MedStar Health will adopt the Summary recommendations set forth by NICHD and AAP Expert Committee Recommendations Regarding the Prevention, Assessment and Treatment of Child and Adolescent Overweight and Obesity. The publication report is available on the web at:

The following are key components of these recommendations:

Primary care providers should universally assess children for obesity risk to improve early identification of elevated BMI, medical risks, and unhealthy eating and physical activity habits. Providers can provide obesity prevention messages for most children and suggest weight control interventions for those with excess weight.

1. Assess all children for obesity at all well care visits 2-18 years
   a. Provider should perform yearly

2. Use body mass index to screen for obesity
   a. Accurately measure height & weight
   b. Calculate BMI
   c. Plot BMI on growth chart
   d. Skinfold thickness or waist circumference measurements not recommended

3. Make a weight category diagnosis using BMI percentile
   a. <5% (underweight)
   b. 5-84% (healthy weight)
   c. 85-94% (overweight)
   d. 95-98% (obesity)
   e. >99%

4. Measure blood pressure
   a. Make sure appropriate cuff size is used
   b. Measure pulse
c. Diagnose hypertension using NHLBI table 2

5. Take a focused family history
   a. Look for
      i. Obesity
      ii. Type 2 diabetes
      iii. Cardiovascular disease (hypertension, cholesterol)
      iv. Early death from heart disease or stroke

6. Take a focused review of systems
   a. Assess for signs and symptoms of conditions associated with obesity using NHLBI table 3
      i. Includes symptoms such as anxiety, school avoidance, social isolation, depression, polyuria, polydipsia, weight loss, headaches, night breathing difficulties, daytime sleepiness, abdominal pain, hip or knee pain, oligomenorrhea or amenorrhea
      ii. Includes signs such as poor linear growth, dysmorphic features, acanthosis nigricans, hirsutism and excessive acne, violaceous striae, papilledema, cranial nerve VI paralysis, tonsillar hypertrophy, abdominal tenderness, hepatomegaly, undescended testicle, limited hip range of motion, lower leg bowing

7. Assess behaviors and attitudes
   a. Assess diet behaviors
      i. Fruit and vegetable consumption
      ii. Frequency of eating out and family meals
      iii. Consumption of excessive portion sizes
      iv. Daily breakfast consumption
   b. Physical activity behaviors
      i. Amount of moderate physical activity
      ii. Level of screen time and other sedentary activities
   c. Attitudes
      i. Self perception or concern about weight
      ii. Readiness to change
      iii. Successes, barriers, and challenges

8. Perform a thorough physical examination
   a. Provider to perform at least yearly
9. Order the appropriate laboratory tests
   a. 85-94% (overweight) without risk factors
      i. Fasting lipid profile
   b. 95-98% (obesity) with risk factors (10 yrs of age and older)
      i. Nutrition and exercise counseling
      ii. ALT and AST
      iii. Fasting glucose
   c. >99% ages 10 years and older (10 yrs of age and older)
      i. Nutrition and exercise counseling
      ii. ALT and AST
      iii. Fasting glucose
      iv. Other tests as indicated by health risks

10. Give consistent evidence based messages for all children regardless of weight
    a. Limit sugar sweetened beverages
    b. Eat at least 5 servings of fruit and vegetables
    c. Moderate to vigorous physical activity for at least 60 minutes every day
    d. Limit screen time to no more than 2 hrs./day
    e. Remove television from children’s bedrooms
    f. Eat breakfast every day
    g. Limit eating out, especially at fast food
    h. Have regular family meals
    i. Limit portion sizes

11. Use empathize/elicit – provide – elicit to improve the effectiveness of your counseling
    a. Assess self efficacy and readiness to change with empathize/elicit
       i. Reflect
       ii. What is your understanding?
       iii. What do you want to know?
       iv. How ready are you to make a change (1-10 scale)?
    b. Provide
       i. Advice or information
       ii. Choices and/or options
    c. Elicit
       i. What do you make of that?
       ii. Where does that leave you?

12. Develop an office based approach for follow up of overweight and obese children
    a. Prevention Plus
i. Family visits with provider who has some training in pediatric weight management/behavioral counseling
ii. Can be individual or group visits
iii. Frequency – individualized to family needs and risk factors, consider monthly

b. Behavioral goals
   i. Decrease screen time to 2 hrs./day or less
   ii. No sugar sweetened beverages
   iii. Consume at least 5 servings of fruits and vegetables daily
   iv. Be physically active 1 hr or more each day
   v. Prepare more meals at home as a family (goal of 5-6 times week)
   vi. Limit meals outside of the home
   vii. Eat a healthy breakfast daily
   viii. Involve the whole family in lifestyle changes
   ix. Frequent follow up and focused attention to lifestyle changes are Prevention Plus strategies

c. Weight goals
   i. Long term goals is <85% ile
   ii. Once at goal, advance to weight management strategies

13. Use motivational interviewing at prevention plus visits for ambivalent families and to improve the success of action planning
   a. Use patient centered counseling and motivational interviewing

14. Develop a reimbursement strategy for prevention plus visits
   a. Develop coding strategies that can help with reimbursement for Prevention plus visits
   b. Advocacy through professional organizations to address reimbursement policies is another strategy

15. Advocate for improved access to fresh fruits and vegetables and safe physical activity in your community and schools
   a. Advocate for increased activity in schools to create an environment that supports physical activity in general
   b. Support efforts to preserve and enhance parks as areas for physical activity

16. Identify and promote community services which encourage healthy eating and physical activity
   a. Promote physical activity in schools and child care settings

17. Identify or develop more intensive weight management interventions for your families who do not respond to prevention plus
a. Structured weight management  
b. Comprehensive, multidisciplinary interventions  

18. Join the Childhood Obesity Action Network to learn from your colleagues and accelerate progress  
   a. Support the Childhood Obesity Action Network at [www.NICHQ.org](http://www.NICHQ.org)  
   b. **Implementation Guide Contact:** obesity@nichq.org  

The work of the expert committee and writing groups addresses all stages of care, from normal-weight, low-risk children to severely obese children. **Figure below presents** an overview of the process to assess obesity risk.  

**Universal assessment of obesity risk and steps to prevention and treatment.**

<table>
<thead>
<tr>
<th>Identification</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calculate and plot BMI at every well child visit</td>
<td>Assessment</td>
<td>Prevention</td>
</tr>
<tr>
<td>Medical Risk</td>
<td>Target behavior</td>
<td>Patient/family counseling</td>
</tr>
<tr>
<td>Behavior Risk</td>
<td>Family and patient concern and motivation</td>
<td>Review any risks (eg BMI)</td>
</tr>
<tr>
<td>Attitudes</td>
<td>Eating</td>
<td>Use patient-directed techniques to encourage behavior change (see algorithm table)</td>
</tr>
<tr>
<td>Sedentary time</td>
<td>Physical activity</td>
<td></td>
</tr>
<tr>
<td>BMI 5th-84th percentile</td>
<td>Child history &amp; exam</td>
<td>Child history &amp; exam</td>
</tr>
<tr>
<td>Child growth</td>
<td>Parental obesity</td>
<td>Parental obesity</td>
</tr>
<tr>
<td>Family history</td>
<td>Laboratory, as needed</td>
<td>Laboratory, as needed</td>
</tr>
<tr>
<td>BMI 85th-94th percentile</td>
<td>Sedentary time</td>
<td>Child history &amp; exam</td>
</tr>
<tr>
<td>Child growth</td>
<td>Eating</td>
<td>Parental obesity</td>
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<tr>
<td>Family history</td>
<td>Physical activity</td>
<td>Laboratory</td>
</tr>
<tr>
<td>BMI ≥ 95th percentile</td>
<td>Sedentary time</td>
<td>Child history &amp; exam</td>
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<td>Child growth</td>
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<td>Laboratory</td>
</tr>
</tbody>
</table>

No evidence of health risk  
(Evidence of health risk)  

**Intervention for Treatment**  
(Advance through stages based on age and BMI)  

- **Stage 1 Prevention Plus**  
- **Primary care office**  
- **Stage 2 Structured Weight Management**  
- **Primary care office with support**  
- **Stage 3 Comprehensive Multidisciplinary Intervention**  
- **Pediatric weight management center**  
- **Stage 4 Tertiary Care Intervention (select patients)**  
- **Tertiary care center**

References: