

New Canadian guidelines to prevent and manage obesity in children must focus on family

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New guidelines from the Canadian Task Force on Preventive Health Care to help prevent and manage obesity in children and youth recommend regular growth monitoring at routine health care visits as well as a focus on family lifestyles and health behaviours. The guidelines, published in CMAJ (*Canadian Medical Association Journal*), are aimed at helping primary care practitioners address this major public health issue.

Growth monitoring includes measuring weight, height or length, calculating body mass index and plotting these according to age using the measures on the WHO (World Health Organization) growth charts adapted for Canadian children.

Obesity puts children at an elevated risk for various health conditions through its association with <u>high blood pressure</u>, high cholesterol and diabetes. In Canada, childhood obesity has more than doubled since the 1970s, with about 32% of children and youth classified as overweight (20%) or obese (12%). More than twice as many boys (15%) than girls (8%) are obese.

"Childhood obesity is complex; influenced by different parenting styles, family lifestyles and parents' knowledge of what constitutes healthy growth," states Dr. Patricia Parkin, chair of the child-obesity guideline working group. "Primary care doctors and other health care



professionals play an important role in the battle against childhood obesity, which is a major health challenge in Canada. To be successful, we must involve the entire family and tailor solutions that meet their varied needs."

This is the first update to childhood obesity guidelines in more than 20 years and includes the latest evidence and recommendations, consistent with those in other countries.

"Parents often underestimate their children's weight, which is why continual growth monitoring by a health care provider is important," states Dr. Paula Brauer, a member of the child obesity guideline working group. "Children naturally gain weight as they grow; by regularly measuring and plotting a child's growth, a physician or nurse can determine if the child is maintaining a healthy growth pattern or if he or she is at risk of being overweight or obese."

Key recommendations for <u>primary care</u> practitioners:

- Growth monitoring (height, weight and <u>body mass index</u>) should be done for all children and youth under age 18 at appropriate primary care visits using the WHO Growth Charts for Canada.
- For children aged 2 to 17 years who are overweight or obese, primary care practitioners should offer or refer to structured behavioural programs aimed at achieving healthy growth.
- Pharmacologic treatments (including orlistat) should not be offered to children or youth who are overweight or obese.
- Referral to surgery for overweight and obese children and youth is not recommended.

Structured behavioural interventions include exercise, healthy nutrition and lifestyle changes, as well as counselling, education and other supports.



The literature showed that "most effective behavioural interventions were comprehensive, delivered by a specialized interdisciplinary team, involved group sessions, and incorporated parent and family involvement," states the Task Force.

The Task Force calls for more research, especially randomized controlled trials, into effective methods for obesity prevention in children and youth, particularly within primary care settings.

"The primary care team is an integral part of a whole-system approach to tackling childhood obesity," writes Dr. Carolyn Summerbell, Durham University, Stockton-on-Tees, Teesside, United Kingdom, in a related commentary.

"The primary care team can play an important role in supporting, encouraging and advising the public <u>health</u> team. Tackling <u>childhood</u> <u>obesity</u> should not be seen in two halves—prevention and treatment. It is a continuum, and the grey area in the middle is actually where many children lie for at least some time during their childhood."

The guideline from the Canadian Task Force on Preventive Health Care will be an important resource for primary care practitioners and for the Commission on Ending Childhood Obesity recently created by WHO, states Dr. Summerbell.

More information: Guidelines www.cmaj.ca/lookup/doi/10.1503/cmaj.141285

Commentary www.cmaj.ca/lookup/doi/10.1503/cmaj.150259

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