Obesity (And Eating Disorder) Prevention and Treatment- Words Matter

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The AAP Clinical Report on Preventing Obesity and Eating Disorders in Adolescents- What’s in there?

- NHANES Obesity Data 2011- 20.5% adolescents were obese, 34.5% were overweight or obese
- Eating disorders are the 3rd most common chronic condition in adolescents. Only obesity and asthma are more common.
- Eating Disorder lifetime prevalence in adolescent girls- AN 0.3%, BN 0.9% and binge eating disorder 1.6%
Interaction Between Obesity Prevention/Treatment and Eating Disorders

- Adolescents who are trying to lose weight may adopt disordered eating behaviors.
- Study data- 36.7% of adolescents seeking treatment for eating disorders had a previous weight above the 85% for age and sex.
- Pediatricians who focus only on weight loss may miss the symptoms and behaviors indicating an eating disorder.
Behaviors Associated with both Eating Disorders and Obesity

- Dieting - Counterproductive to weight management and can predispose to eating disorders.
- Family meals - NOT shown to prevent obesity but does improve diet quality and helps to prevent disordered eating behaviors.
- Parental weight talk - Linked to both overweight and eating disorders (not true if conversation focused on healthful eating behaviors).
Motivational Interviewing

- PROS BMI study (yes, this is a blatant PROS advertisement)
- Study assessed BMI delivered by pediatricians and dieticians. More effective than control group without MI.
- AAP “Change Talk: Childhood Obesity” (http://ihcw.aap/org/resources) - virtual MI training
What if you suspect an Eating Disorder?

- BMI below 5%
- Rapid decline in BMI
- Missed menstrual periods in girls
- Disordered eating behaviors
- A multidisciplinary approach is key!
What is the pediatrician’s role in preventing and treating Obesity and Eating Disorders?

- Discourage dieting, skipping meals and use of diet pills
- Promote a positive body image
- Encourage frequent family meals
- Encourage families to talk about healthy diet and exercise habits rather than about weight
- Ask about bullying
- Monitor weight loss in adolescents closely
The AAP Algorithm for Assessment and Management of Childhood Obesity - What’s in That One?

- **Routine Care** - Stresses positive reinforcement for healthy behaviors

- **Prevention Plus** - Planned follow up visits stressing behavior changes, assess at least monthly?

- **Structured Weight Management** - More intense support with primary MD. Assess every 2-4wk
The AAP Algorithm for Assessment and Management of Childhood Obesity- What’s in That One?

- Comprehensive Multi-disciplinary Intervention - Incorporate care with a Pediatric Weight Management Clinic/ Multi-disciplinary team. Assess every 1-4 weeks.

- Tertiary Care intervention - Pediatric Weight Management Center with expertise in childhood obesity. Consideration of medications and surgery.

- Advance to the next level of intervention if no improvement after 3-6 months.
What’s going on at Palmetto Pediatrics?

- SCMA Childhood Obesity Toolkit- It’s all about Brief Motivational Interviewing
- Toolkit based upon 5-2-1-0
- Toolkit incorporated so well into daily care that docs didn’t realize they were using it when completing SCPPRN survey
Eating Disorder Resources in SC

- Eating Recovery Center, the Carolinas- Greenville SC, expanding to outpatient care in Columbia as well
What’s going on at Palmetto Pediatrics

- FoodShare South Carolina- potential to address both obesity and food insecurity
- All offices promoting FoodShare
- Clemson Road office serving as a FoodShare distribution site
What’s going on at Palmetto Pediatrics?

- Using SCMA Childhood Obesity Toolkit to incorporate motivational interviewing into discussions about diet, exercise and screen time
- Trying to avoid discussions which focus purely on weight
- Participating on the SCMA Childhood Obesity Taskforce. Interacting with the other stakeholders allows us to stay abreast of new resources and new interventions available for our patients.
Does the new AAP media statement change anything?

- The precise 2 hour media limit for older children has been changed to a more parent and family-centric recommendation for limited entertainment media.

- It’s all about family interactions and reasonable limits.