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Childhood Obesity: Ages 2–11 Years

Practice Based Small Group Learning Program

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INTRODUCTION

The complications and comorbidities associated with excess body fat in childhood carry over into adulthood. Primary Care teams have an opportunity to effectively monitor and manage unhealthy weight gain in children during routine appointments. However, there appears to be reluctance on the part of clinicians to intervene with children who are obese. Given the complexity of the problem, many clinicians feel inadequately trained to manage childhood obesity successfully and may question the effectiveness of interventions.

OBJECTIVES

This module will enable clinicians to:

- Implement age-appropriate strategies for promoting healthy weights.
- Use evidence-based approaches to assess children who are overweight and obese
- Apply an evidence-based approach to managing overweight and obesity.

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CASES

Case 1: Logan, age 3

Logan sees you today with his Mum, Emma, who requests a repeat prescription of his salbutamol inhaler, following a recent upper respiratory tract infection which has since resolved. His asthma is well-controlled and only gives him mild flares when he has respiratory tract infections. During the appointment, Emma asks you to weigh Logan. At a previous visit, Logan's BMI was above the 90th centile. Since that time, Emma has tried to get Logan to eat "healthier" and wondered if there has been any change.

What additional information from Logan's Mum would be helpful?

Part Two

You know that Emma had diet-controlled gestational diabetes mellitus when she was pregnant with Logan. Both Emma and her husband have high BMIs (29.8 and 32.3 respectively). You check Logan's weight and height and plot his BMI on the centile chart. Less than one year ago, his BMI was 17.5 (about 90th centile – 15.8 kg and 95 cm). His current BMI is now 19 (about 98th centile – 21 kg and 105 cm). All developmental milestones have been appropriately reached. Logan has no other symptoms to suggest comorbidities (visual change, urinary frequency, snoring, and headaches) and his asthma has been very well controlled without steroids. He has no hypogonadism, no dysmorphic features and his stature is normal.

As a result of advice from her mother, Emma has started giving Logan more vegetables for lunch and dinner. She wonders what else she should do. She admits that Logan watches about two hours of TV a day, while she is getting breakfast and dinner ready. Emma's intent is to provide a healthy diet: she feeds him Cheerios every morning, snacks throughout the day, and juice with every meal

What advice would you provide to Logan's Mum?