

Structured weight loss program helps kids from low-income families lower BMI

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Overweight and obese children in low-income households can meet or exceed the Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Childhood and Adolescent Overweight and Obesity when given access to a structured weight management program, according to a new study published in *Academic Pediatrics*.

The epidemic of overweight and obesity in the United States affects children, particularly those in [low-income families](#), where they are at higher risk due to unhealthy diets and consumption of higher calorie, high-fat foods and sweetened drinks with limited opportunities for daily physical activity. If left untreated, these conditions are likely to extend into adulthood, placing the child at higher risk for obesity-related diseases, including cardiovascular disease and type 2 diabetes.

The state of Tennessee has struggled with this issue and ranked fifth highest for [child obesity](#) in the 2007 National Children's Health Survey. The year before, Tennessee Medicaid (TennCare) partnered with the international commercial [weight](#) loss program, Weight Watchers, to help treat obesity. Through the TennCare Weight Watchers Partnership Program overweight and obese TennCare recipients under the age of 21 were able to participate with no out-of-pocket cost.

A group of researchers led by the University of Colorado School of Medicine in Aurora, CO evaluated the weight change of 280 qualified participants aged 10 to 17 years old, who were referred by their [health](#)

[care providers](#) to participate in the program.

"We hypothesized that individuals who participated in the program would have a reduction in [body mass index](#) (BMI) z score significantly greater than zero and that there would be no difference in the reduction in BMI z score between boys and girls," says Nia S. Mitchell, MD, MPH, lead investigator and assistant professor of general internal medicine at CU School of Medicine and CU's Anschutz Health and Wellness Center and Colorado Health Outcomes. "As secondary analyses, we also determined if there was a threshold of participation, in duration or number of meetings, which might be associated with clinically significant [weight loss](#)." Use of a BMI z score is the optimal way to measure weight change in children.

The team also compared weight change to the Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Childhood and Adolescent [Overweight and Obesity](#).

By the end of their participation in the program, the weight change in 53 percent of the children either met or exceeded the recommendations of the Expert Committee. Participants who attended the program for more than 12 weeks and those who attended ten or more meetings saw a five percent decrease in BMI z score. More than half the participants attended eight or fewer weekly meetings, while nearly 30 percent attended ten or more.

While it is difficult to define significant weight loss in children because they are still growing, the study demonstrated that a clinically significant change in BMI z score was achieved by the 25 percent of those who participated in the program for more than 12 weeks.

Says Dr. Mitchell, "Our analysis suggests that the TennCare [Weight Watchers Partnership Program](#) was associated with a majority of

participants meeting the recommendations of the Expert Committee. Providers should, therefore, consider referring their patients to similar structured programs." The study team also points out that this type of partnership can give low-income families the opportunity to give their children a good chance for weight management success.

More information: The article is "Weight Change in Pediatric TennCare Recipients Referred to a Commercial Weight Loss Program," by Nia S. Mitchell, MD, MPH; Christina A. Suh, MD; Nanette Stroebele, PhD; James O. Hill, PhD; Adam G. Tsai, MD, MSCE ([DOI: 10.1016/j.acap.2012.12.004](https://doi.org/10.1016/j.acap.2012.12.004)). It appears in *Academic Pediatrics*, Volume 13, Issue 2 (March/April 2013)

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