

Health Plan of Michigan Clinical Practice 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 under 2 years old	Education of parents regarding obesity and prevention of risk	<p><u>Prevention to promote healthy weight:</u></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 to 6 months of age. • Preserve natural satiety by respecting a child’s appetite. • Educate caregivers on the importance of age-specific means and snacks, consistent mealtime, 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 co-morbidities, 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	Assessment of body mass index (BMI), risk factors for overweight, and excessive weight gain relative to linear	<p><u>General Assessment:</u></p> <ul style="list-style-type: none"> • 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 (e.g., http://apps.nccd.cdc.gov/dnpabmi/calculator.aspx). • Assess risk factors for overweight¹ including pattern of weight change [C]. Watch for increases of 3-4 BMI units/year. 	During acute episode

<p><85th percentile</p>	<p>growth</p> <p>Prevention to promote healthy weight</p>	<p><u>Age specific prevention messages:</u></p> <p>Preschool</p> <ul style="list-style-type: none"> • Replace whole milk with skim, avoid high calorie, nutrient poor beverages (soda, fruit punch, juice drunks). • Limit intake of 100% juice. • Limit television and computer screen time to two hours or less daily. • 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 childcare 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., unsafe neighborhoods or lack of school-based physical education) and explore solutions. • Reinforce making healthy food and physical activity choices at home and outside of parental influence. 	<p>At each periodic visit</p>
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¹Low/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: Committee on Nutrition 2003, American Academy of Pediatrics Policy Statement: Prevention of Pediatric Overweight and Obesity (www.aap.org). Individual patient considerations and advances in medical science may supersede or modify these recommendations.

Approved by MQIC Medical Directors July 2006