

Managing Obesity: Evidence-based Practices for Primary Care Providers?



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Expert Committee Recommendations
for the Prevention, Assessment & Management
of
Child and Adolescent Overweight & Obesity

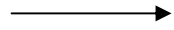
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**Endorse
Recommendations**

**Approve
Recommendations**

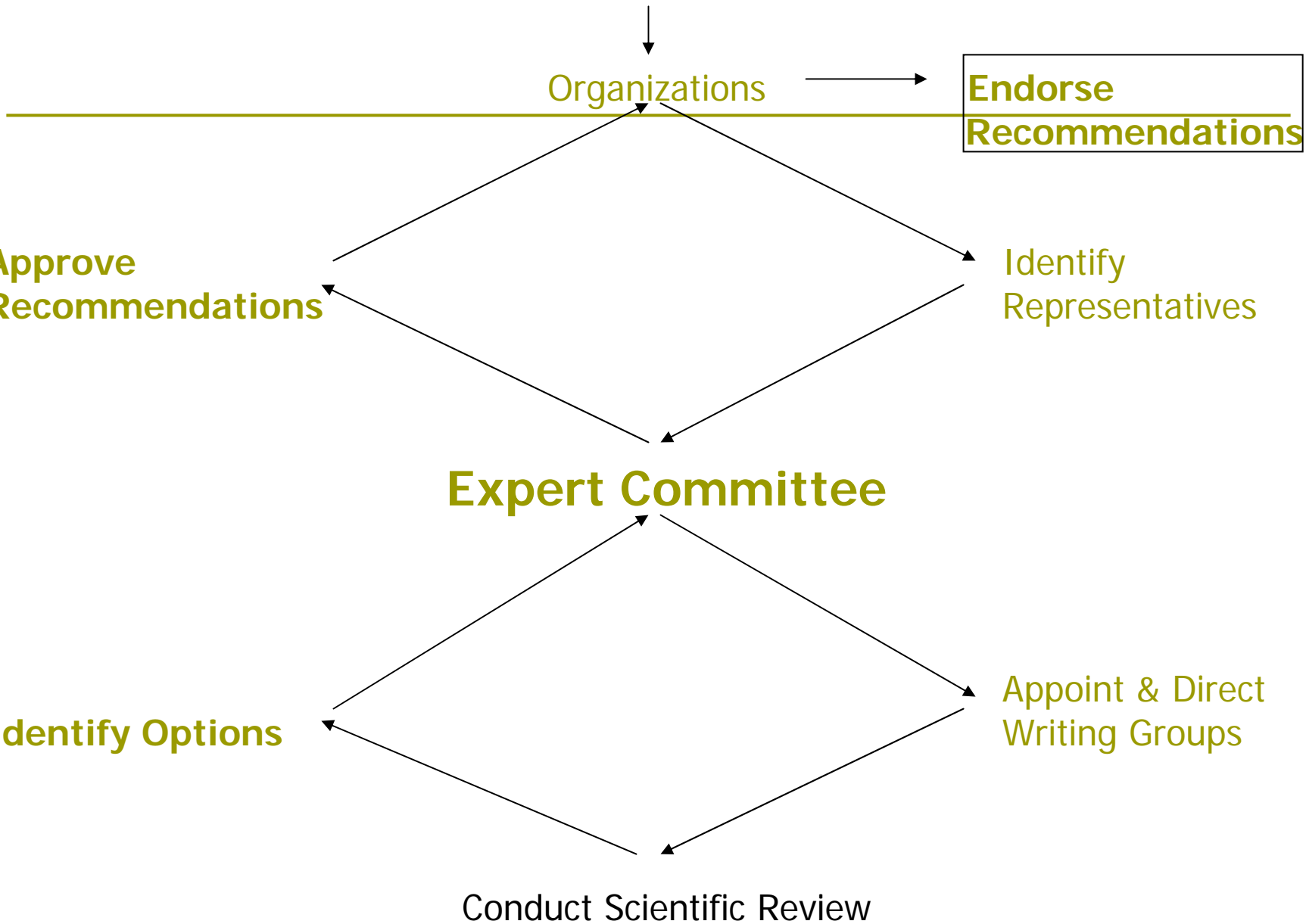
Identify
Representatives

Expert Committee

Identify Options

Appoint & Direct
Writing Groups

Conduct Scientific Review



Expert Committee

Nat Assoc of Ped Nurse Pract
Am College of Preventive Med
Am Dietetic Assoc
Am Acad of Hispanic Physicians
Am Ped Surgical Assoc
Nat Medical Assoc
Am Acad of Family Practice
Am Psychol Assoc
Nat Assoc of School Nurses
N Am Assoc for the Study of Obesity
Assoc of Am Indian Physicians
The Endocrine Society
Am College of Sports Medicine
Am Acad of Child & Adolesc Psychiat
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Susan Sloan, MD
Pyllis Speiser, MD
Steven Stovitz, MD
Heather Walter, MD
Reginald Washington, MD

NIH (liaison)

Canadian Task Force on Obesity (liaison)

Rationale

- ❑ Dramatic rise in prevalence of pediatric overweight requires renewed urgency for action
- ❑ Initial recommendations for evaluation and treatment developed in 1998
 - (Expert committee convened by MCHB and HHS)
- ❑ Need to explore new evidence for not only assessment & management, but also prevention
- ❑ Need to engage multidisciplinary professionals
- ❑ Need to consider ethnic and cultural differences
- ❑ Need to integrate new models that engage family and community

Recommendations

Recommendations not yet
available

Areas of Emphasis*

- ❑ Creation of a 3rd cut point, the 99th%, to denote severe obesity
- ❑ Use of BMI percentile, based on CDC 2000 BMI
- ❑ Recommendations for prevention
- ❑ Comprehensive discussion of items to cover in a review of systems and physical examination
- ❑ Laboratory tests to aid assessment
- ❑ Protocol for behavioral assessment

* *Not recommendations*

Areas of Emphasis*

- ❑ Shift to universal assessment, preventive health messages, and early intervention
- ❑ Consideration of cultural values and beliefs
- ❑ Counseling techniques, such as Motivational Interviewing, are included in strategies for implementing behavior change
- ❑ Office practice protocols for enhancing the system of care are included

*Not recommendations

Areas of Emphasis*

- Creation of protocol for stages of treatment based on BMI percentile, co-morbid conditions, and age
- Engagement of multidisciplinary health care team
- Less emphasis on health care-centered efforts; greater emphasis on family and community context and self-management: assessment, prevention, and treatment within the context of the “chronic care model”

* Not recommendations

Management of Childhood Overweight: Chronic Care Model

Environment

Family

School

Worksite

Community

**Patient
Self-Management**

Medical System

Information Systems

Decision Support

Delivery System Design

Self Management Support

Writing Groups

- Assessment – group looked at evidence that applies to all categories of BMI
- Prevention – group looked at evidence for children with BMI's less than 85th %ile
- Treatment – group looked at children with BMI's at 85th through 99th % ile

“At-Risk” “Overweight” “Obese”

- Current terminology fails to connote the seriousness of the health problem
- Evidence is strong that children in the “at risk for overweight” category are at increased risk of becoming overweight adults
- If adopted, new terminology would provide consistency with:
 - Adult terminology,
 - IOM report on childhood obesity (2005), and
 - Other countries worldwide

Themes (Assessment)*

- ❑ The primary care provider has pivotal role
- ❑ Tools are offered based on best available science
- ❑ Information about what laboratory tests are most useful
- ❑ Specifies questions to be asked of patients and family

* Not recommendations

Themes (Prevention)*

- The primary care provider has pivotal role
- Healthy lifestyle counseling is important
 - Provides concepts in Motivational Counseling
 - Emphasizes that both dietary & activity habits are important
 - Provides strategies for families to understand and negotiate the dietary & physical activity behavior of the child
- Family involvement is *critical!*

* Not recommendations

Themes (Treatment)*

- The primary care provider has pivotal role
- Healthy Lifestyle counseling is described
- Intervention based on staged approach according to BMI %ile, height & weight, and age
- Family involvement is *critical!*

* Not recommendations

Next Steps

- Finalize the recommendations
- Circulate the recommendations to EC organizations for review & endorsement
- Publish

Can We Focus on Same Topics?

- Breast Feeding

- Parent and child have responsibility for:
 - Food availability and intake
 - Sweetened beverages
 - Fruit / vegetable intake
 - Snacks

 - Reduce “screen time”.

Useful Benchmarks

- **TV viewing** > 2 hrs / day
- **Sugared drinks:** > 2-3 /week
- **Fast food:** > 4 x /week
- **High fat/salt snacks:** > 2 / week
- **High fat/sweet snacks:** > 2/ week
- **Fruit intake** < 2 / day
- **Vegetable intake** < 3 / day

How Can We Maximize Our Messages' Effects?

Maximize “key messages” related to healthy lifestyles:

- Keep messages simple
- Keep related action plans simple
- Behavior change techniques

Counseling Patients on Behavior Change

- Are there effective techniques?
- Are they feasible in a busy office?

All in 7-10 minutes:

Adopt a systematic approach

- **Address** the agenda (*e.g, offer a view of growth chart*)
- **Assess** child and parents' beliefs, concerns and feelings
- **Advise** by providing personalized information and advice
- **Assist** by providing support, negotiating a plan, and identifying personal barriers and resources
- **Arrange follow up** to check progress

All in 7-10 minutes:

Motivational Negotiation

1. **Affirm**—restate what they tell you to let them know that you have heard them
2. **Summarize**—to make sure that you have understood what they have told you
3. **Determine** -- their level of interest in making a change (readiness to change)

Motivational Negotiation (...continued)

4. **Remind** the client of their vision and ask them when and if they can make a change
5. **The Client is in Charge** -- be willing to let it drop and DO NOTHING



Summary

- ❑ There is a paucity of primary care strategies with evidence to reduce obesity.
- ❑ We know what behaviors and clinical findings are most closely associated with obesity now and later in life.
- ❑ We know what techniques are most likely to change those behaviors.