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, new evidence and promising practices.

**Assess Behaviors**
Assess healthy eating and active living behaviors

**Provide Prevention Counseling**
5 (fruits & vegetables) 2 (hours or less of screen time) 1 (hour or more of physical activity) 0 (sugary drinks) every day!

**Determine Weight Classification**
Accurately determine weight and height, calculate and plot Body Mass Index (BMI) and determine BMI percentile.

- **Healthy Weight** (BMI 5-84%)
  - Family History
  - Review of Systems
  - Physical Exam

- **Overweight** (BMI 85-94%)
  - Augmented (obesity-specific)¹
    - Family History
    - Review of Systems
    - Physical Exam

- **Obesity** (BMI > 95%)
  - Augmented (obesity-specific)¹
    - Family History
    - Review of Systems
    - Physical Exam

**Risk Factors Absent**

**Risk Factors Present**

**Routine Care**
- Provide ongoing positive reinforcement for healthy behaviors.
- For patients in the healthy weight category, screen for genetic dyslipidemia by obtaining a non-fasting lipid profile for all children between the ages of 9-11 and again between 18-21.²
- For patients in the overweight category, obtain a lipid profile.
- Maintain weight velocity:
  - Crossing 2 percentile lines is a risk for obesity³
  - Reassess annually
  - Follow up at every well-child visit.

**Lab Screening**
- The 2007 Expert Committee Recommendations⁵ state that a fasting glucose and fasting lipid profile along with ALT and AST should be obtained.
- Additionally, guidelines from the ADA and Endocrine Society recommend using A1C, fasting glucose or oral glucose tolerance to test for diabetes or pre-diabetes.³
- For patient convenience, some providers are obtaining non-fasting labs.
- Clinical judgment, local preferences and availability of testing should be used to help determine the timing of follow up of abnormal labs.
- Of note, some subspecialty clinics are screening for Vitamin D deficiency and insulin resistance by obtaining labs for Vitamin D and fasting insulin. The clinical utility and cost effectiveness of such testing is yet to be determined.
- Currently, there are no guidelines on when to start laboratory testing for patients with obesity. Based upon the patient’s health risk, some experts may start screening patients at 2 years of age.

**Obesity-related conditions**: The following conditions are associated with obesity and should be considered for further work-up. Additional lab tests may be warranted if indicted by the patient’s clinical condition. In 2014, consensus statements from The Children’s Hospital Association described the management of a number of these conditions.⁶,⁷

<table>
<thead>
<tr>
<th>Dermatologic:</th>
<th>Endocrine:</th>
<th>Gastrointestinal:</th>
<th>Orthopedic:</th>
<th>Psychological/Behavioral Health:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acanthosis nigricans</td>
<td>Polycystic ovarian syndrome (PCOS)</td>
<td>Cholelithiasis</td>
<td>Blount’s Disease</td>
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<tr>
<td>Hirsutism</td>
<td>Precocious puberty</td>
<td>Constipation</td>
<td>Slipped capital femoral epiphysis (SCFE)</td>
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<td>Intertrigo</td>
<td>Prediabetes: Impaired fasting glucose and/or impaired glucose tolerance as demonstrated during a GTT</td>
<td>GERD</td>
<td>Anxiety</td>
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<td></td>
<td>Premature adrenarche</td>
<td>Nonalcoholic fatty liver disease or steatohepatitis</td>
<td>Binge eating disorder</td>
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<td></td>
<td>Type 2 Diabetes</td>
<td>Pseudotumor cerebri</td>
<td>Depression</td>
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<td>Teasing/bullying</td>
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*Based on behaviors, family history, review of systems, and physical exam, in addition to weight classification.
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 ≥ 95% 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.

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**References**