

# Childhood and Teen Obesity: Tips from the WATCH clinic at UCSF

By Andrea Garber, PhD, RD, UCSF Assistant Professor  
Division Adolescent Medicine  
March 2004

The number of American children and adolescents who are overweight has almost tripled over the past three decades. According to the most recent statistics\*, 15.3 percent of children (ages 6–11) and 15.5 percent of adolescents (ages 12–19) are overweight. Together with those who are at risk for becoming overweight, 30% (one in three) children and adolescents are struggling when it comes to weight.

The most recent statistics on childhood and adolescent obesity from the National Institute of Diabetes & Digestive & Kidney Diseases can be found at:

<http://www.niddk.nih.gov/health/nutrit/pubs/statobes.htm>

The most recent statistics on childhood and adolescent obesity from the Centers for Disease Control can be found at: <http://www.cdc.gov/nccdphp/dnpa/obesity/defining.htm>

## Why should we treat childhood and adolescent obesity?

The notion that obese children and adolescents will “grow out of it” is waning. About 50 % of obese school-age children and 75 % of obese teenagers go on to become obese adults. In adulthood, obesity is a chronic disease that accounts for more deaths than smoking. Obesity is responsible for the explosion of Type 2 diabetes, which is now seen in children and adolescents at an average age of 13. Children and adolescents need the resources and support to deal with their weight before it becomes a life-long problem.

## What should I do if my child has a weight problem?

If you are a parent and believe that your child has a weight problem, first make an appointment with your primary care doctor. Your doctor will follow the steps below, to evaluate and address the problem with you and your child.

### Step 1: evaluate the problem

The current tool for clinical assessment of obesity is the Body Mass index (BMI). Calculate BMI by dividing weight in kilograms by height in meters squared ( $\text{kg}/\text{m}^2$ ) and plot it on a BMI curve.\* Children who fall over the 95<sup>th</sup> percentile are overweight or obese. Those who are not done growing may not have to lose weight, they might be better off maintaining their weight so that they can “grow into it”. Weight loss is appropriate for those who have already gone through puberty and are at their tallest. Those who fall between the 85<sup>th</sup> and 95<sup>th</sup> percentile are considered at risk and should be treated depending upon cardiovascular risk

\* The most recent CDC growth charts include BMI curves for boys and girls ages 2 to 20 years and can be found at: <http://www.cdc.gov/nchs/about/major/nhanes/growthcharts/charts.htm>

More detail on evaluation and treatment of childhood and adolescent obesity can be found in the 1998 report from the Maternal Child and Health Bureau's committee of obesity experts:  
<http://www.pediatrics.org/cgi/reprint/102/3/e29.pdf>

### **Step 2: address the problem**

Try not to place blame or guilt on children by saying "you're too heavy." Negative comments are not helpful and may make the problem worse. Focus on health (eating and activity habits), not weight. It is crucial to begin by asking "how do you feel about your weight or body size?" Let the child or teenager provide a self-evaluation. Most obese teens have struggled with their weight and attempted to diet in the past.

### **Step 3: gather the pertinent information**

A nutritionist or doctor will do a quick 24-hour food recall with you and your child. This is a way to gather information about meal patterns, sugared-beverages, and snacking. Teenagers can answer the question, "tell me everything you ate since yesterday." Children and young adolescents need pointed questions, such as "what do you usually have when you come home from school?" Finally, physical activity level should be assessed. Most children and parents only count sports and physical education class as "exercise." However, time spent playing with friends, walking to school and dancing to music counts as exercise. On the other hand, sedentary time spent watching television and playing computer games promotes weight gain.

### **Step 4: contract for change**

First, the doctor will make suggestions based on the information gathered. Allow the child to choose which suggestions to take and agree on three positive changes to make. For example, stop drinking soda and juice or walk for 15 minutes three times per week. Second, set goals that do not focus on weight. An example of a concrete, short-term goal is to pack a healthy lunch for school three times per week (not getting down to 145 pounds). Third, identify barriers by asking, "what could get in your way of your effort get healthier?" Use the answer to problem-solve. Fourth, motivate by helping to establish a non-food reward system. Buying a new pair of jeans is a good example. Finally, encourage self-monitoring: keeping a notebook with a food and activity record. This is a valuable tool for everyone.

### **Step 5: follow-up**

Follow-up with your doctor in 2 to 4 weeks to reinforce positive changes, address new barriers and revise the former contract as needed. The doctor may send you to a nutritionist for in-depth nutrition counseling, advice on cooking, shopping, and eating out. Remember, it is impossible for children to control their weight without family support. Set a good example by doing healthy activities and eating healthy foods yourself. Finally, enlist community resources and encourage your child to get involved. Organizations, teams, sports, and clubs provide opportunities to increase physical activity, self-esteem, peer involvement and acceptance, and decrease opportunities to eat out of boredom and anxiety.

Shapedown is an excellent lifestyle modification program for children and families:  
Phone (650) 858-1167    <http://www.shapedown.com/>    (self-pay)

Weight Watchers might be appropriate for older adolescents with a parent or adult relative:  
Phone 1-800-651-6000 <http://www.weightwatchers.com/> (self-pay)

### **The WATCH clinic at the University of California San Francisco**

If your doctor thinks that your child's weight is a problem, s/he can refer your child to UCSF pediatric obesity program, WATCH (Weight Assessment for Teen and Child Health). WATCH is a team of care providers from several disciplines, including, pediatrics, adolescent medicine, nutrition, psychology, endocrinology, surgery, orthopedics, and pulmonary. After you have seen your primary care doctor to get a referral, you can make an appointment by calling: 415-476-6106. Please note that appointments can only be made if the clinic has received the referral papers from your doctor.