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ADAMS COUNTY CHILD HEALTH NOTES

Promoting early identification and partnerships between families, primary health care providers & the community.

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OBESITY IN CHILDREN WITH SPECIAL HEALTH CARE NEEDS

Obesity has become one of the most significant public health concerns in the United States. **The prevalence of overweight and obesity in children has been steadily increasing**, and currently almost one third of children and adolescents in the US are either overweight or obese. Children with obesity are at increased risk of developing diabetes, hypertension and high serum cholesterol and triglycerides. It also

increases their risk of coronary heart disease and bone and joint problems later in life. **Overweight can have a significant impact on the health and functioning of any child, but especially on children with special health care needs.** Health care providers need to monitor children for overweight, and then assist parents with appropriate resources to prevent or address overweight.

How do we define overweight and obesity? *Overweight* is defined as having excess body weight for a particular height. *Obesity* is defined as having excess body fat. Body Mass Index (BMI) provides a guideline for screening for children over the age of 2 years.

- Infants and toddlers (birth to 2 years)
 - Overweight: $\geq 95^{\text{th}}$ percentile weight/length
- Children and youth (2-20 years)
 - Overweight: 85th-94th percentile BMI
 - Obese: $\geq 95^{\text{th}}$ percentile BMI

In the latest surveys of Washington State:

- 29.5% of children 10-17 years old are overweight or obese
- 33% of low income children 2-5 years getting WIC are overweight or obese
- 15 % of all children have special health care needs

Many children with special health care needs have an even greater risk of overweight.

Some of the reasons for this include:

- Decreased energy needs due to differences in body composition (muscle mass vs. fat mass, short stature)
- Decreased energy expenditure (motor impairments, barriers to exercise)
 - Non-ambulatory children require 25-50% less energy intake than ambulatory children
- Medications that increase appetite (Risperdal, Zyprexa, etc.)
- Environment and lifestyle (social isolation, family stress, screen time)

How can providers help? First, screen all patients for overweight and obesity. Next, talk to families about how to address weight. Evidence-based obesity treatment studies show:

- **Behavior modification** treatment is more effective than education alone
- **Working with the parent and child together** is more effective than seeing the child alone. Teens may need some time alone, but parents need to feel that they are part of the process.
- **Addressing both physical activity and eating habits together** is more effective than working on either one alone.
- **Longer treatment** yields better outcomes.

Guidelines for families: Involve the whole family in healthy habits so that the overweight child doesn't feel singled out. Encourage healthy eating by serving more fruits and vegetables. Consider no longer buying soda and high-calorie snacks for the home, and reserving these for special treats when out. Aim for a total of 60 minutes/day of physical activity for the whole family.

- **Restriction doesn't work.** Restricting food diminishes self-regulation, leads to bingeing and grazing, and the child doesn't learn to tell when he's hungry or full. It's also not very pleasurable! Instead, focus on serving healthy foods.
- **Food DOES work.** No food group should be eliminated, since children need carbohydrates, protein and fat to grow, to be active and to feel good. Eating should be enjoyed!
- **A supportive environment helps.** Parents can help develop a balanced meal pattern by having regular meal and snack times. Eat every 3-4 hours, aiming for 3 real meals and 1-3 snacks in a day. Family meals are important, and parents need to model healthy food and exercise patterns.
- **Activity is important.** Establish regular family activities that are fun and developmentally appropriate. Reduce or eliminate screen time, keeping it under 2 hours/day. Enroll children in sports, community programs and summer camps. *Special Olympics* (8 years and older) and *Outdoors For All* are programs designed for children with special needs. School PE is also important and may need to be adapted for an individual.

OBESITY RESOURCES:

Nutrition Interventions for Children with Special Health Care Needs, 3rd Edition. Yang Y, Lucas B, Feucht S, editors. Washington State Department of Health, Olympia, WA. April 2010.

To download a copy of the entire publication (425 pages) <http://here.doh.wa.gov/materials/nutrition-interventions>

Let's Move Initiative:..... www.letsmove.gov

American Academy of Pediatrics..... www.healthychildren.org

www2.aap.org/obesity/index.html

Academy of Nutrition and Dietetics:..... www.eatright.org/kids

Special Olympics of Washington:..... www.specialolympicswashington.org

Outdoors for All www.outdoorsforall.org

Special Needs Information and Resources:

Local: CSHCN Coordinator: Callie Moore – Phone: 659-3317
 0-3 program lead: Melva Zavala - Phone: 488-5256
 Child Care: Karen Potts - Phone: 488-2031

Regional:	WithinReach Family Health Hotline	1-800-322-2588, 1-800-833-6388 TTD www.withinreachwa.org
	ParentHelp123.org	www.ParentHelp123.org
	Early Support for Infants and Toddlers Program (formerly ITEIP)	http://del.wa.gov/development/esit/ Main number: (360) 725-3500
	Parent to Parent Support Programs of Washington	(800) 821-5927 www.arcwa.org/parent_to_parent.htm
	The Center for Children with Special Needs	http://www.cshcn.org
	Washington State Medical Home	www.medicalhome.org

National/ Internet:	American Academy of Pediatrics	www.aap.org
	AAP Developmental and Behavioral Pediatrics	www.dbpeds.org
	American Academy of Family Physicians	www.aafp.org
	CDC Act Early	www.cdc.gov/ncbddd/actearly/index.html
	Family Village (Extensive family resources for CSHCN)	www.familyvillage.wisc.edu
	Family Voices (Links to national and state family support networks)	www.familyvoices.org