



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 MQIC Prevention and Identification of Childhood Overweight and Obesity guideline)</p> <p>History and physical exam [D]: Pulse and blood pressure (\geq 3 years), using appropriate technique and cuff size for age. Family history, social determinants/influencers (healthy food access, safe neighborhood for physical activity), patient or parental concern about weight, dietary patterns (e.g. frequency of eating outside the home, consumption of breakfast, adequate fruits and vegetables, excessive portion sizes, etc.), physical activity level, sleep patterns, and history of medication use. Symptoms of diabetes, hypothyroidism, digestive disorders, gallbladder disease, obstructive sleep disorders, weight-related orthopedic problems, depression and anxiety, or other mental health concerns, etc. Be alert to secondary causes of obesity and consider genetic, endogenous, or syndrome-associated causes of obesity.</p> <p>Reinforce lifestyle and behavior modifications [D]: Focus on slowing the child's rate of weight gain and maintaining or lowering their BMI percentile. Family must recognize the problem and be actively engaged in the treatment. Small, gradual lifestyle changes are recommended. Promote a healthy diet and lifestyle with focus on 5-2-1-0: \geq 5 fruits and vegetables, \leq 2 hours recreational screen time, \geq 1 hour physical activity, 0 sugar-containing drinks, daily. Monitor for the development of risk factors or complications.</p>	<p>Each periodic health exam, more frequently as case requires</p> <p>Consider management of childhood obesity as a long-term intervention</p>
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: 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 a moderate- to high-intensity multidisciplinary approach in the treatment of childhood obesity. Testing: AST, ALT, and fasting glucose level every two years for children > 10 years of age; consider lipid screening.</p>	
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: If available, offer obese children and adolescents ages 6-18 a comprehensive, intensive behavioral intervention to promote improvement in weight status. Long-term goal should be a body mass index below 85th percentile for age and sex. Consider counseling and psychological services.</p>	

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 US Preventive Services Task Force. Screening for Obesity in Children and Adolescents: US Preventive Services Task Force Recommendation Statement, JAMA. 2017; 317(23):2417-2426.doi:10.1001/jama.2017.6803; and Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report, Sarah E. Barlow, Pediatrics Dec 2007, 120 (Supplement 4) S164-S192; DOI: 10.1542/peds.2007-2329C. Individual patient considerations and advances in medical science may supersede or modify these recommendations.