Promotion of Healthy Childhood Weight

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Obesity

- Early onset childhood obesity
- Biology of obesity
- Effectiveness of interventions by age and severity of obesity









From: Trends in Obesity Prevalence Among Children and Adolescents in the United States, 1988-1994 Through 2013-2014

JAMA. 2016;315(21):2292-2299. doi:10.1001/jama.2016.6361

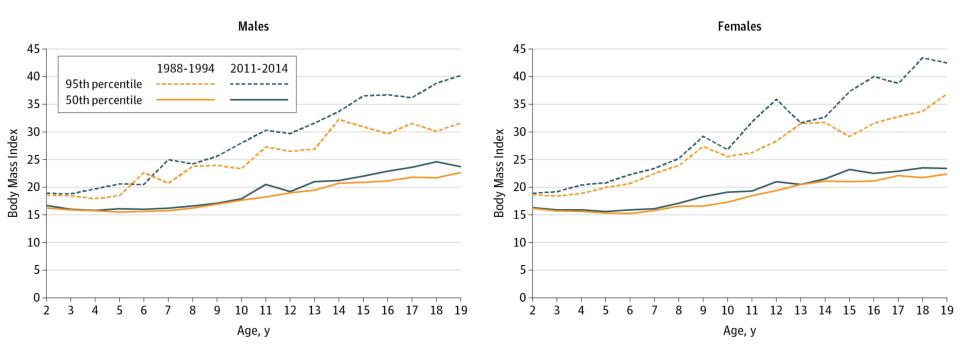


Figure Legend:

Weighted Estimates for US Children and Adolescents Aged 2 to 19 Years in the 50th and 95th Percentiles of Body Mass Index From 1988-1994 and 2011-2014Data are from the National Health and Nutrition Examination Surveys.

Skinner AC, Perrin EM, Skelton JA.

From: Prevalence of obesity and severe obesity in US children, 1999-2014

Obesity (Silver Spring). 2016 May;24(5):1116-23

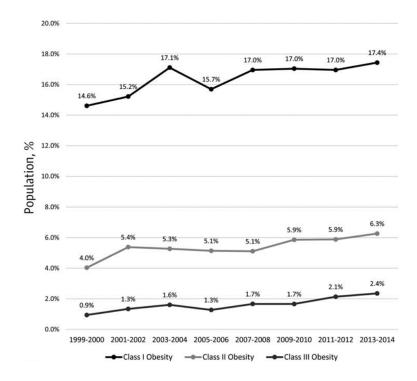
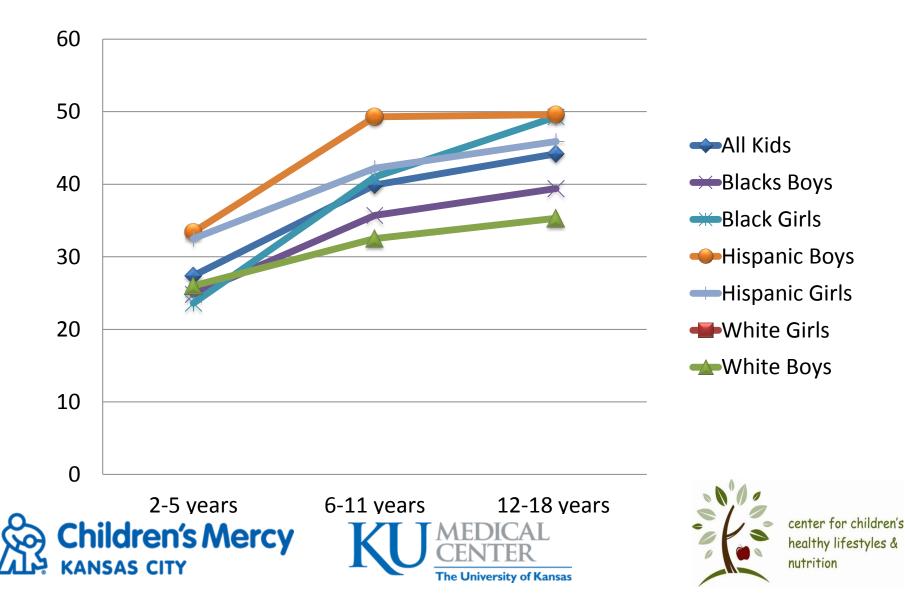


Figure Legend:

Prevalence of Overweight, Obesity, Class 2 Obesity, and Class 3 Obesity Among Children in the United States by Year

Children's Mercy Clinics-Well Child Check % Children Overweight and Obese, 2011-12



Why do we need to start early?

(Cunningham et al. 2014 NEJM)

- Followed children from kindergarten to 8th grade (K entry 1998)
- Early Childhood Longitudinal Study (n = 7738)
- K Entry 14.9% overweight; 12.4% obese
- 8th grade 17% overweight; 20.8% obese
- Evaluated factors related to overweight/obesity at 8th grade







Longitudinal Results

(Cunningham et al. 2014 NEJM)

- Children who were overweight in K were 4 times as likely to be obese in 8th grade than typical weight peers.
- Higher rates among children who were Hispanic at all ages; African American at 3rd grade and older
- Highest prevalence in the 2nd lowest quintile for income, lowest for highest quintile
- High birth weight predicted obesity
- Greatest increase in for all children between 1st and 3rd
 grades

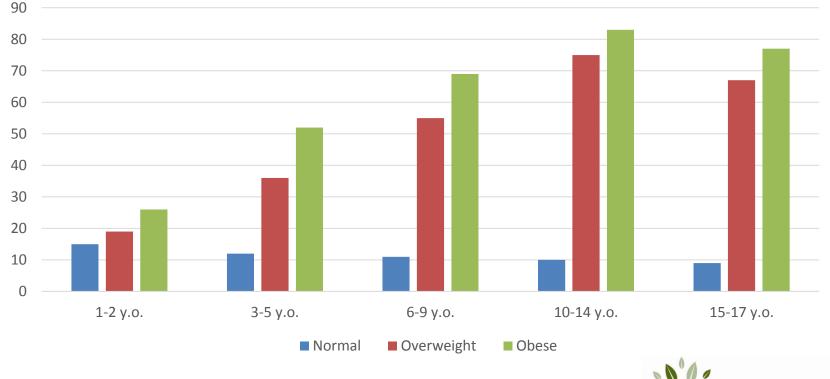






Predicting Obesity in Young Adulthood from Childhood BMI Percentiles (Freedman et al. 1997)

Weight Status at Ages 21-27 Years









BMI Tracking

- Children with severe obesity become adults with severe obesity:
- Bogalusa Heart Study:
 - 100% developed adult BMI \ge 30 kg/m²
 - − 88% developed adult BMI \ge 35 kg/m²
 - − 65% developed adult BMI ≥40 kg/m² !!!

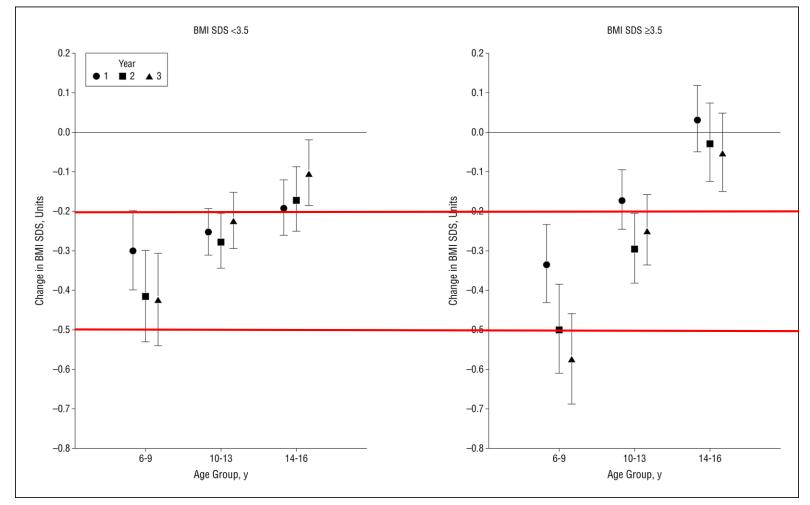
Freedman, DS et al. J Pediatr 2007







Lifestyle Modification Therapy



Danielsson et al. Arch Pediatr Adoles Med. 2012

Can we be effective at later ages/ severity levels? (Knop et al., 2013)

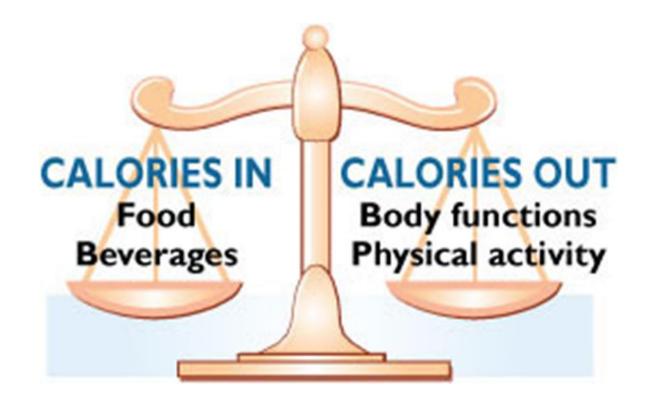
- 1 yr intensive lifestyle intervention + 1 yr. f/u
- Adolescents were defined as > 10 years
- Obesity severity defined as BMI SDS > 2.3 (between 98th and 99th percentile)
- Intervention worked significantly better for children with severe obesity (-.24) than obesity (-.16), but the same results were not seen for adolescents (-.05 severe; -.15 obesity)
 Children's Mercy KANSAS CITY

What's the problem? **Exercise Needed to Burn Off** a Serving of French Fries Running at 5 MPH Average Serving of French Fries: **610 Calories** 1:05 hrs 6.9 Ounces 0:49 hrs 150 lb Adult 200 lb Adult Swimming Leisure Bicycling 1:32 hrs 1:09 hrs 2:14 hrs 1:41 hrs 150 lb Adult 200 lb Adult 150 lb Adult 200 lb Adult Walking at 2 MPH **Singles Tennis** 3:13 hrs 2:24 hrs 1:07 hrs 0:50hrs 150 lb Adult 200 lb Adult 150 lb Adult 200 lb Adult

SOURCE: https://sites.google.com/site/compendiumofphysicalactivities/

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OBESITY







Obesity

- Genetic Factors
- Complicated Physiology
 - Not a single disorder
 - Over 100 clinically distinct subtypes
- Huge burden of associated illness
 - 60+ medical disorders
 - Including 12 types of cancer







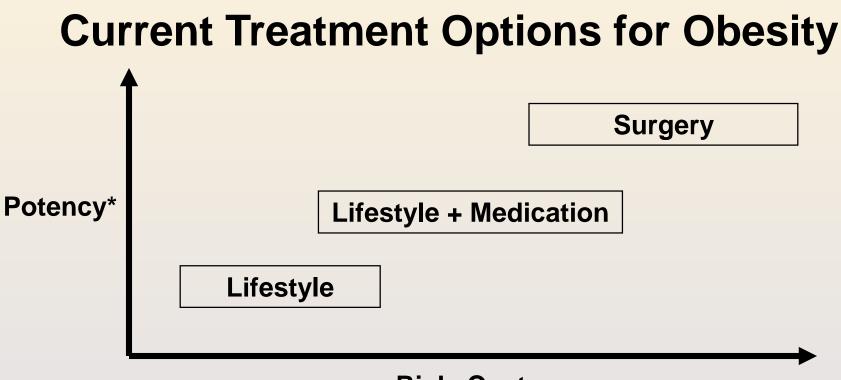
Severe Obesity

- Treatment Resistant
- Need a continuum of care
 - Intensive lifestyle management
 - Increase intensity as needed
 - Adult world more clearly delineated









Risk, Cost

Lifestyle: Includes nutrition, exercise, behavioral programs

Lifestyle + Medication: May include Lifestyle, VLCDs w supplements, and weight loss medications

Surgery: (in order of lowest risk/cost and potency): Gastric Banding < Gastric Sleeve < Gastric Bypass (Roux-en-Y)

* Potency includes many factors such as the amount, rate and sustainability of weight loss, and long-term resolution of adiposopathy and fat mass disease. Potency varies greatly for each individual: long-term adherence to a lifestyle program can be as potent as gastric bypass surgery.

Index at Earner Ages."							
Weight Category and z Score	Percentile of Body-Mass Index	Probability of Obesity in Eighth Grade, Spring Semester					
		Kindergarten, Fall Semester: Mean Age, 5.6 Yr	Kindergarten, Spring Semester: Mean Age, 6.1 Yr	First Grade, Fall Semester: Mean Age, 6.6 Yr	First Grade, Spring Semester: Mean Age 7.1 Yr	Third Grade, Spring Semester: Mean Age, 9.1 Yr	Fifth Grade, Spring Semester Mean Age, 11.1 Yr
					percent		
Normal weight							
0.00	50	6	6	5	5	2	<1
0.25	60	9	9	8	8	3	1
0.52	70	13	13	12	12	5	1
0.84	80	19	20	19	19	11	4
Overweight							
1.04	85	25	25	25	24	16	7
1.28	90	33	34	33	33	25	16
Obese							
1.64	95	47	49	48	48	44	39
2.33	99	72	75	75	76	80	87

Table 3. Probability of Obesity in Eighth Grade, Spring Semester (Mean Age, 14.1 Years), According to z Score and Percentile of Body-Mass Index at Earlier Ages.*

* Data are from the Early Childhood Longitudinal Study, Kindergarten Class of 1998–1999.8

Cunningham et al. 2014







Prevention

- Prevention is KEY
 - Begins at birth
 - Teaching children to like healthy foods
 - Creating an environment for active play

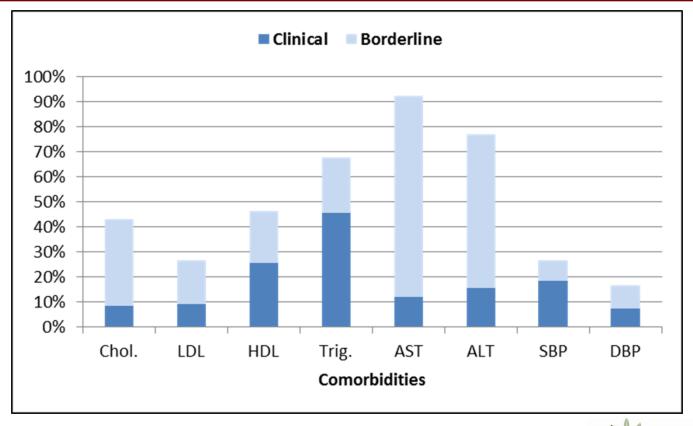






Comorbidities at Baseline 2-8 year olds

(Dreyer Gillette et al., 2016)



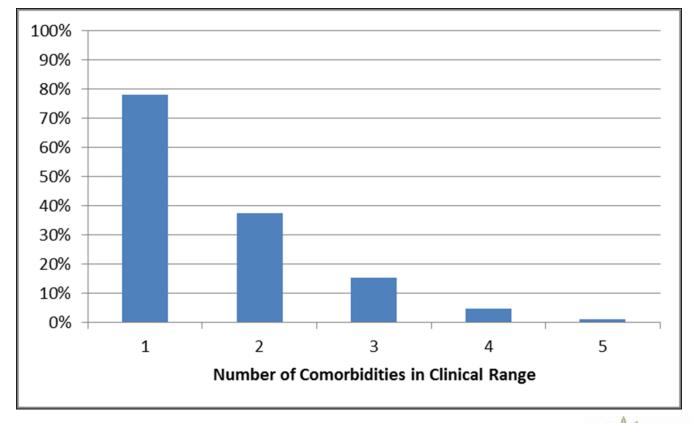






Comorbidities Continued

(Dreyer Gillette et al. 2016)









Mission

CMH's Weight Management Program treats children, educates families and leads community efforts to end childhood obesity







Healthy Lifestyles Initiative

- 1. Identify Partners, plan and track progress
- 2. Consistent message
- 3. Consistent assessment of weight and behaviors
- 4. Customized healthy weight plan for all
- 5. Align resources to build capacity in Kansas City
- 6. Influence policies that enable healthy eating and active living

www.collaborateforhealthyweight.org





Framework for Change





Toddler Feeding

- Daily grains by 15-18 mo.
 - 25% sweetened cereal, 10% cereal bars
- Daily drinks by 15-18 mo.
 - 58% juice, 39% fruit drinks
 - 11% soda
 - 74% water
- Daily sweets by 15-18 mo.
 88% any dessert









Vegetables

- Dark green vegetables
 - <10% toddlers</p>
- Deep yellow vegetables
 - 39% at 9 months
 - 14% at 18 months
- Potatoes
 - 42% daily by 15-18 mo.



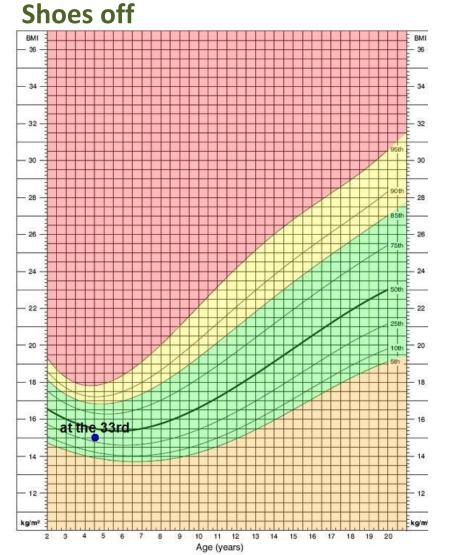
• By 24 months, 25% eat fried potatoes on any day



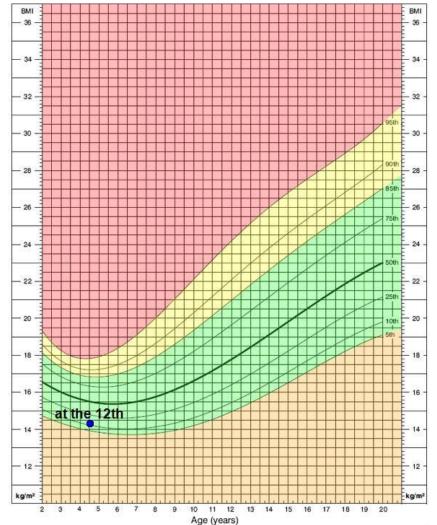




Accurate Measurement is Essential 4.5 y.o. boy



Shoes on



Eyeball test

- Why is it so hard to recruit at the 85th percentile for intervention programs?
- How well can you pick out overweight in the early childhood/toddler period?







What does the 85th percentile look like?





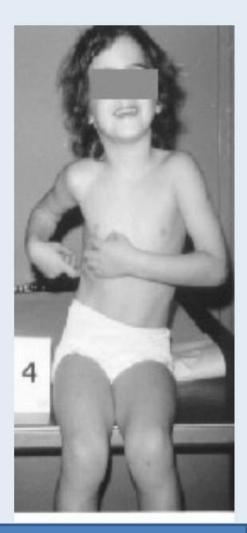




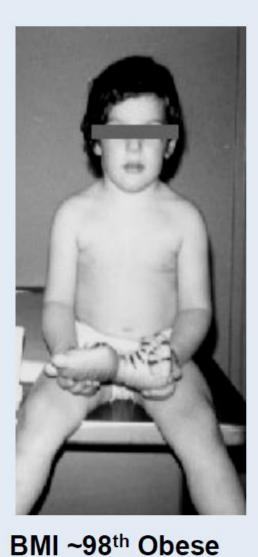
"Visual impression" - how good is it?

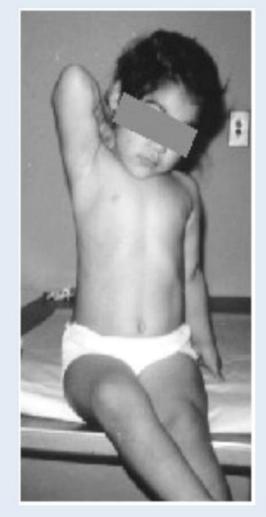


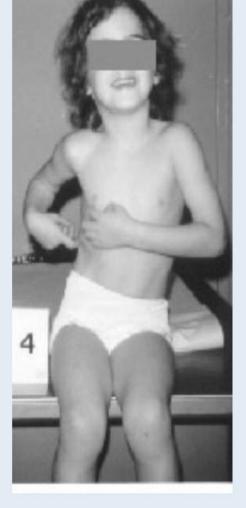




"Visual impression" - how good is it?







BMI ~93rd Overweight

BMI ~12th Healthy

Overweight, Underweight, or Healthy Weight?















center for children's healthy lifestyles & Bythition

The University of Kansas Courtesy Maureen Black, PhD

Underweight, Overweight, or Healthy Weight?







The University of Kansas

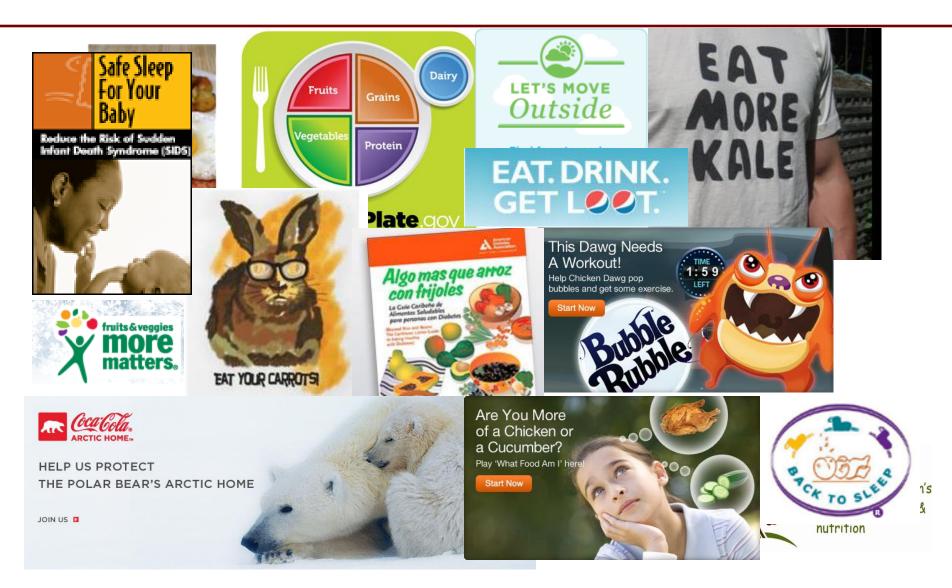




center for children's healthy lifestyles & nutrition

Courtesy Maureen Black, PhD

Create a Consistent Message



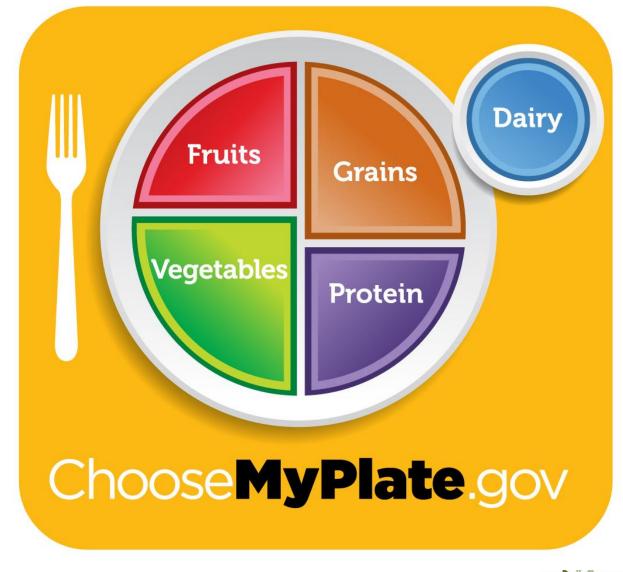
www.fittastic.org

















References

- Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report. PEDIATRICS Vol. 120 Supplement December 2007, pp. S164-S192
- 2. Ogden CL, Carroll MD, Flegal KM. High Body Mass Index for Age Among US Children and Adolescents, 2003–2006. JAMA 2008;299:2401–2405.
- 3. Ogden CL, Carroll MD, Curtin LR, McDowell MA, Tabak CJ, Flegal KM. Prevalence of overweight and obesity in the United States, 1999–2004. *JAMA* 2006; 295 :1549 –1555
- David S. Freedman, PhD ^{et} al. Risk Factors and Adult Body Mass Index Among Overweight Children: The Bogalusa Heart Study. PEDIATRICS Vol. 123 No. 3 March 2009, pp. 750-757
- 5. Nguyen TT, Keil MF, Russell DL, et al. Relation of acanthosis nigricans to hyperinsulinemia and insulin sensitivity in overweight African American and white children. *J Pediatr*. 2001; 138:474
- Michael J. Quon. Limitations of the Fasting Glucose to Insulin Ratio as an Index of Insulin Sensitivity. The Journal of Clinical Endocrinology & Metabolism Vol. 86, No. 10 4615-4617







References

- Haemer MA, Grow HM, Fernandez C, Lukasiewicz GJ, Rhodes ET, Shaffer LA, Sweeney B, Woolford SJ, Estrada E. Addressing prediabetes in childhood obesity treatment programs: support from research and current practice. Child Obes. 2014 Aug;10(4):292-303.
- 2. Estrada E, Eneli I, Hampl S, Mietus-Snyder M, Mirza N, Rhodes E, Sweeney B, Tinajero-Deck L, Woolford SJ, Pont SJ. Children's Hospital Association Consensus Statements for Comorbidities of Childhood Obesity. Child Obes. 2014 Aug;10(4):304-17.
- 3. Skinner, A. C., & Skelton, J. A. (2014). Prevalence and Trends in Obesity and Severe Obesity Among Children in the United States, 1999-2012. JAMA Pediatrics, 168(6), 561-566.
- 4. Kelly, A. S., Barlow, S. E., Rao, G., Inge, T. H., Hayman, L. L., Steinberger, J., Urbina, E. M., Ewing, L. J., Daniels, S. R. (2013). Severe obesity in children and adolescents: identification, associated health risks, and treatment approaches: a scientific statement from the American Heart Association. Circulation, 128(15), 1689-1712.
- 5. Gulati, A. K., Kaplan, D. W., & Daniels, S. R. (2012). Clinical tracking of severely obese children: a new growth chart. Pediatrics, 130(6), 1136-1140.







• Questions?







