Managing Childhood and Adolescent Obesity in Primary Care Settings

Addressing Pediatric Obesity in the 15-Minute Office Visit

Learning Objectives

Following completion of this session, participants will be able to:

1. More easily identify overweight and obese patients and their common comorbidities on physical exam, and begin to address obesity in a 15-minute office visit.

Handouts:
- BMI Chart for Girls, 2-20 years
- BMI Chart for Boys, 2-20 years
- Healthy Habits Questionnaire (for 2-9 years, and for 10+)
- Rx for Healthy Living
- Clinician Resources

Presentation slides for today’s session will be available on the Web at www.jumpinforhealthykids.org/cme.

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Disclosure: Dr. Goebel reports spouse employment with Cook Regentec.
2 to 20 years: Boys
Body mass index-for-age percentiles

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<thead>
<tr>
<th>Age (Years)</th>
<th>kg/m²</th>
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<tbody>
<tr>
<td>6</td>
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<td>6</td>
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<td>16</td>
<td>33.9</td>
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<td>17</td>
<td>34.4</td>
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Metric system: weight (kg) / (height (m))²
English system: weight (lb) / (height (in))² x 703

Modified by Let's Go! 03/28/08.
Published May 30, 2000 (modified 10/16/00).
SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).
http://www.cdc.gov/growthcharts
We are interested in the health and well-being of all our patients. Please take a moment to answer these questions.

Child’s Name: ____________________________________________

Age: ________  Today’s Date: ______________

1. How many servings of fruits or vegetables do you have a day? ________
   One serving is most easily identified by the size of the palm of your hand.

2. How many times a week does your child eat dinner at the table together with the family? ______

3. How many times a week does your child eat breakfast? ______

4. How many times a week does your child eat takeout or fast food? ______

5. How much recreational (outside of school work) screen time does your child have daily? ______

6. Is there a television set or Internet-connected device in your child’s bedroom? ______

7. How many hours does your child sleep each night? ______

8. How much time a day does your child spend being active? ________
   (faster breathing/heart rate or sweating)?

9. How many 8-ounce servings of the following does your child drink a day?
   100% juice ________  Whole milk ________
   Water ________  Soda or punch ________
   Fruit or sports drinks ________  Nonfat (skim), low-fat (1%),
   or reduced-fat (2%) milk ________

10. Based on your answers, is there ONE thing you would like to help your child change now? Please check one box.
   □ Eat more fruits and vegetables.
   □ Eat less fast food/takeout.
   □ Drink less soda, juice, or punch.
   □ Drink more water.
   □ Spend less time watching TV/movies and playing video/computer games.
   □ Take the TV out of the bedroom.
   □ Be more active – get more exercise.
   □ Get more sleep.

Please give the completed form to your clinician. thank you!
5210 Healthy Habits Questionnaire ages 10+

Your Name: __________________________________________________________________________
Age: __________   Today’s Date: _______________

1. How many servings of fruits or vegetables do you have a day? ______
   One serving is most easily identified by the size of the palm of your hand.

2. How many times a week do you eat dinner at the table together with your family? ______

3. How many times a week do you eat breakfast? ______

4. How many times a week do you eat takeout or fast food? ______

5. How much recreational (outside of school work) screen time do you have daily? ______

6. Is there a television set or Internet-connected device in your bedroom? ______

7. How many hours do you sleep each night? ______

8. How much time a day do you spend being active? ______ (faster breathing/heart rate or sweating)?

9. How many 8-ounce servings of the following do you drink a day?
   - 100% juice ______
   - Whole milk ______
   - Water ______
   - Soda or punch ______
   - Fruit or sports drinks ______
   - Nonfat (skim), low-fat (1%), or reduced-fat (2%) milk ______

10. Based on your answers, is there ONE thing you would be interested in changing now?
    Please check one box.
    ☐ Eat more fruits and vegetables.
    ☐ Eat less fast food/takeout.
    ☐ Drink less soda, juice, or punch.
    ☐ Drink more water.
    ☐ Spend less time watching TV/movies and playing video/computer games.
    ☐ Take the TV out of the bedroom.
    ☐ Be more active – get more exercise.
    ☐ Get more sleep.

Please give the completed form to your clinician. thank you!
Healthy Active Living

Name ____________________________________________ Date __________________

Ideas for Living a Healthy Active Life

5. Eat at least 5 fruits and vegetables every day.
2. Limit screen time (for example, TV, video games, computer) to 2 hours or less per day.
1. Get 1 hour or more of physical activity every day.
0. Drink fewer sugar-sweetened drinks. Try water and low-fat milk instead.

My Goals (choose one you would like to work on first)

☐ Eat ________ fruits and vegetables each day.
☐ Reduce screen time to ________ minutes per day.
☐ Get ________ minutes of physical activity each day.
☐ Reduce number of sugared drinks to ________ per day.

________________________________________________
Patient or Parent/Guardian signature

________________________________________________
Doctor signature

From Your Doctor

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Healthy Active Living
An initiative of the American Academy of Pediatrics

Childhood Obesity Clinician Resources
Laurie Goebel MD FAAP

1. www.letsgo.org, Maine’s statewide childhood obesity prevention project, a program of The Barbara Bush Children’s Hospital at Maine Medical Center.


7. Let’s Get a Move On! Riley Youth Diabetes Prevention Clinic
   6-8 pm, Tuesdays Chase Legacy Center
   Julie Pike jpike7@iuhealth.org, >10yo, BMI>85%