



Michigan Quality Improvement Consortium Guideline

Treatment of Childhood Overweight and Obesity

The following guideline recommends specific treatment interventions for childhood overweight and obesity.

| Eligible Population | Key Components | Recommendation and Level of Evidence | Frequency |
|---|--|--|---|
| Children 2 years or older with a BMI \geq 85th percentile | Identify presence of weight related risk factors and complications | <p>Reinforce Prevention Recommendations (See also MQIC Prevention and Identification of Childhood Overweight Guideline)</p> <p>History and physical exam [D]:</p> <ul style="list-style-type: none"> ◆ Family history, evaluate general comorbidities, including but not limited to cardiovascular disease and diabetes ◆ History of medication use including nutritional supplements ◆ Symptoms of gallbladder disease, Type 2 diabetes, obstructive sleep disorders, hypothyroidism ◆ Presence of acanthosis nigricans ◆ Weight-related orthopedic problems ◆ Pulse and blood pressure, using appropriate technique and cuff size for age ◆ Be alert to secondary causes of obesity. If aberrant findings are noted (short stature, hypotonia, hirsutism, etc.) then consider genetic and other endogenous causes of obesity. ◆ Patient or parental concern about weight ◆ Testing: Annual lipid profile and fasting glucose | Each periodic health exam, more frequently as case requires |
| Children 2 years or older with a BMI \geq 85th-94th percentile (overweight) without risk factors or complications | Lifestyle intervention to reach weight maintenance | <p>Consider all of the above, plus:</p> <p>Intervention to promote weight management/treatment [D]:</p> <ul style="list-style-type: none"> ◆ Reinforce lifestyle intervention and behavior modification. Focus is appropriate weight maintenance. ◆ Family must be involved; small gradual changes are recommended towards the stated goal ◆ Monitor for increasing BMI percentile ◆ Monitor for the development of risk factors or complications | Consider management of childhood obesity as a medium- to long-term intervention |
| Children 2 years or older with a BMI \geq 85th-94th percentile with risk factors or complications | Lifestyle intervention with treatment of risk factors and complications as needed | <p>All of the above, plus:</p> <ul style="list-style-type: none"> ◆ Primary goal of childhood weight interventions is regulation of body weight and fat with adequate nutrition for growth and development. ◆ Treat risk factors and complications as needed. ◆ Substantial slowing of weight gain may be achieved by relatively small but consistent changes in energy (200-500 kcal/day) intake, expenditure or both. If weight loss is desired, an appropriate starting goal is about 1 lb of weight loss per month. ◆ Consider referral to multidisciplinary pediatric obesity treatment center, pediatric endocrinologist or registered dietitian. | |
| Children 2 years or older with BMI \geq 95th percentile (obese) with or without risk factors or complications | Weight loss with concomitant treatment of risk factors and complications as needed | <p>All of the above, plus:</p> <ul style="list-style-type: none"> ◆ Long-term goal should be a body mass index below 85th percentile for age and sex. ◆ Consider aggressive approach to weight loss and treatment for patients after conservative approaches have failed. ◆ Consider AST, ALT, BUN and creatinine. | |

Levels of Evidence for the most significant recommendations: A = randomized controlled trials; B = controlled trials, no randomization; C = observational studies; D = opinion of expert panel

This guideline lists core management steps. It is based on several sources, including: the American Medical Association 2007 Expert Committee Recommendations on the Treatment of Pediatric Obesity (www.ama-assn.org). Individual patient considerations and advances in medical science may supersede or modify these recommendations.