

Healthy Weight in Children and Teens



FAST FACTS

At Cincinnati Children's, during the COVID-19 pandemic:

36.4–39.7%

increase in overweight and obesity rates in kids 2 to 19 years

The rate of type 2 diabetes doubled

WHEN TO REFER

- If child is obese and refractory to first-line treatment
- Concern about co-morbidities
- If the patient may be better managed in a weight-loss program (BMI >85%)

Children with any of the HPE red flags should be followed closely or referred to the Cincinnati Children's Center for Better Health and Nutrition (Healthworks!) or specific subspecialty clinics.

For treatment questions or to refer a patient for weight management, call 513-636-4305 or email healthworks@cchmc.org to reach the Cincinnati Children's Center for Better Health and Nutrition (Healthworks!).

Obesity is the most common worldwide health problem in children and adults.

ASSESSMENT

At well-child visits for every patient age two and older, perform physical exam and family history. Assess healthy eating and active living behaviors. Provide "5-2-1-0" prevention counseling for daily behavior: five fruits or vegetables, two hours or less of screen time, one hour or more of physical activity and zero sugary drinks (including juice).

Accurately determine height and weight and calculate/plot body mass index (BMI):

- Obese (BMI ≥95%)
- Overweight (BMI 85–94%)
- Healthy weight (BMI 5–84%)

For children age three and older, take blood pressure.

Lab Evaluation

If **obese**, consider a lab evaluation that includes:

- Glucose and lipid profiles (fasting, if possible)
- AST and serum ALT
- Hemoglobin A1C

If **overweight**, obtain a lipid profile. Determine health risk factors based on behaviors, family history, review of systems and physical exam.

- If risk factors are present, consider lab evaluation as described above for obese patients
- If risk factors are absent, follow management guidelines as described below for healthy weight patients

HPE RED FLAGS

- ALT or AST >40 units/L
- Fasting LDL >130 mg/dl (normal is up to 100 mg/dl)
- Fasting triglycerides >130 mg/dl
- HgA1C >5.6%
- Elevated blood pressure
- Signs of disordered eating
- Concerns for possible abuse

MANAGEMENT/TREATMENT

If overweight or obese:

- Plan 15–20 minute follow-up focusing on behaviors that resonate with patient, family and PCP
- Consider partnering with dietician, social worker, athletic trainer or physical therapist for added support and counseling

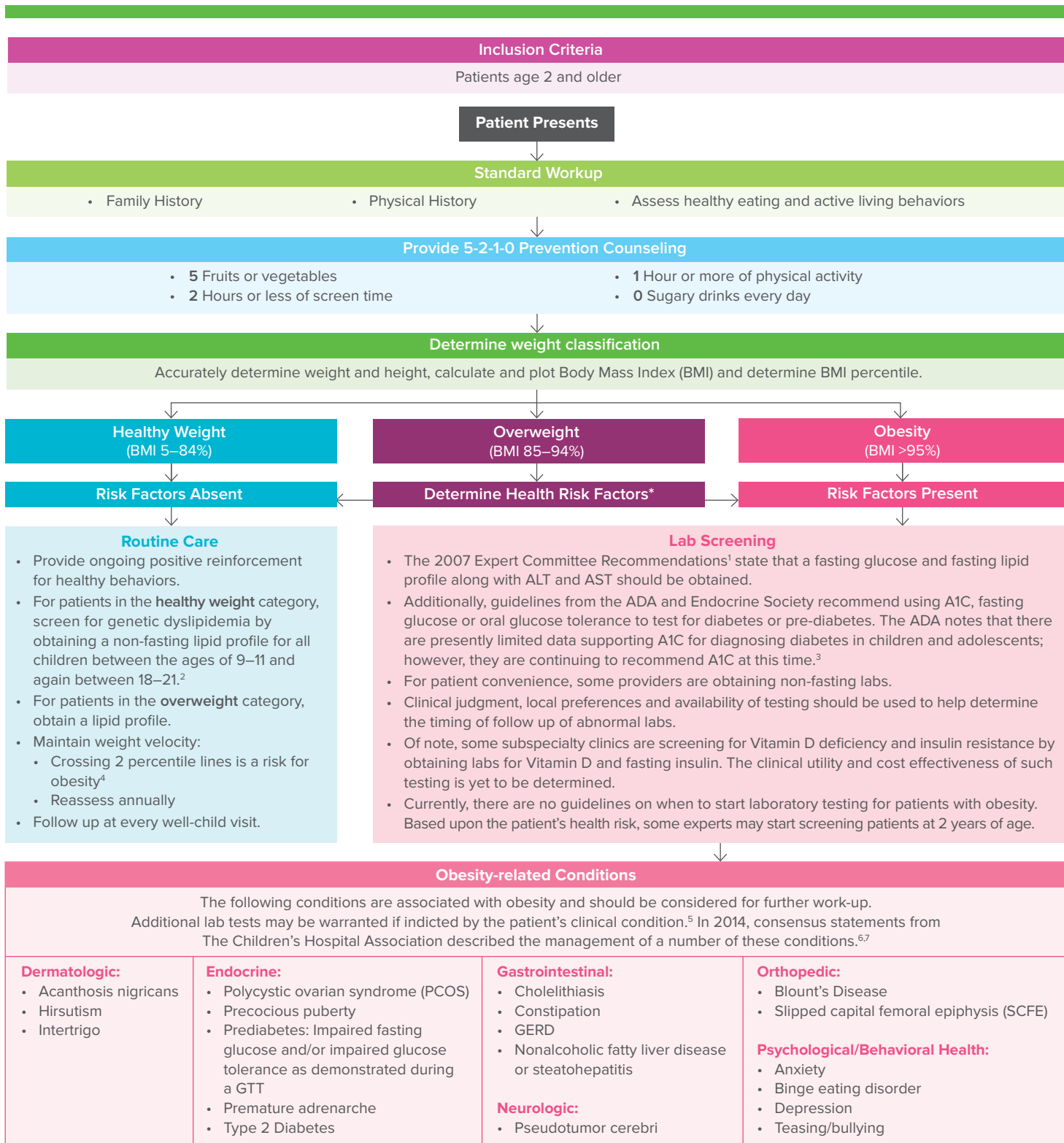
Goal is two-fold: to achieve positive behavior change regardless of BMI change and to achieve weight maintenance or a decrease in BMI velocity. Monthly follow-up is appropriate. After 3–6 months, if the BMI/weight status has not improved, consider referral to the Cincinnati Children's Center for Better Health and Nutrition (Healthworks!)

If healthy weight:

- Provide ongoing positive reinforcement for healthy behaviors
- Screen for genetic dyslipidemia by obtaining a non-fasting lipid profile between the ages of 9–11 and again between 18–21

If you would like additional copies of this tool, or would like more information, please contact the Physician Outreach and Engagement team at Cincinnati Children's.

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*Based on behaviors, family history, review of systems, and physical exam, in addition to weight classification.

Source: Diagram adapted from American Academy of Pediatrics Institute for Healthy Childhood weight. This algorithm is based on the 2007 Expert Committee Recommendations, new evidence and promising practices. Find full list of references here .