

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) 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: 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 represents 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.