



# The Overweight Child (2-18 years old)

## STEP 1 - PREVENTION (5+2+1+0 MESSAGING)

## STEP 2 - IDENTIFICATION (BMI PERCENTILE)

## STEP 3 - ASSESSMENT AND MANAGEMENT

	History	Physical Exam	Management/Next Steps	
	<b>Routine well-child history</b> (past medical, family and social history, review of symptoms)	<b>Routine well-child physical</b>	<b>Routine obesity screening labs (every 2 years):</b> Ages 2-9: fasting lipoprotein panel (only) Ages 10+: fasting lipoprotein panel, and fasting glucose (if 2 or more American Diabetic Association risk factors*)	
<b>Lifestyle Assessment</b>	5+2+1+0 Goals (see reference sheet)	N/A	assess readiness to change (see reference sheet) use target behavior tool kits	
<b>C O M M O N B I D I T I E S</b>	Pre-diabetes and diabetes	family history polyuria polydipsia	acanthosis nigricans	<i>no Hb<sub>A1c</sub> or insulin as screen</i> t/c: reconfirm labs referral to Endocrinology referral to Healthy Weight Assessment Clinic (see reference sheet for diagnostic interpretation)
	Hypertension	family history	accurately measured BP percentile	t/c: referral if elevated BP on 3 different encounters referral to Healthy Weight Assessment Clinic (see reference sheet for diagnostic interpretation)
	Dyslipidemia	family history		recheck labs in 6 months t/c: referral to Lipid Heart Clinic referral to Healthy Weight Assessment Clinic (see reference sheet for diagnostic interpretation)
	Psychosocial	depression screen t/c: ask about bullying, teasing and/or eating disorders	(nothing specific)	t/c: referral
			*ADA Risk Factors: <ul style="list-style-type: none"> <li>• Family history of type 2 diabetes</li> <li>• Race/ethnicity other than white, non-Hispanic</li> <li>• Signs of insulin resistance (acanthosis, hypertension, polycystic ovarian syndrome)</li> </ul>	

## REFERENCE – READINESS TO CHANGE QUESTIONS

- Review lifestyle assessment and gauge the patient’s/family’s understanding of the need for change.
- Which (if any) of these behaviors does the patient/family think they can change?
- Does the patient/family feel they can start making changes within the next 30 days?

## REFERENCE – SCREENING QUESTIONS

### 5+2+1+0 Goals – Questions

- How many servings of fruits and vegetables does the patient eat each day? ..... *Aim for 5 or more servings per day.*
- How many hours of screen time does the patient have each day? ..... *Aim for 2 hours or less time.*
- How much moderate to vigorous physical activity does the patient engage in each day? ..... *Aim for 1 hour or more.*
- How many sweetened drinks does the patient drink each day? ..... *Aim for 0 (zero) sweetened drinks.*

## REFERENCE – DIAGNOSTIC INTERPRETATIONS

### Pre-diabetes and Diabetes

Pre-diabetes diagnostic: Fasting glucose from 100 to 125mg/dL or random glucose from 140 to 199mg/dL

Diabetes diagnostic: Fasting glucose  $\geq 126$  mg/dL or random glucose  $\geq 200$  mg/dL

- If negative screen, repeat fasting glucose in 2 years
- If positive, repeat with fasting glucose to confirm. *Hb<sub>A1c</sub> and/or fasting insulin are not appropriate for screening.*

### Hypertension

Diagnostic: 3 or more separate encounters of SBP or DBP  $\geq 95$ th percentile

### Dyslipidemia

Diagnostic: *Fasting* LDL  $\geq 110$  mg/dL and/or fasting triglyceride  $\geq 150$  mg/dL and/or fasting HDL  $< 40$  mg/dL

- If negative screen, repeat fasting lipoprotein panel in 2 years
- If positive, recheck fasting lipoprotein panel in 6 months after attempts at lifestyle modification. Consider referral.