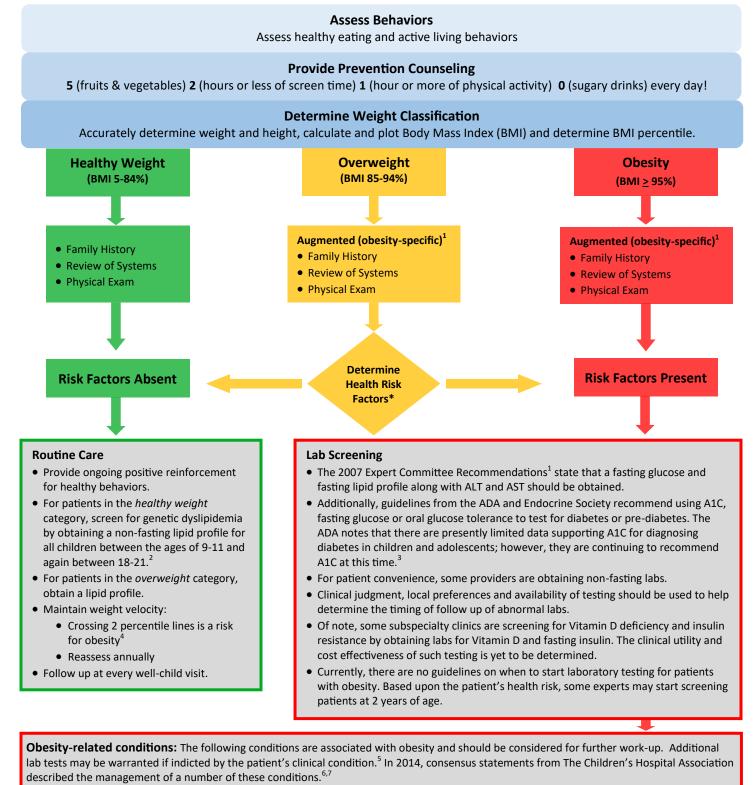
Algorithm for the Assessment and Management of Childhood Obesity in Patients 2 Years and Older This algorithm is based on the 2007 Expert Committee Recommendations,¹ new evidence and promising practices.



Dermatologic:

- Acanthosis nigricans
- Hirsutism
- Intertrigo
- Endocrine:
 - Polycystic ovarian syndrome (PCOS)
 - Precocious puberty
 - Prediabetes: Impaired fasting glucose and/or impaired glucose tolerance as demonstrated during a GTT
 - Premature adrenarche
 - Type 2 Diabetes

- Gastrointestinal:
- Cholelithiasis
- Constipation
- GERD
- Nonalcoholic fatty liver disease or steatohepatitis

Neurologic:

- Pseudotumor cerebri
- Depression Teasing/bullying

Blount's Disease

epiphysis (SCFE)

• Slipped capital femoral

Binge eating disorder

Psychological/Behavioral Health:

Orthopedic:

Anxiety

Management and Treatment Stages for Patients with Overweight or Obesity

- Patients should start at the least intensive stage and advance through the stages based upon the response to treatment, age, BMI, health risks and motivation.
- An empathetic and empowering counseling style, such as motivational interviewing, should be employed to support patient and family behavior change.^{8,9}
- Children age 2 5 who have obesity should not lose more than 1 pound/month; older children and adolescents with obesity should not lose more than an average of 2 pounds/week.

Stage 1 Prevention Plus

Where/By Whom: Primary Care Office/Primary Care Provider

What: Planned follow-up themed visits (15-20 min) focusing on behaviors that resonate with the patient, family and provider. Consider partnering with dietician, social worker, athletic trainer or physical therapist for added support and counseling.
Goals: Positive behavior change regardless of change in BMI. Weight maintenance or a decrease in BMI velocity.⁴
Follow-up: Tailor to the patient and family motivation. Many experts recommend at least monthly follow-up visits. After 3 – 6 months, if the BMI/weight status has not improved consider advancing to Stage 2.

Stage 2 Structured Weight Management

Where/By Whom: Primary Care Office/Primary Care Provider with appropriate training

What: Same intervention as Stage 1 while including more intense support and structure to achieve healthy behavior change. **Goals:** Positive behavior change. Weight maintenance or a decrease in BMI velocity.

Follow-up: Every 2 - 4 weeks as determined by the patient, family and physician. After 3 – 6 months, if the BMI/weight status has not improved consider advancing to Stage 3.

Stage 3 Comprehensive Multi-disciplinary Intervention

Where/By Whom: Pediatric Weight Management Clinic/Multi-disciplinary Team

What: Increased intensity of behavior changes, frequency of visits, and specialists involved. Structured behavioral modification program, including food and activity monitoring, and development of short-term diet and physical activity goals.

Goals: Positive behavior change. Weight maintenance or a decrease in BMI velocity.

Follow-up: Weekly or at least every 2 – 4 weeks as determined by the patient, family, and physician. After 3 – 6 months, if the BMI/ weight status has not improved consider advancing to Stage 4.

Stage 4 Tertiary Care Intervention

Where/By Whom: Pediatric Weight Management Center/Providers with expertise in treating childhood obesity What: Recommended for children with BMI <u>> 95%</u> and significant comorbidities if unsuccessful with Stages 1 - 3. Also recommended for children > 99% who have shown no improvement under Stage 3. Intensive diet and activity counseling with consideration of the use of medications and surgery.

Goals: Positive behavior change. Decrease in BMI.

Follow-up: Determine based upon patient's motivation and medical status.

References

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