Michigan Quality Improvement Consortium Guideline

**Treatment of Childhood Overweight**

The following guideline recommends specific treatment interventions for childhood overweight and obesity.

<table>
<thead>
<tr>
<th>Eligible Population</th>
<th>Key Components</th>
<th>Recommendation and Level of Evidence</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children 2 years or older with a BMI ≥ 85th percentile</td>
<td>Identify presence of weight related complications</td>
<td><strong>Reinforce Prevention Recommendations</strong> <em>(See also MQIC Prevention and Identification of Childhood Overweight &amp; Obesity Guideline)</em></td>
<td>Each periodic health exam, more frequently as case requires</td>
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</tbody>
</table>
| | | - History and Physical Exam [D]:  
  - Family history, evaluate general co-morbidities including but not limited to cardiovascular disease and diabetes  
  - Symptoms of gallbladder disease, Type 2 diabetes, obstructive sleep disorders, hypothyroidism  
  - History of medication use including nutritional supplements  
  - Patient/parental concern about weight  
  - Blood pressure, using appropriate technique and cuff size for age  
  - Skin problems, especially presence of acanthosis nigricans  
  - Weight related orthopedic problems  
  - Be alert to secondary causes of obesity. If aberrant findings are noted (short stature, hypotonia, hirsutism, etc.) then consider genetic and other endogenous causes of obesity.  
  - Consider screening for insulin resistance or Type 2 DM with a fasting glucose and insulin level. [D] | |
| | Lifestyle intervention to reach weight maintenance | **Consider all of the above plus:**  
 **Intervention to promote weight management/treatment [D]:**  
 - Reinforce lifestyle intervention/ behavior modification. Focus is appropriate weight maintenance  
 - Family must be involved; small gradual changes are recommended towards the stated goal  
 - Monitor for increasing BMI percentile  
 - Monitor for the development of complications/co-morbidities | Consider management of childhood obesity as a medium to long term intervention |
| Children 2 years or older with a BMI ≥ 85th - 94th percentile without complication “At risk for overweight” | Lifestyle intervention with concomitant treatment of complication as needed | **All of the above plus:**  
 - Primary goal of childhood weight interventions is regulation of body weight and fat with adequate nutrition for growth and development  
 - Treat complications as needed  
 - Substantial slowing of weight gain may be achieved by relatively small but consistent changes in energy (200-500 kcal/day) intake, expenditure or both. If weight loss is desired an appropriate starting goal is about 1 lb of weight loss per month  
 - Consider referral to multidisciplinary pediatric obesity treatment center/ pediatric endocrinologist/ registered dietitian | |
| Children 2 years or older with a BMI ≥ 85th - 94th percentile with complication | Weight loss with concomitant treatment of complication as needed | **All of the above plus:**  
 - Long-term goal should be a body mass index below 85th percentile for age and sex  
 - Consider aggressive approach to weight loss and treatment for severely overweight patients after conservative approaches have failed | |

**Levels of Evidence for the most significant recommendations:** A = randomized controlled trials; B = controlled trials, no randomization; C = observational studies; D = opinion of expert panel

This guideline lists core management steps. It is based on several sources, including: Committee on Nutrition. 2003. American Academy of Pediatrics Policy Statement: Prevention of Pediatric Overweight and Obesity (www.aap.org). Individual patient considerations and advances in medical science may supersede or modify these recommendations.