

# Experts explain what parents should know about pediatric obesity

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Sonia Caprio, MD, and Michelle Van Name, MD, are pediatric

endocrinologists. Credit: Robert A. Lisak

Contrary to what many people think, childhood obesity doesn't just happen if a child eats too much and exercises too little. Sure, proper nutrition and physical activity are crucial to anyone's health, but there are many influencing factors beyond a child—or parent's—control.

"There is a large genetic connection to [pediatric obesity](#)," says Michelle Van Name, MD, a Yale Medicine pediatric endocrinologist.

Yale Medicine has long been at the forefront of research and treatment of childhood obesity. Our Pediatric Weight Solutions Program works with [children](#) as young as 1 and up to 21. Most are referred by pediatricians from throughout the state for evaluation and treatment of hormonal problems associated with obesity.

With each child, we start with behavioral and lifestyle modifications, so children grow up with the tools they need to stay healthy. If those approaches don't work—and especially for children whose obesity-related health problems are already severe—we consider medications or [gastric-sleeve surgery](#) (both for ages 16 and up).

One in six children in the United States has obesity, according to the Centers for Disease Control and Prevention. Childhood obesity carries many health risks, and despite recent declines in the number of obese preschool-aged children, the rates are still too high, says Sonia Caprio, MD, director of the Pediatric Weight Solutions Program.

We recently caught up with Drs. Caprio and Van Name to discuss common questions parents may have about their children's weight.

## What is the definition of obesity in children?

For children, the definition for obesity is being at or above the 95th percentile of your BMI (body-mass index, or weight-to-height ratio). Overweight is being in the 85th to 94th percentile.

## What causes obesity?

"There are multiple factors that contribute to [childhood obesity](#), including a clear genetic component," Dr. Van Name says. "We know there are genetic abnormalities that can contribute to lack of satiety."

Ongoing research continues to explore hormones related to hunger.

## What are the health ramifications of obesity in childhood?

Many preventable health issues—including hypertension, prediabetes and fatty liver disease—are caused by obesity.

Fatty liver disease is a condition in which fat builds up in your liver. It can be reversed, but if left untreated, it can progress into cirrhosis (scarring) and in some cases, liver failure.

"Thirty percent of our patients in the Pediatric Weight Solutions Program present with [fatty liver disease](#)," Dr. Caprio says. "And it is a major risk factor for not just cirrhosis, but diabetes. When we evaluate patients for the first time, we also screen for prediabetes, which is when your sugar levels are high—but not high enough to be considered diabetes."

The more fat—and less muscle—a child has makes them more resistant

to insulin, a hormone needed to move glucose (blood sugar) into the body's cells, where it is stored and used for energy. Over time, insulin resistance causes blood sugar levels to rise, setting up children for diabetes and heart disease.

"To have elevated insulin and puberty is a double whammy for kids, because their body is already making extra hormones," Dr. Caprio says.

The good news, she notes, is that prediabetes can be reversed. The solution, she says, is exercise, weight loss and eating a healthy diet.

## **What treatment options are there?**

The first steps we take are lifestyle and behavioral modifications, says Dr. Caprio. That means working with not just our endocrinologists, but our APRNs, physician assistant and registered dietitians. We obtain a thorough medical history and start to suggest changes. We refer many children to Yale School of Medicine's Bright Bodies Program in New Haven, which teaches children and their families about nutrition and encourages them to exercise.

"We also take the time to explain why this is happening to them," Dr. Van Name says. "There is so much stigma around obesity. Kids tell me they are exercising 30 minutes three times a week. However, if we think back to past generations, kids spent much of the day outside exercising, and they did not have easy access to the energy-rich foods that surround us now. Our bodies were not built to eat the types of foods we eat or to sit as much as we sit."

Furthermore, "diet" is not a word Yale Medicine caregivers use, she says. "That's because we want them to make a lifestyle change that will last forever. They need to change their lifestyle in a way that works for them," Dr. Van Name says. "We want them to learn about health so

when they grow up and become independent, they cook healthy foods for themselves instead of relying on fast food."

## **What role does family play?**

It's never too early for parents, pediatricians, grandparents and other caregivers to talk to children about healthy living, including exercise and proper nutrition.

"Family-based interventions, where the entire family makes healthy choices together, can really benefit the kids," Dr. Van Name says. For instance, she notes, "Many people think juice is healthy. But it's loaded with sugar. Kids are better off eating an orange than drinking a glass of orange juice."

## **What are some simple steps parents can take at home?**

- Pre-plan snacks. If you come home hungry and you have to wash and cut the celery, that is a barrier to eating it—but if it's already prepared and waiting, that's much easier. Kids may then be less likely to reach for a bag of chips.
- Set reasonable goals. One or two dietary changes can make a big difference. Try something easy, like cutting out juice or soda and drinking water instead.
- Teach kids to cook. "We empower kids to cook with adults and learn about nutrition," Dr. Van Name says. "This way, when they are out on their own in the world, they know how to prepare healthy foods for themselves."
- Play outside. If outdoor time is not an option, families can work with children to identify exercise or dance videos they can follow, or explore other ways to use electronics to guide exercise

time.

## What is the outlook?

"There is hope," Dr. Van Name says. "Some of the rise in obesity has been stabilizing. School lunches have improved. But, she says, "Prevention is key. We have to do a lot more as a community to keep kids healthy throughout childhood and adolescence. Continued research is critical to understanding the impact of hormones on weight gain and developing additional strategies to help children maintain healthy weights."

Dr. Caprio says greater efforts need to be devoted to identifying children at risk for obesity in the first five years of life. "We need to work with parents and focus on screening for potential genetic causes and environmental factors contributing to the risk of [obesity](#)," she says.

Provided by Yale University

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