



Obesity

My child has special health care needs, are they at risk for obesity?

Childhood obesity has become an epidemic in the United States over the last generation. More children are overweight or obese today than ever before and the numbers continue to grow. Obesity is defined as 20% over the recommended weight for height or greater than 85th percentile for Body Mass Index (BMI). Childhood obesity is mainly caused by a lack of physical activity. Today's youth lead a very sedentary lifestyle, with an average of 17 hours a week of television watching, not including video games and computer time. Children with disabilities are at an even greater risk for obesity because of this sedentary lifestyle. Many parents believe that because of their disability, their children cannot be physically active, which is not the truth. This lack of physical activity may not only lead to obesity, but to many other numerous health problems as well.

Risk Factor For Future Health Problems

Childhood obesity, in addition to a physical disability, not only poses problems for possible health risks, it also may affect the child's psychological well-being. Many over-weight children experience bouts of depression which may be caused from teasing or being excluded from social groups at school. It also can severely lower the child's self-esteem which will carry on later in life and may prevent them from succeeding in both their personal and professional lives.

Benefits of Exercise

Although physical activity is not the only answer to these many risk factors, it can have a huge impact on the quality of life for a child with a disability. Some of the many benefits of exercise include:

- ♥Development of physical fitness
- ♥Reducing the risk of diabetes
- ♥Reducing the risk of some cancers
- ♥Weight control
- ♥Improved bone density
- ♥Improved psychological well-being
- ♥Group exercise improves social skills

Physical activity is defined as any "bodily movement produced by skeletal muscles that results in energy expenditure." There are two main types of exercise: aerobic exercise, which uses calories and anaerobic exercise which builds muscle. Aerobic exercise includes but not limited to: walking, soccer, basketball, bicycling, rollerblading, swimming, tennis, karate and tasks around the home. Anaerobic exercise includes but not limited to: Push-ups, abdominal crunches and weight-lifting.

Dietary Guidelines:

Along with exercise, proper nutrition will help reduce the risk of childhood obesity. The Department of Health and Human Services (HHS) and the Department of Agriculture (USDA) released the new Dietary Guidelines for Americans in 2005. They recommend:

- ♥ Increase daily intake of fruits and vegetables, whole grains, and nonfat or low-fat milk products
- ♥ Control calorie intake to manage body weight
- ♥ Get the most nutrition out of your calories
- ♥ Make smart choices from every food group
- ♥ Be physically active every day

Promoting Physical Activity in Children

It is very important to encourage children to exercise. Parents should become a positive role model by regularly exercising on our own and with your child. Parents can increase physical activity and reduce sedentary time by limiting the number of hours the child can watch television. Parents can promote physical education in school if it is not already offered. It is also very important to make exercise fun and enjoyable to encourage a lifelong love of activity. To get your children involved in community activities.

Treatment

While no single approach to treatment of childhood overweight has been demonstrated to be consistently effective, a number of recommendations have been made by expert panels. Obesity represents a chronic disease requiring frequent visits; continuous monitoring, and ongoing reinforcement for success. Referral to a specialist or program is suggested if your practice is too busy to allow for close monitoring.

The following are recommendations from: (see next page)

1. Barlow and Dietz Obesity Evaluation and Treatment: Expert Committee Recommendations Pediatrics 1998:102-29

2. Fowler-Brown and Kahwati Prevention and Treatment of Overweight in children and Adolescents

- ♥ Interventions should begin early but not before age 2
- ♥ For kids 2-7 years who are at risk or overweight the goal should be weight maintenance, not weight loss.
- ♥ For overweight children over age 7, the goal should be weight loss.
- ♥ Target and involve the whole family (to impact the child, the family must be ready to change).
- ♥ The program should help the family make small, gradual changes with the goal of implementing permanent changes. Suggest one or two changes at a time. This helps prevent the family from feeling overwhelmed and quitting.
- ♥ Teach the family to monitor eating and activity.
- ♥ Develop a schedule of monitoring (as often as weekly) to provide support and to maintain focus on the goal of re-shaping lifestyles.
- ♥ Encourage and empathize, but don't place blame.
- ♥ Refer for a complete nutrition assessment. (Ask your hospital dietician if she/he can provide this service and if it will be covered by your primary insurance coverage)
- ♥ There are no approved pharmaceutical treatments for children.
- ♥ If medically urgent, bariatric surgery for adolescents who meet criteria..
- ♥ Refer to a specialist or an organized program when appropriate.
- ♥ Open and close kitchen. Open for meals only (green sign at the door) closed- (red sign)
- ♥ Involve the kids in planning meals and preparing them (school lunches).
- ♥ Reward kids with praise and time, not food. Don't use food as a punishment or reward.
- ♥ Increase access to fruits and veggies by preparing ahead of time.
- ♥ Bottom shelf of refrigerator becomes anytime anywhere foods. Already prepared veggies and fruits stored there.

Resources

NCPAD (The National Center on Physical Activity and Disability)

<http://www.ncpad.org/>

Medical Home Newsletter Feb. 2005 [http://health.utah.gov/obesity/docs/](http://health.utah.gov/obesity/docs/MH_Newsletterobesity.pdf)

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To contact Family Voices of North Dakota:

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