

**Table 4: Signs and Symptoms of Conditions Associated with Obesity, Diagnosis and Referral Recommendations**

Symptoms or Signs	Suspected Diagnosis	Appropriate Studies	Referral
Polydipsia, polyuria, weight loss, acanthosis nigricans	Type 2 Diabetes	Random glucose, fasting glucose, 2 hour GTT, urine ketones, HbA1c	Endocrine
Small stature (decreasing height velocity), goiter	Hypothyroidism	Free T4, TSH	Endocrine
Small stature (decreasing height velocity), purple striae, Cushingoid facies	Cushing's Syndrome	Serum cortisol, 24 hour urine free cortisol	Endocrine
Hirsutism, excessive acne, menstrual irregularity	Polycystic Ovary Syndrome	Free testosterone	Adolescent medicine or Endocrine
Abdominal pain	GE Reflux, Constipation, Gall Bladder Disease	Medication trial for suspected reflux or constipation, ultrasound for GB disease	Gastroenterology
Hepatomegaly, increased LFTs (ALT or AST >60 for ≥6 months)	Nonalcoholic Fatty Liver Disease	ALT, AST, bilirubin, alkaline phosphatase (also see Table 5)	Gastroenterology
Snoring, daytime somnolence, tonsillar hypertrophy, enuresis, headaches, elevated BP	Sleep Apnea, Hypoventilation Syndrome	Sleep Study	ENT or Pulmonology
Hip or knee pain, limp, limited hip range of motion, pain walking	Slipped Capital Femoral Epiphysis	X-rays of hip	Orthopedics
Lower leg bowing	Blount Disease	X-ray of lower extremities and knees	Orthopedics
Severe headaches, papilledema	Pseudotumor Cerebri	Head CT Scan	Neurology or Neurosurgery
Depression, school avoidance, social isolation, sleep disturbances	Depression	Validated depression screen (PSC, MFQ)	Psychiatry or Psychology
Binge eating, vomiting	Bulimia	Validated screen for eating disorder	Psychiatry, psychology, eating disorders center
Dysmorphic features, small hands and feet, small genitalia, no menses, undescended testes	Prader-Willi Syndrome	Chromosomes for Prader Willi Syndrome	Genetics

**Table 5: Results Guide for Overweight and Obese Pediatric Patients**

Test	Result	Action Plan
Fasting Glucose	<100	Recheck every 2 years.
	≥100, <126	Pre-diabetes. Provide counseling. Consider oral glucose tolerance test, HbA1c. Recheck yearly.
	≥126	Diabetes. Refer to endocrine.
Oral GTT (2-hour)	<140	Recheck every 2 years, more frequently if weight gain continues/accelerates.
	≥140, <200	Pre-diabetes. Provide counseling. Consider referral to endocrine if risks present. Recheck every 2 years, more frequently if weight gain continues/accelerates.
	≥200	Diabetes. Refer to endocrine.
Random Glucose	≥200	Diabetes. Refer to endocrine.
Hemoglobin A1c	≥7	Refer to endocrine. Note that this test is not routinely recommended.
Fasting LDL	<110	Repeat every 5 years.
	≥110, <130	Repeat in 1 year.
	≥130, <160	Obtain complete family history. Provide low cholesterol diet (AHA "Step 1" Diet). Recheck 1 year.
	≥160 w/risks, or any LDL ≥190	Refer to cardiology.
Fasting HDL	≥40	Routine care. Recheck every 2 years, more frequently if weight gain continues/accelerates.
	<40	Increase activity and omega-3 fats (flax/fish oil). Stop smoking. Decrease sugar intake. Recheck 1 year.
Fasting Triglycerides	<200	Routine care. Recheck every 2 years, more frequently if weight gain continues/accelerates.
	≥200, <500	Increase omega-3 intake. Decrease saturated fat, sugar. Recheck 1 year.
	≥500	Refer to cardiology.
BP, ages 3-19 • Plot percentile from BP table • Must confirm with 3 separate measures	<90th%ile	Routine care. Recheck annually.
	≥90th, <95th%ile, ≥120/80 any age (pre-htn)	Increase physical activity. Smoking cessation. DASH diet. If other risks or symptoms, consider BUN/Cr, UA and culture, renal u/s, ECG, fundoscopic exam. Recheck every 6 months.
	≥95th%ile, <99th%ile + 5 mm Hg (Stage 1 htn)	As above, + CBC, electrolytes (include BUN/Cr), UA and culture, ECG. Consider renal u/s, fundoscopic exam, renin. Refer to cardiology or nephrology (esp. if pre-pubertal). Consider pharmacotherapy. Recheck 1 month.
	≥99th%ile + 5 mm Hg (Stage 2 htn)	As above. Refer to cardiology or nephrology. Recheck within 1 week.
***Always elicit sleep history and consider sleep study to r/o OSA as cause of HTN***		
Liver function tests	ALT or AST ≥60, <200	Lifestyle modification. Recheck every 3 months.
	ALT or AST ≥60 x 6 months or ≥200 at any time	Refer to GI.



# Pediatric Obesity

1. Assess Body Mass Index (BMI) in children ages 2-18 annually.
2. Plot BMI on gender-specific BMI-for-age chart to determine percentile.
3. Diagnose weight category (Table 1).
4. Identify risk (Table 2) and comorbidities (Table 4).
5. History and physical exam, blood pressure, appropriate laboratory tests and referrals (Tables 3, 5).
6. Share prevention messages (5-3-2-1-Almost None).

## Assessment and Counseling Tips

Assess current behaviors (consider using questionnaires).

### — Eating behaviors

- Fruit and vegetable consumption
- Breakfast consumption (frequency and quality)
- Frequency of family meals prepared at home
- Sugar-sweetened beverage consumption (soda, tea, energy drinks)
- Excess juice consumption (>4-6 oz/day for age 1-6 yrs, >8-12 oz/day for age 7+ yrs)
- Frequency of eating food bought away from home (esp. fast food)
- Portion sizes of meals and snacks
- Atypical eating/nutrition behaviors

### — Physical activity behaviors

- Amount of TV and other screen time and sedentary activities
- Amount of daily physical activity
- Role of environmental barriers and accessibility

Assess motivation and attitudes.

- Are you concerned about your/your child's weight?
- On a scale of 0 to 10, how important is it for you/child/family to change [specific behavior] or to lose weight?
- On a scale of 0 to 10, how confident are you that you/he/she could succeed?

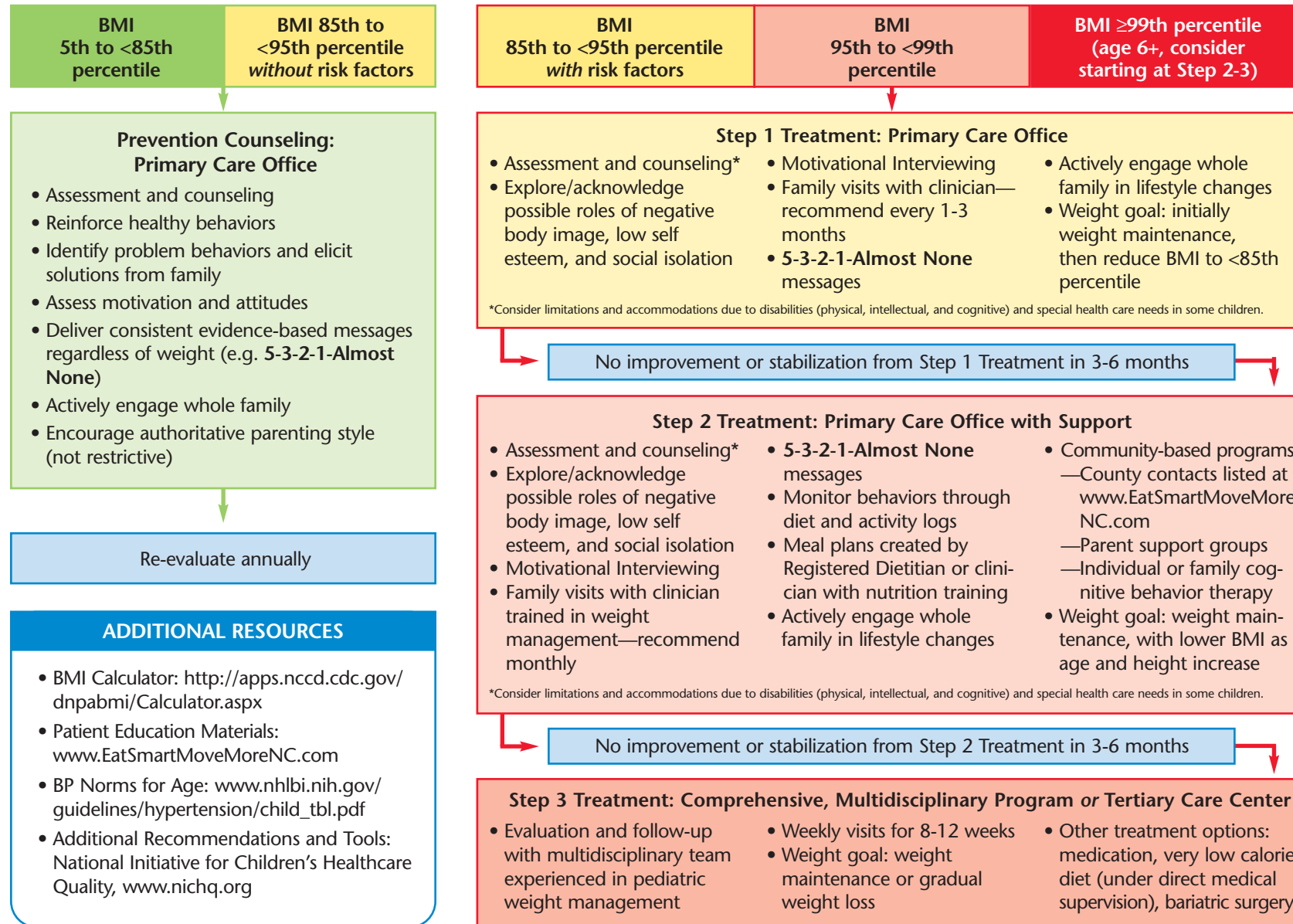
Summarize and probe possible changes.

## Prevention Messages: 5-3-2-1-Almost None

- 5** or more servings of fruits and vegetables daily
- 3** structured meals daily—eat breakfast, less fast food, and more meals prepared at home
- 2** hours or less of TV or video games daily
- 1** hour or more of moderate to vigorous physical activity daily
- Almost None:** Limit sugar-sweetened beverages to “almost none”

Adapted from the 5-2-1-0 message promoted by the National Initiative for Children's Healthcare Quality (www.nichq.org)

# Pediatric Obesity Prevention and Treatment Algorithm



**Table 1: Weight Category by BMI\* Percentile**

BMI Percentile Range	Weight Category
<5th percentile	Underweight
5th percentile to <85th percentile	Healthy Weight
85th percentile to <95th percentile	Overweight
95th percentile to <99th percentile (or BMI >30)	Obese
≥99th percentile	Obese with Increased Risk

\*Accurate BMI assessment depends on accurate height and weight measurements, which may be difficult to obtain in some children with disabilities and special health care needs.

**Table 2: Risk Factors for Comorbidities and Future Obesity**

Personal Risk Factors	Risk Factors from Family History
<ul style="list-style-type: none"> <li>Elevated blood pressure</li> <li>Ethnicity: African American, Mexican-American, Native American, Pacific Islander</li> <li>Puberty</li> <li>Medications associated with weight gain (steroids, anti-psychotics, antiepileptics)</li> <li>Acanthosis Nigricans</li> <li>Birth history of SGA or LGA</li> <li>Disabilities</li> </ul>	<ul style="list-style-type: none"> <li>Type 2 Diabetes</li> <li>Hypertension</li> <li>High cholesterol</li> <li>Obese parent(s)</li> <li>Mother with Gestational Diabetes</li> <li>Family member with early death from heart disease or stroke</li> </ul>

**Table 3: Laboratory Evaluation Recommendations**

Age	BMI	Risk Factors	Action Plan
<10 years	≥85th %ile	N/A	Consider fasting lipids
≥10 years	85th to <95th %ile	No risk factors or symptoms	Consider fasting lipids
		≥2 risk factors	Biannually: fasting lipid profile, fasting glucose, consider ALT and AST
	≥95th %ile	N/A	Biannually: fasting lipid profile, fasting glucose, ALT and AST, other tests indicated by history and physical

**References**

An Implementation Guide from the Childhood Obesity Action Network, available at <http://www.nichq.org/NR/rdonlyres/7CF2C1F3-4DA3-4A00-AE15-4E35967F3571/5316/COANImplementationGuide62607FINAL.pdf>, accessed 3/19/08

Expert Committee Recommendations on the Assessment, Prevention and Treatment of Child and Adolescent Overweight and Obesity: *Pediatrics* 2007; 120 Suppl 4:S163-288.

Hannon TS, Rao G, Arslanian SA. Childhood obesity and type 2 diabetes mellitus. *Pediatrics* 2005; 116:473-80.

National High Blood Pressure Education Program Working Group on High Blood Pressure in Children and Adolescents. The fourth report on the diagnosis, evaluation, and treatment of high blood pressure in children and adolescents. *Pediatrics* 2004; 114:555-76.

Newman TB and Garber AM. Cholesterol screening in children and adolescents. *Pediatrics* 2000; 105:637-8.

Williams CL, Hayman LL, Daniels SR, Robinson TN, Steinberger J, Paridon S et al. Cardiovascular health in childhood: A statement for health professionals from the committee on atherosclerosis, hypertension, and obesity in the young (AHOY) of the council on cardiovascular disease in the young, American Heart Association. *Circulation* 2002; 106:143-60.