



Childhood Obesity

Overweight Kids – A Growing Problem

A sad but very real trend is an increasing prevalence of overweight and obesity among children and adolescents. Data from the most recent National Health and Nutrition Examination Survey (NHANES 1999-2000) indicate that the prevalence of overweight and obesity among America's youth has more than doubled in the past 20 years. It is estimated that currently 15.3 percent of children (ages 6-11 years) and 15.5 percent of adolescents (ages 12-19 years) in the United States are overweight, while another 15 percent are "at risk" for overweight (Body Mass Index for age at or above the 85th percentile) (1). This excess weight developed in childhood and adolescence often persists into adulthood. It has been estimated that 40 percent of obese children and 70 percent of obese adolescents will grow up to be obese adults (2).

Is Your Child Overweight?

The classifications of overweight and obesity are derived from a formula involving height and weight, called the Body Mass Index, or BMI. For adults, a BMI of 25 to 30 is characterized as overweight, while 30 or above indicates obesity. But for children and adolescents (2-20 years), BMI is then plotted onto a sex-specific growth chart to take into account developmental stage. A BMI in the 95th percentile or above indicates overweight, while a BMI between the 85th-95th percentile is suggestive of being "at risk" for becoming overweight in the future.

Unfortunately, some parents with overweight children and/or adolescents do not recognize them as being such, which is why it is helpful to use an objective tool like an age-specific calculated BMI on a yearly

basis. The Centers for Disease Control and Prevention Web site (www.cdc.gov/nccdphp/dnpa/growthcharts/bmi_tools.htm) provides a wealth of information on BMI.

Why are so Many Kids Overweight/Obese?

Unfortunately there is no easy answer to this question, largely because there is no one single factor that causes obesity. Nonetheless, most obesity experts blame increasingly sedentary lifestyles (e.g., watching television and playing on the computer vs. playing outside) combined with progressively greater consumption of super-sized, high-calorie, high-fat foods for the growing girth of America's youth.

Health Risks and Social Side Effects of Being Overweight

Just like their adult counterparts, overweight children and adolescents also experience an increase in health risks. For example, more than 60 percent of overweight children between 5 and 10 years of age already have at least one risk factor for cardiovascular disease (3). Other health problems on the rise among children and adolescents include glucose intolerance, type 2 diabetes, sleep apnea, hypertension, respiratory problems, and bone and joint difficulties (4).

Recent evidence reveals that overweight children and adolescents face more than long-term health risks. Their day-to-day lives – emotions, friendships, even school work – are also significantly impacted. For example, overweight youth are more apt to suffer from low self-esteem. They are likely to be teased by peers. Recent research indicates that bullying and being bullied is also increased, especially among girls (5).

Should Overweight Kids Diet?

Most researchers and practitioners specializing in pediatric obesity agree that weight loss diets are not appropriate for children. In fact, children who diet may actually gain weight in the long run, according to a report from Brigham and Women's Hospital in Boston (6). A likely reason is that restrictive diets are often not maintained for long periods and are often followed by binge eating.

If one or more of your children are overweight, it is recommended that you work with your pediatrician to help them achieve a healthier weight as they grow. The best strategy is to maintain their current weight as they grow taller (i.e., allowing them to "grow into their weight"). Some programs specialize in weight management in children and adolescents, such as SHAPEDOWN®. Ask your pediatrician for a recommendation for a youth weight management program in your area or contact a local registered dietitian who specializes in children's health issues. The American Dietetic Association's Nationwide Nutrition Network is one way to locate a dietitian (www.eatright.org).

Weight Management – A Family Affair

Parents can have a dramatic influence on the diet and exercise behaviors of their children. Eating right and exercising must be a family affair, something that is embraced and practiced by all family members, particularly parents (7).

Below are some additional family nutrition and healthy lifestyle tips:

- Start young. A healthful lifestyle should begin early in childhood even before the problem of overweight develops.
- Allow kids to use their own internal hunger signals to regulate eating.
- Make every calorie count toward good nutrition – offer nutritious snacks.
- Promote physical activity, including unstructured play.
- Limit television and computer play time to 1 to 2 hours a day.
- Prepare more food at home.
- Be a role model – Parents should "walk the talk" by eating moderate portions of nutritious foods and engaging in pleasurable physical activity.

1) Ogden et al. Prevalence and Trends in Overweight Among US Children and Adolescents, 1999-2000. *JAMA*. 2002;288:1728-1732.

2) Guo et al. The predictive value of childhood body mass index values for overweight at age 35 yr. *Am J Clin Nutr*. 1994;59:810-819.

3) Freedman DS, Dietz WH, Srinivasan SR, Berenson GS. The relation of overweight to cardiovascular risk factors among children and adolescents: the Bogalusa heart study. *Pediatrics* 1999; 103: 1175-1182.

4) Must A Strauss RS. Risks and consequences of childhood and adolescent obesity. *Int J Obes*. 1999;23(Suppl):S2-S11.

5) Janssen et al. Associations Between Overweight and Obesity With Bullying Behaviors in School-Aged Children. *Pediatrics*. 2004;113:1187-1194.

6) Field et al. Relation Between Dieting and Weight Change Among Preadolescents and Adolescents. *Pediatrics*. 2003;112:900-906.

7) Golan et al. Parents as exclusive agents of change in the treatment of childhood obesity. *Am J Clin Nutr*. 1998;67:1130-1135.

For healthy recipes and nutrition information, go to: www.healthypotato.com

