

Michigan Quality Improvement Consortium Guideline Prevention and Identification of Childhood Overweight

The following guideline recommends specific interventions for prevention and identification of childhood overweight and obesity.

Eligible Population	Key Components	Recommendation and Level of Evidence	Frequency
Parents of children younger than 2 years old	Education of parents regarding obesity and prevention of risk	<p>Prevention to promote healthy weight:</p> <ul style="list-style-type: none"> • Encourage breastfeeding; discourage overfeeding of bottle fed infants [A]. • Avoid premature introduction of solids and base timing for introduction of solids on child’s development, usually between 4 months and 6 months of age. • Preserve natural satiety by respecting a child’s appetite. • Educate caregivers on the importance of age-specific meals and snacks, consistent mealtimes, appropriate snacking, serving sizes, reading nutritional labeling and daily physical activity. • Educate parents about the importance of parental role modeling for healthy lifestyle behaviors and of parental controls [D]. • Avoid high calorie, nutrient-poor beverages (e.g., soda, fruit punch or any juice drink less than 100% juice). • Limit intake of 100% juice to <6 oz per day; may offer in a cup, starting at 6 months of age. • Evaluate general comorbidities, including but not limited to cardiovascular disease of parents. • No television or computer screen time [D]. 	At each periodic health exam
Children 2 years or older Children 2 years or older, BMI for age < 85th percentile	Assessment of body mass index, risk factors for overweight and excessive weight gain relative to linear growth Prevention to promote healthy weight	<p>General Assessment:</p> <ul style="list-style-type: none"> • History (including focused family history) and physical exam • Measure and record weight and height on CDC BMI-for-age growth chart, calculate and plot patients’ BMI [weight (kg)/height squared (m²) or (pounds x 703)/inches²]¹ • Dietary patterns (e.g. frequency of eating outside the home, consumption of breakfast, adequate fruits and vegetables, excessive portion sizes, etc.) • Risk factors for overweight² including pattern of weight change [C]. Watch for increases of 3-4 BMI units/year <p>Age specific prevention messages:</p> <p>Preschool:</p> <ul style="list-style-type: none"> • Limit television and computer screen time to 1-2 hours per day; remove television and computer screens from primary sleeping area. • Replace whole milk with skim, avoid high-calorie, nutrient-poor beverages (soda, fruit punch, juice drinks); limit intake of 100% juice. • Eat breakfast daily; limit eating out and portion sizes, particularly fast foods. • Promote a healthy diet (include fruit and vegetables and low-fat dairy) that encourages family mealtimes, regular eating times, and minimizes nutritionally poor food prepared outside the home. • Respect the child’s appetite and allow him or her to self-regulate food intake. • Provide structure and boundaries around healthy eating with adult supervision. • Promote physical activity including unstructured play at home, during child care and in the community. <p>School-aged, the above plus:</p> <ul style="list-style-type: none"> • Accumulate at least 60 minutes, and up to several hours, of age-appropriate physical activity on all or most day of the week (emphasize lifestyle exercise, i.e., outdoor play, yard work, and household chores). • Consider barriers (e.g., social support, unsafe neighborhoods or lack of school-based physical education) and explore individualized solutions. • Reinforce making healthy food and physical activity choices at home and outside of parental influence. 	

¹ See <http://apps.nccd.cdc.gov/dnpabmi/calculator.aspx>

² Low or high birth weight, low income, minority, television or computer screen time > 2 hrs, low physical activity, poor eating, depression

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.