Welcome to Conversations About Care: A Podcast for Pediatric Clinical Providers

Hi! This is Sandy Hassink and I'm the medical director for the Institute for Healthy Childhood Weight at the American Academy of Pediatrics. I recently sat down with my colleagues Dr. Sarah Armstrong and Dr. Jennifer Groos, two pediatricians and active AAP members to discuss how the pandemic has impacted their patients. We anticipated that the pandemic and resulting conditions would have an impact on families struggling with obesity, and more and more data shows that this has become the reality with more children having an elevated weight or rapid weight gain. I was able to talk to Sarah and Jen about steps they are taking to engage families on wight management during these challenging times. Stay tuned to hear our conversation.

Sandy: Hello everyone! This is Dr. Sandra Hassink. I'm the medical director of the AAP Institute for health childhood weight, and today I'm very happy to have with me two wonderful colleagues, Jen Groos and Sarah Armstrong. We'll be talking today about obesity and COVID. Jen and Sarah will be talking about cases that they have seen and been managing during the pandemic. Jen Groos is a general pediatrician at a federally qualified health center in Des Moines, Iowa and she is on the section of obesity executive committee. And Sarah Armstrong is the chair of the section of obesity and is a general pediatrician and director of the Duke healthy lifestyles program. Welcome Jen and Sarah.

Jen: Thank you for having us.

Sandy: I just wanted to start by maybe stating the obvious. We know that we have been, for maybe the last four decades in the middle of an epidemic of obesity, which has altered the baseline health status of a large segment of the population; that 18 percent of our children now have obesity. Unfortunately, this has created a susceptible population for severe effects of COVID-19. So we have (indiscernible) 0:02:20 of COVID and the epidemic of obesity. I think the COVID-19 pandemic has highlighted aspects of the disease of obesity that have largely been, kind of, under the radar. It's brought to light the specific path of physiology of obesity and highlighted the comorbidities of obesity, as well as the complexity of obesity risks.

 So the pandemic has uncovered a large portion of our population that's more at risk for COVID-19 and made us take another look at what's happening to childhood obesity during COVID. Unfortunately what's happening is not only children with obesity more severely affected by COVID, but obesity rates are going up during this pandemic.

 Now early in the COVID-19 pandemic there was a link to obesity and adults which bore out into childhood. So we know that more children with obesity were getting hospitalized with severe COVID. We knew that -- we know that children with severe obesity are more severely affected. When you look at the CDC guidelines for high risk for COVID, you see obesity in those guidelines, but also a multitude of obesity comorbidities, hypertension, diabetes, heart disease, chronic kidney disease. We also know that our vulnerable populations, which are our populations in poverty and from disadvantaged communities are more susceptible to COVID infection. And so the rates of COVID positivity are highest among children with the lowest mean family income. And this plays out to increase the vulnerability of these populations. And we know that, again, that the risk of death is more than double for patients with a high body mass index. And so severe obesity, particularly among younger patients, really accelerates the risk of COVID.

 COVIDs done a lot of other things to our population. It's increased the rates of anxiety among patients with obesity, it's increased the rates of worry because children who have obesity often come from families who have obesity and are seeing parents be severely affected by COVID, and its created anxiety and worry among these patients. It's decreased economic security and increased food insecurity, also risk factors for obesity.

 The Academy, almost a year ago, December 2020 published guidance around the risk of obesity and COVID and what we should be doing to help all of our patients achieve a health lifestyle and focusing on those patients with obesity and focusing on their treatment. We were fearful that children would gain more weight during COVID and that's actually born itself out in a study by (indiscernible) 0:05:20 and the CDC which showed indeed children have gained more weight and are faster at weight gains during COVID. You'll hear about that in Jen and Sarah's cases.

 One more point I wanted to make is not only is obesity increasing but the comorbidities are increasing so we've seen rates of type II diabetes go up, we've seen that 0:05:45 in children with obesity. So this is a time of an inflection point in our increase in obesity and a time when families and pediatricians are under increasing stress.

 So we're here today to talk a little bit about what's happening on the front lines and share with you the experiences of Jen and Sarah. I'll first go to Jen. Jen if you'd like to just introduce your case. We'll talk about that a little and then go onto Sarah.

Jen: Sounds great! Thank you so much, Sandy. So I want to share a case with you today of a young female that I saw in my clinic about August for a health maintenance exam. The patient was about 12 years old when I saw them. They had immigrated to the US and about 2017 and the patient was accompanied by his father. What we saw pretty quickly in our discussion was that the family had been affected by the pandemic significantly. The children had been doing online schooling since COVID had closed the public schools And also during that time they had not been playing outside as much due to safety concerns and they had been -- the school, but not all schools in our area remained online for the -- at the beginning of the 2020-2021 school year, but their school was going to remain online. So they headed back to online school as I was continuing to see the.

 And so regularly we'll talk to families about health living and active lifestyle behaviors using a health habits questionnaire and it became evident that the family had been seeing that they had had increased amounts of screen time and decreased amounts of physical activity due to the COVID pandemic and the effect that it had had on all of their lives.

 And so as part of our standard workup for children with -- for their well visits, we check the child's growth chart and we'd seen an increasing growth velocity. So the child had started to cross percentiles on the weight chart and had been sticking to the percentiles for the height chart. And so the BMI was trending up fairly quickly. We saw this -- there were a number of children in this family and we saw this consistently across all the children. And so standardly we'll do a workup or evaluating for comorbidities and so I had a follow-up visit, we had the child follow up and do fasting. ALT level as well as hemoglobin, A1C, and fasting with the panel and saw that the LFT's were elevated, the ALT level was in the 190 range. And so we saw this in a couple of the children in that family and so we talked a little bit about healthy lifestyle, we used motivational interviewing and brief action planning to set some small goals with the family. And they found a couple of small goals that they wanted to work on, one of which was increasing exercise and the family started to incorporate exercise into that -- into their routine.

 And happily to report over the course of -- we did some stage one and stage two interventions in our clinic for weight management and had them come back about every three months to monitor their progress, and reevaluate goals, and partner with the family on next steps. And over the course of a six to nine month period of time we saw that the weight velocities leveled off, and the BMI decreased, and excitingly we saw that ALT trend down. So exciting case where interventions and primary care really did impact that family. So it's great to be able to share that with the group and have a little bit more discussion.

Sandy: Jen, thank you so much and there's so many things to think about here. One, just to point out, that we know from family surveys that families during COVID did decrease their physical activity, increased screen time, increased snack food, and there was some mild increase in meal frequencies. So we know that these changes have been more or less ubiquitous among most families dealing with COVID. I just wanted to start out by saying this is such a family disease , so to speak, or issue. Not only does the family sort of contextualize all these healthy lifestyle habits and the whole family changes, but I thought it was striking as you're seeing this little on in your clinic, you're noticing the siblings also have gained weight. Not only have the siblings gained weight, but siblings have indications of fatty liver disease. So I think the intention to the index case, as we used to say -- the index case is a child coming in with obesity -- makes you look at the rest of the family, right? It makes you ask questions, and since you're in primary care you have that golden opportunity to see the siblings. And not only are you doing lifestyle change in the family, you're really evaluating the medical status of these other children based on the index case of the child coming in with obesity. And I think that's a point that we don't often talk about but it's so important.

 So Sarah, do you have any comments you would like to make about what struck you about this case?

Sarah: Well, I think, you know, and I'll share a little bit in the case I'm going to present. I think so many of these underlying factors that were common to all children during the pandemic and all of the mitigation strategies that were well intentioned to help keep children safe have really impacted, you know, children across the board. Both those who didn't have problems with weight before the pandemic and children who already had obesity and, you know, already sort of struggling to maintain a healthy BMI before the pandemic. So it really has, like, across the board -- I think like we said has really exasperated all of those underlying factors.

Sandy: So I -- thanks Sarah. And I also wanted to point out time as a factor. You know, Jen, you said it took, you know, over six to nine months. I'm imagining the weight gain slowed and then it stopped and the BMI started to go down, and the ALT went down. But this takes time and I think sometimes that's hard for everyone. You recognize a problem, and you're taking action and yet time has to pass until that action takes hold. I think it's just a, you know, just a reminder to all of us that this takes time and that often everybody -- it's easy to get impatient and sticking with it is really important and reassuring the patient that, yes it will happen it just takes time. And I think that's just such an important point to make.

 So Jen, do you want to say anything more about this case?

Jen: The thing that I found in trying to partner with families and children on healthy lifestyle behaviors is that as general pediatricians and primary care providers we have the privilege of building those relationships with patients and families and following them longitudinally. And so I feel like all of the work that we've been doing prior to the pandemic about really recognizing things early and watching those growth charges and when we see the crossing of the percentiles, you know, engaging in that discussion. Doing that since COVID was more important because that's when we were picking up small shifts on those growth charts and we're able to partner with families and see them back, maybe in one month, three month depending on their readiness for change and interest and concern. And that's been really powerful because those small steps and changes in my practice and incorporating that follow-up a little bit more frequently has been really powerful to build those relationships and build that trust with families. To help them lead healthier lives. And so, I think -- we've been doing it before the pandemic, but it really just highlighted the importance of doing that even in difficult times when there's lots on everyone's plates. It can make a huge impact in lots of families, in particular, the family I just presented.

Sandy: And let me ask you this. How are the families responding when you, you know, you're noticing the BMIs going up and you're approaching that? How have your families been responding to you? And how do you end, what words do you say when you approach this end?

Jen: So we usually talk about looking at the growth chart and we talk about what it means, we're putting points on the chart and when we're watching to see if they're saying on the lines it means they're growing like we'd expect. And if they're crossing lines up or down may mean they're gaining weight or height more quickly than we'd expect and that can relate to children's health. And then talking about the BMI being in an elevated range can increase their risk of health conditions and it has an influence on their health. So usually I stop before I get to the BMI part and say, "What are your thoughts about your child's growth chart?" And then bring in that part of the connection to health. That's really been powerful in helping to talk about a subject that can be tough for patients and families. I mean, they've most times -- then I'm able to gage where that family is. Are they concerned about their grown? Have they noticed it and they didn't want to bring it up? And so it's really a great opportunity to partner with families and figure out where they're at.

 And that's usually how I start the conversation. And many times families are concerned. They've been worried about that and they wanted to have the conversation. And when we engage around conversations around healthy habits, I think parents are appreciative of that opportunity to have those discussions and to lead that healthier life style and help someone partner with them to navigate the difficult environment we live in. We know it's hard to make healthy choices in this environment and taking some of that guilt off parents and partnering with them where they're at in saying, "We can find a few small things that we can do together that are really going to help your health and the health of your child because that's really at the center." Whenever patients enter our office, and families, that's really what they're worried about is the health of that child. That's been a really -- and it's been rewarding to have those conversations with families around a tough, difficult subject that sometimes in the past, without -- before I learned about the tools, I didn't have the tools I needed to engage families the way that I can now and it's really rewarding.

Sandy: Yeah Jen, so rewarding. I've heard many pediatricians saying that if they say during this time of COVID people are having -- struggling with their lifestyle and struggling to stay healthy and just trying to contextualize it. Again, just like you said, trying to take away someone's blame and guilt. We just approach it in a way that says, "This is an issue for many families and we are concerned about, you know, our children's health.

 So thank you very much. Sarah, did you have anything to add to this conversation on this case before we move on to your case.

Sarah: No, I really appreciate everything that's been said, particularly hearing Jen, how you approached that conversation with parents. I think that is one of the most challenging parts of weight management is to hope kids know that we, you know, love them just the way they are and we don't want them to change. But also pointing out areas where we are concerned and worried for their health. It's a tough conversation -- no doubt about it.

Sandy: So Sarah, let's go on to the case that you brought for us today.

Sarah: Sure, the case that I brought is fairly typical of a lot of cases that I'm seeing right now and the tertiary weight management clinic. You know, as I mentioned before, we're seeing kids that already had obesity before this horrible thing happened. So the patient that I just thought was a good example was a 10-year-old boy that I've been seeing for a few years in the weight management clinic. His body mass index has always been kind of between the 120th and 140th percent; about the 95th. So about the class two obesity is where he's hovered. He has a family history of obesity on both sides and there is a history of type II diabetes as well on both sides, including in a grandparent who lives at home with them. So he's really seen sort of the effects of having to check your blood sugars and give yourself insulin and he knows what that looks like.

 So that's really a goal for them is helping them prevent diabetes. And when the pandemic hit -- well I should say even before that, you know, just in terms of how he was managing before the pandemic, they really wanted to do lifestyle and work on that. They didn't, or they weren't really interested in medications or other treatment options, but they were doing a great job at it. He's a very active athletic little guy and he was involved in a whole bunch of team sports, loved PE class at school, was very active at recess, had lots and lots of friends. And so was really able to, kind of, manage his high BMI through lots of physical activity was sort of how he was dealing with it.

 So then the pandemic started and his school, like many others in NC, went remote for the year and I didn't see him for probably about 18 months. It was a good long chunk of time before they even felt comfortable coming back in. During that time one of the, the grandparent that was living at home with them got COVID and passed away with the disease in an underlying obesity and diabetes and other risk factors we knew. So that even kid of heightened the whole family, sort of, worry about Tim and his future health even as a a10 year old at the time. Unfortunately along with the school shut down, all his activities got cancelled. So all his sports and his, you know, all of the ways that he was coping on managing to maintain his BMI really just like overnight, vanished. And when I saw him back after not seeing him for about 18 months, he had gained 50 pounds and his body mass index was not at 145 percent of the 95th percentile. So a class III obesity -- a real sharp uptick. And they had had, you know, they obviously didn't go see Dr. Groos, they had seen their local family medicine doc, who I'm sure was expressing concern in their own way, but what the family felt was a lot of judgment and blame about this drastic weight gain over this period of time. The child felt shamed for the weight gain, and unfortunately, the parent also, the mom that had brought him to see me again. So really like she wanted to help and was asking for help, but felt like, you know, was feeling like being made to be responsible for what had happened for that weight gain.

 So they were really feeling some of that bias and stigma, unfortunately, that get in the way. And one of the ways that I, you know, when I was talking with him that got in the way is that he didn't want to go back to his sports and activities even though they were now starting to reopen because he felt that people aren't going to recognize me, I'm not going to be able to be as fast or as strong, or jump as high as I could before. He was already starting to see it as the schools were reopening, that he was getting a lot of looks and judgment and what happened to you kind of language. You know that really hurt. It was really really hurtful.

 And so in the course of our discussions, I had administered the PSC depression screener because he was really exhibiting a lot of the symptoms, you know, social isolation and, kind of, self criticism. And his score was positive, so he had scored a 17 on the PSC so that kind of took us down the road of what needing to also now address, mental health.

 His other sort of, like, notable things on exam were that he -- his blood pressure, thankfully, was normal still despite the weight gain. But we did obtain some labs at that time because he hadn't had them for some time and his hemoglobin A1C was 6.3. So not surprising, but with the family history, quite concerning and then with the background of just losing his grandparent was just really really pretty terrifying for the whole family.

 So what we did at that point was really to try and do a lot of reframing about the weight gain and that, you know, one can't be responsible for a global pandemic. And also I shared information with him -- I don't know if this is right or wrong, but about the obesity transnationally that I know about. In particular, I really like the new Robert Wood Johnson report that just came out on the state of childhood obesity because you can really go state by state and it just feels a little bit closer to home. He was able to see that in North Carolina, we went from 42nd in the nation to 10th in the nation over a couple years in terms of rates of child obesity. So he kind of able to say, "Oh, so it's not just me. This isn't just my fault, this happened to a lot of people like me." So that was helpful, I think, in just reframing what had happened.

 We also were able to get him, with help from our local endocrinologist, on some medication to help with his prediabetes and help prevent progression there. And we got him in with a mental health counselor who actually uncovered ADHD as well as some anxiety; he had both of those. We were able to help start in collaboration with his PCP get him managed for his ADHD, which really helped him also with some of the focus and attention. When I just saw him back, actually last week, he's, you know, still obviously struggling and coping with a lot of these big issues, however his body mass index has come down a bit since last time. In part what he attributes it to getting back in with his sports and activities. He felt like with some coping strategies he learned from the therapist about how to, sort of, respond to criticisms, concerns, judgment, and blame that he was hearing, he knew kind of what to say back. He felt a little better armed to, kind of, go into those and make himself vulnerable in those situations. So he's getting back into his sports and with that, a lot of other things were, sort of, getting better for him too. So hopefully we'll see as things open up and kids can get back into things, that we'll start seeing a little bit of a turn around. But it is unfortunate, he has a long way to go from pre-pandemic. So yeah, I'll be rooting for him.

Sandy: Well Sarah, thank you for bringing this case to us. I just think that first of all, I'm always struck. When parents come to clinics, and this is what I love about pediatricians is I think we're very child oriented and always, sort of, focused on what's happening to the child, but I think it takes a lot to get into a clinic and ask for help. Especially during COVID. People are working hard, they may be under financial constraints, the whole family may be struggling, and when they show up in the office, I think it's just -- I always try to take a minute and just appreciate the fact that they may have overcome barriers just to get to see me. So something was important to them to be there and to make sure that I tried to really listen to what -- where they needed help and what was going on. And you know, he lived in a perfect storm of stress with his ongoing obesity, and family history, COVID, the death of a grandparent who actually lived with them, probably the identification of the grandparent that had similar medical problems to the rest of the family. I just think that -- and then the fear of coming back because of COVID. So it was a lot of strikes against this young man and yet they did come back. They did want help and I just think the respect for people coming into your clinic that there's something there.

 Just one other point among many that I could make, but I was always struck by how underdiagnosed ADD is in our population of children with obesity because the classic paradigm that ADD or ADHD -- with a little kid whose running around your clinic, taking things off the walls and off the shelves. And I think it's always worth spending a moment when a child is having trouble with maybe impulsive eating or in school or being distractible just to remember this is under diagnosed because it's often a settle presentation in children with obesity.

 So Jen, did you want to just make a few comments on the case?

Jen: It kind of illustrates that relationship piece with providers that, you know, I think that when you approach families in a non judgmental way and you really work on limiting the weight stigma and bias that patients might be subjected to when they come to see us, how powerful that can be. Because it's not a -- it's a journey so partnering with families longitudinally, it's really important and just the fact that they returned to your clinic after that period of time is really -- speaks to the power of that relationship. I think too, also that screening for mental health is super important. And I think all of us have seen during this pandemic the rise and the rates of mental health issues for the children and families that we are dealing with and really being comfortable with screening and having some great referral relationships with people in our community. To be able to support those issues is important in all of our care, and especially with elevated BMI as well.

Sandy: I just wanted to add that your reframing of how, you know, the weight gain occurred and that it was occurring not only, you know, among many people but many people he could maybe see in his own state. Just to reframe that for him and start to remove some of that blame that people so often feel.

 So Sarah, do you want to say anything more about what this case meant to you.

Sarah: Well I appreciate the focus on mental health that both of you have made here. I've often thought that maybe we need to screen every single child that walks through our door in the obesity clinic for ADHD because I agree. And one additional point to make with that, you know, we've picked up on it because we do administer the PSC and that can kind of give you a little bit of a flavor for it. But I do find from just years of treating children with sever obesity that it really often does look a little bit different than it does in my primary care practice. And in many ways the way that I think of it -- of ADHD in children with obesity is the same way that a lot of children with sort of the externalizing behaviors of ADHD are not able to focus on the things around them outside of them; their schoolwork, parents asking them to do something. Kids with ADHD and obesity I find many times have trouble focusing on the internalizing cues and so they can't seem to sense as well as others hunger, fullness, why am I eating, how does my body feel. And so sometimes the treatment of ADHD, I think a lot of people think we use these medicines just to suppress kids' appetites so that they don't eat as much. I think it's more than that, I really do. I think it's about helping them develop an appetite awareness so that some of those mindful eating tools we give them -- the hunger meter, you know, other ways of sort appreciating the food that you're eating and being more mindful can actually be more effective if they're being treated for the inattention symptoms of the ADHD.

 So I think it's an interesting discussion and I think it is really important to look for in this group of children.

Sandy: Yeah, and often that child is not the only person who has ADD or ADHD in the family. I can't tell you how many times we uncovered it in a parent who didn't know they had it. And if a parent has ADD or ADHD and is responsible for organizing the meals and structure of the house, that can also be a perfect storm for that child if the parent's struggling with that. So again, to widen your perspective out to the family because treating the child for ADHD is really important but having a structured home setting for that child to participate in is equally important. And often there are other family members struggling.

 And again, I think this is one of the challenges, but also, I think one of the things that I always appreciated about taking care of children with obesity is that we got to interact with the child and the whole family as a unit and really try to understand how that family was moving towards help.

 So any final comments? Jen, any final thing that you'd like our audience to know or hear?

Jen: No, I just think we all have a lot on our plates and it's a hard time for all of us involved. Still in the pandemic and all of the things that we deal with. And so I do feel like that there -- even addressing, kind of, difficult things can be really rewarding when we're approaching them, kind of, with these tools. It's really an opportunity to build our relationships with our patients during tough times. I encourage us to remember to not shy away from tough things and tough times, but we can do hard things together.

Sandy: Thanks, Jen.

 How about you, Sarah? Anything you'd like to maybe --

Sarah: I 100 percent agree with that and I think in primary care we have so much on our plates right now. And I think just to remember that, you know, as you’re seeing these patience that are, kind of, coming back and there are these big weight gains, to just take a deep breath. You know, there's nothing that we can do to go backwards in time and change what happened. So I encourage everyone to start where you are, express empathy, help people understand that they lived through a really hard time and we're just going to try and pick up now and try to do the best we can moving forward. It's easy to feel overwhelmed with all of these things that we have plus a child in front of us that now we feel like -- where are we going to go with this.

Sandy: So I wanted to thank both of you for being with me today and bringing your cases for our audience.

Thank you, audience, for listening. Thank you very much.

Thank you for listening to my conversation today with Doctors Armstrong and Groos about obesity care during the pandemic. Also, be sure to check out some of these relevant resources including: the following: AAP Policy Statement and Interim Guidance; Stigma Experienced by Adolescents with Obesity; Obesity Management and Treatment during COVID-19; Supporting Health Nutrition and Physical Activity During COVID-19; the Robert Wood Johnson State of Obesity Report; and Bright Futures Questionnaires and Screeners.

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