



Preventing Childhood Obesity:

Georgia Health Care Professionals Can Make A Difference!

Key Recommendation

Annually Assess Body Mass Index (BMI) and BMI-for-age Percentile¹

- Beginning at age 2, measure BMI & and chart BMI-for-age percentile annually to assess a child's growth trajectory.
- Routine BMI monitoring provides early insight to and emphasizes the importance of a healthy body weight.
- Significant changes in growth patterns between annual well child visits, such as a substantial increase in BMI-for-age percentile, should be examined and addressed by the clinician².

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The Facts

In the United States^{3,4}:

- Overweight prevalence more than tripled among children aged 6 to 19 years between 1980 and 2003, with the current estimate at greater than 17%.
- In addition to overweight, an estimated 61% of overweight young people have at least one additional risk factor for heart disease, such as high cholesterol or high blood pressure.

In Georgia⁵:

- 27% of young children 2 to < 5 years are overweight or at risk for overweight.
- 33% of middle school and 26% of high school students are overweight or at risk for overweight.
- 59% of adults, 18 years and older, are overweight or obese.

Health Conditions Associated with Child and Adolescent Obesity^{6,7,8}

System	Obesity-related Disorders	
Pulmonary	<ul style="list-style-type: none"> • Sleep apnea • Asthma 	<ul style="list-style-type: none"> • Pickwickian syndrome
Orthopaedic	<ul style="list-style-type: none"> • Slipped capital epiphyses • Blount's disease (tibia varia) • Tibial torsion 	<ul style="list-style-type: none"> • Flat feet • Ankle sprains • Increased risk of fractures
Neurological	<ul style="list-style-type: none"> • Idiopathic intracranial hypertension 	
Gastroenterological	<ul style="list-style-type: none"> • Cholelithiasis • Liver steatosis 	<ul style="list-style-type: none"> • Non-alcoholic fatty liver • Gastro-oesophageal reflux
Endocrine	<ul style="list-style-type: none"> • Insulin resistance • Impaired glucose tolerance • Type 2 diabetes 	<ul style="list-style-type: none"> • Menstrual abnormalities • Polycystic ovary syndrome • Hypercorticism
Cardiovascular	<ul style="list-style-type: none"> • Hypertension • Dyslipidaemia 	<ul style="list-style-type: none"> • Fatty streaks • Left ventricular hypertrophy
Other	<ul style="list-style-type: none"> • Systemic inflammation / Raised C-reactive protein • Social Isolation • Psychological / Depression 	<ul style="list-style-type: none"> • Emotional / Self-esteem • Quality of life

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BMI-for-Age Classification: Children 2-20 Years¹

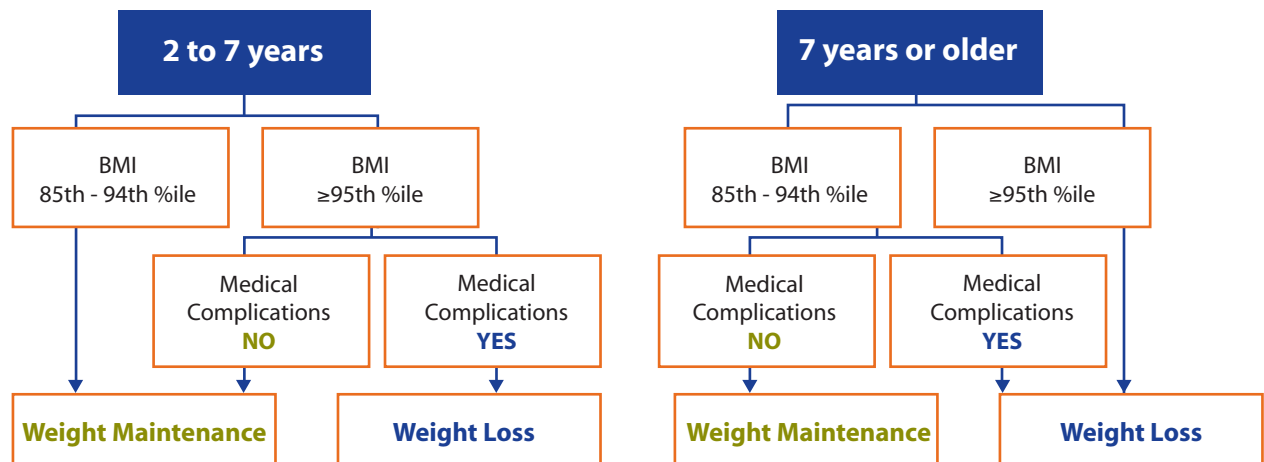
Healthy Weight — between the 5th and 84th percentile.

At Risk of Overweight — between the 85th and 94th percentile.

Overweight — at or above the 95th percentile.

BMI-for-age Growth Charts for boys and girls are available free at www.cdc.gov/growthcharts.

Recommendations for Management of Pediatric Overweight⁷



Prevention of Pediatric Overweight^{9,10,11}

• ASSESS growth, BMI and health status

- Beginning at age 2, for **ALL** children, measure height and weight, and calculate BMI at all health visits.
- At least annually, plot BMI on gender-specific, BMI-for-age percentile growth charts.

• COUNSEL all families at each visit to achieve specific health behavior changes. Topics may include:

- Scheduling 1-2 hours (maximum) of television each day.
- Participating in regular physical activity, with a goal of accumulating 60 minutes each day.
- Providing healthy snack choices for after school time and promoting consumption of healthy beverages including water and low-fat milk.

• SUPPORT parents and children through goal setting and follow-up.

- Establish small, achievable, time-specific goals.
- Encourage non-food rewards for goal achievement.
- Follow-up with family to enhance behavior change – via phone, email, office visit, or mail.

References

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