay BMI on the growth curve chart in the near future to facilitate use. *Reference Overview of the CDC Growth Charts, Polhamus, B., et.al., December 18, 2004 or Centers for Disease Control website.*
Healthy Family Eating Patterns: *Reference Smart Eating Basic Nutrition Guidelines, Center for Disease Control website.*	**Provider Tools:** *Reference the Center for Disease Control website and the American Academy of Pediatrics website for information and educational tools.*
In-depth Medical Work-up includes family history, review of birth weight, cultural, ethnic and environmental factors, health assessment, willingness to change assessment tool completion, lab work including lipid profile (triglycerides), thyroid, glucose tolerance test.	**Willingness to change/Readiness to change** is the use of a standardized tool to determine readiness to change or lose weight. *Reference the Provider-based Assessment and Counseling Exercise program, cosponsored by the Centers for Disease Control and Prevention and the Association for Teachers of Preventive Medicine.*
Medical Nutritionist/Dietician Consultation focused on establishing dietary goals for patients and their families that are well-balanced, healthy meals and a healthy approach to eating. These changes should be considered permanent rather than a temporary eating plan for rapid weight loss. *Obesity Evaluation and Treatment: Expert Committee Recommendations, Barlow Sarah E.M.D., M.P.H. and William H Dietz, M.D., Ph.D., Pediatrics Vol. 102 No 3, September 1998.* The practice of dietetics can be defined as nutritional counseling or education as components of preventive, curative, and restorative health care. *Ohio Board of Dietetics website.*	**Outcome Measures:** ***At 12 months:*** · Reduction in percentile/BMI, or weight loss goal achieved *If applicable:* · Improved glucose tolerance · Improved triglycerides · Reduction in dyslipidemia
	At 24 months: · If weight loss goal achieved at 12 months, weight loss has been sustained, or · If weight loss goal not achieved at 12 months, continued reduction in percentile/BMI or weight loss goal now achieved *If applicable:* · Sustained improvement in glucose tolerance (if applicable) · Sustained improvement in triglycerides · Sustained reduction in dyslipidemia Re-measure outcomes through **annual** on-going measurement at PCP well-child visits.