Consensus Recommendations

The CPG authors recommend that pediatricians and other pediatric health care providers:

Consensus Recommendation	Locations
Perform initial and longitudinal assessment of individual, structural, and contextual risk factors to provide individualized and tailored treatment of the child/adolescent with overweight/obesity.	Risk Factors
Obtain a sleep history, including symptoms of snoring, daytime somnolence, nocturnal enuresis, morning headaches, and inattention, among children and adolescents with obesity to evaluate for OSA.	Comorbidities
Obtain a polysomnogram for children and adolescents with obesity and at least one symptom of disordered breathing.	Comorbidities
Evaluate for menstrual irregularities and signs of hyperandrogenism (ie, hirsutism, acne) among female adolescents with obesity to assess risk for PCOS.	Comorbidities
Monitor for symptoms of depression in children and adolescents with obesity and conduct annual evaluation for depression for adolescents 12 years and older with a formal self-report tool.	Comorbidities
Perform a musculoskeletal review of systems and physical examination (eg, internal hip rotation in growing child, gait) as part of their evaluation for obesity.	Comorbidities
Recommend immediate and complete activity restriction, non–weight-bearing with use of crutches, and refer to an orthopaedic surgeon for emergent evaluation, if SCFE is suspected. PHCPs may consider sending the child to an emergency department if an orthopaedic surgeon is not available.	Comorbidities
Maintain a high index of suspicion for IIH with new-onset or progressive headaches in the context of significant weight gain, especially for females.	Comorbidities
Deliver the best available intensive treatment to all children with overweight and obesity.	Treatment
Build collaborations with other specialists and programs in their communities.	Treatment
May offer children ages 8 through 11 years of age with obesity weight loss pharmacotherapy, according to medication indications, risks, and benefits, as an adjunct to health behavior and lifestyle treatment.	Treatment
Implementation Consensus Recommendations	
1: The subcommittee recommends that the AAP and its membership strongly promote supportive payment and public health policies that cover comprehensive obesity prevention, evaluation, and treatment. The medical costs of untreated childhood obesity are well-documented and add urgency to provide payment for treatment.119 There is a role for AAP policy and advocacy, in partnership with other organizations, to demand more of our government to accelerate progress in prevention and treatment of obesity for all children through policy change within and beyond the health care sector to improve the health and well-being of children. Furthermore, targeted policies are needed to purposefully address the structural racism in our society that drives the alarming and persistent disparities in childhood obesity and obesity-related comorbidities.	Barriers & Implementation Recommendations
2: The subcommittee recommends that public health agencies, community organizations, health care systems, health care providers, and community members partner with each other to expand access to evidence-based pediatric obesity treatment programs and to increase community resources that address social determinants of health in promoting healthy, active lifestyles.	Barriers & Implementation Recommendations
3: The subcommittee recommends that EHR vendors, health systems, and practices implement CDS systems broadly in EHRs to provide prompts and facilitate best practices for managing children and adolescents with obesity.	Barriers & Implementation Recommendations

4: The subcommittee recommends that medical and other health professions schools, training programs, boards, and professional societies improve education and training opportunities related to obesity for both practicing providers and in preprofessional schools and residency/fellowship programs. Such training includes the underlying physiologic basis for weight dysregulation, MI, weight bias, the social and emotional impact of obesity on patients, the need to tailor management to SDoHs that impact weight, and weight-related outcomes and other emerging science.	Barriers & Implementation Recommendations