Cincinnati Children's®
General and Community Pediatrics

Cincinnati Pediatric Research Group

Vol. 1, Issue 1 Summer 2004

Provider Perspectives Regarding Pediatric Obesity

A survey was designed by the Cincinnati Pediatric Research Group to investigate local primary care provider perspectives regarding pediatric obesity. The 20-question survey was sent by U. S. mail to 300 community pediatricians in the Greater Cincinnati Metropolitan area. Surveys were completed by 154 respondents.

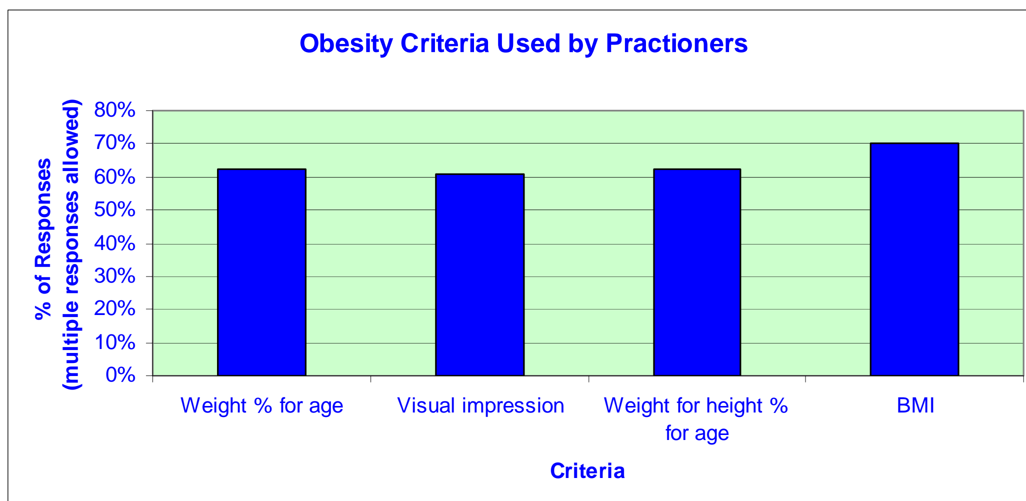
This newsletter presents resulting data related to criteria used to diagnose obesity, perceived prevalence of obesity, standard screening for predisposing and co-morbid conditions, treatment options used most often, and measures of treatment success.

Diagnosis

Most providers report using more than one criteria for diagnosing obesity, and 70% use Body Mass Index (BMI) in some manner; however, 24% reported that they never calculate BMI. The AAP statement defining obesity treatment and management recommends calculating BMI (kg/m^2) and using BMI greater than the 95th percentile for age and gender to define overweight or obesity and greater than the 85th percentile to define at risk of overweight (http://www.aap.org/obesity/).

Baylor College has an online BMI-for-age calculator at
http://www.bcm.tmc.edu/cnrc/consumer/nyc/vol1_03/bmi_calculator.htm#.

You can download a BMI calculator for your Palm or PocketPC 2003 device from the NIH website at
http://hin.nhlbi.nih.gov/bmi_palm.htm



Prevalence and Co-Morbidities

The perceived local prevalence of obesity positively correlates with age starting with toddlers at 5-10% and rising to 20-25% in adolescents.

The most common predisposing conditions for which providers commonly screen is hypothyroidism (64%) followed by medication effects (29%) and polycystic ovary disease (26%).

The most common complicating conditions screened for are dyslipidemias (61%) followed by damaged self-esteem (57%) and depression (49%). The survey did not identify tools to accomplish these screens.

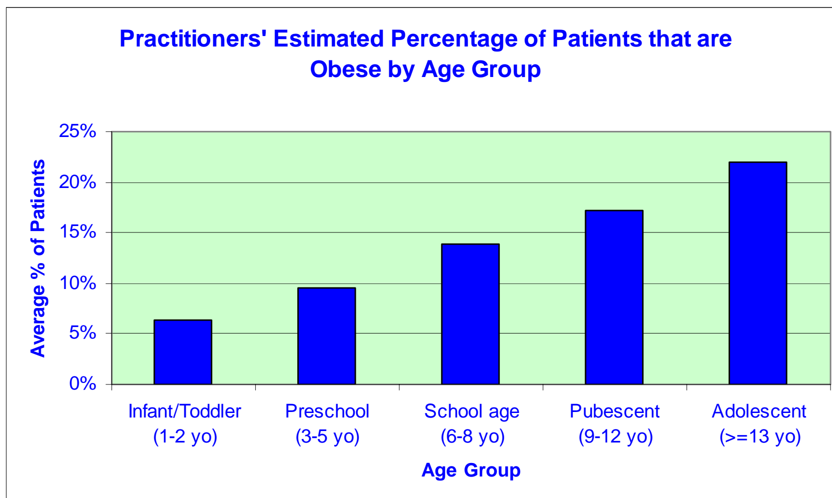
Management

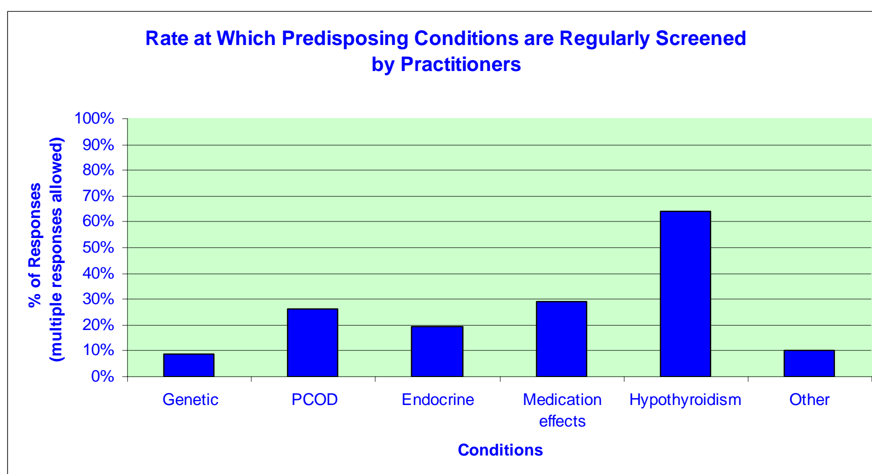
Treatment options reported most often by respondents include a nutritionist/dietician (76%), exercise counselor (74%), counseling for the child (68%), counseling for the parent (59%) and close follow-up (61%).

Outcome

Although a return to normal parameters of body mass is the ultimate goal, measures of treatment success reported include increased physical activity (81%), self-esteem improvement (76%), weight maintenance (74%), weight or BMI percentile reduction (74%), absolute weight loss (61%), decrease in blood pressure and BMI value reduction (both at 53%).

This study was conducted by Drs. Evelyn Joseph and Jeralyn Bernier with assistance from Lauren Kinker. For more information, please contact Lea Alaee, CPRG secretary, at (513) 636-4183 or lea.alaee@cchmc.org.





CPRG Overview

The Cincinnati Pediatric Research Group (CPRG) is a Midwest regional practice-based research network (PBRN) of more than 50 community child health care providers in more than 20 practices and is based primarily in the Greater Cincinnati, Ohio area. Founded in 1996, the CPRG is supported by Cincinnati Children's Hospital Medical Center and grant funding. Obesity is a major theme area for CPRG research.

For more information about the Cincinnati Pediatric Research Group or this newsletter, please contact Dr. Jeralyn Bernier, Research Director, at (513) 636-0145 or jeralyn.bernier@cchmc.org.

This newsletter is produced bi-annually. Material contained herein should not be reproduced or quoted without permission from the CPRG office.