

# **Childhood Obesity**

## **American Medical Association (AMA) Policy and Guidelines**

AMA mission: To promote the art and science of medicine and the betterment of public health.

The AMA supports a wide range of policies and activities regarding public health issues, including the promotion of healthy lifestyles (healthy eating, physical activity, not using tobacco, and avoiding excess or risky use of alcohol), the elimination of health disparities, violence prevention, geriatric and adolescent health, and combating obesity.

Specific to childhood obesity, AMA policy supports:

### *Healthy Eating*

- Evidence-based nutrition standards for all food (including a la carte, snack bar, and vending machine offerings) served and sold in K-12 schools
- Provision of vegetables, fruits, legumes, grains, vegetarian foods, and healthful beverages in school lunch programs
- Banning food commercials aimed at children
- Improved nutritional quality, and nutritional information on menus and menu boards, in chain restaurants

### *Adequate Physical Activity*

- Meaningful and mandatory physical education programs for all children, including the handicapped, in K-12 schools, conducted by qualified personnel
- At least 30 minutes of daily free play or physical education in elementary school
- Family-oriented education about the benefits of physical activity

### *Health Education in Schools*

- Comprehensive programs and activities in elementary and secondary schools to help young people develop the skills needed to choose healthy dietary patterns and adequate physical activity

### *Public Education*

- Educating the public about obesity, including the benefits of healthy eating and physical activity to prevent and limit the health consequences of obesity

### *Physician Education\**

- Educating physicians about the prevention and management of overweight and obesity in children, including physical activity and nutrition assessment and counseling methods
- Routine determination of body mass index (BMI) percentiles in children

### *Research*

- More research on the relative efficacy of clinical and public health interventions to prevent, diagnose, treat, and manage overweight and obesity

\*The AMA, in collaboration with the U.S. Department of Health and Human Services' Health Resources and Services Administration and the Centers for Disease Control and Prevention, convened an expert committee in 2005 to develop recommendations on the assessment, prevention, and treatment of child and adolescent overweight and obesity, recently published in the journal *Pediatrics* (December 2007).

## Summary: Expert Committee Recommendations on the Assessment, Prevention, and Treatment of Child and Adolescent Overweight and Obesity

In 2005, the AMA, HHS, and CDC convened an expert committee to develop recommendations on the assessment, prevention, and treatment of child and adolescent overweight and obesity. Briefly, the committee offered the following recommendations:\*

### *Assessment*

- Annual measurement of weight, height, and body mass index (BMI) for age (new terminology)

|                |                          |
|----------------|--------------------------|
| Underweight    | Below 5th percentile     |
| Healthy Weight | 5th – 84th percentile    |
| Overweight     | 85th – 94th percentile   |
| Obesity        | 95th percentile or above |
- Child's medical history
- Parental obesity
- Family medical history
- Other health problems related to obesity
- Dietary, physical activity, and other behaviors

### *Prevention – Patient Level*

#### Limit

- Sugar-sweetened beverages
- TV/other screen time (no more than 2 hr/d)
- Eating out/restaurants
- Portion sizes
- Energy-dense (high calorie) foods

#### Encourage

- Fruits and vegetables: 9 servings/day
- Breakfast every day
- Family meals
- Physical activity (60 min/d of moderate to vigorous activity)
- Calcium
- Fiber
- Balanced fat, protein, carbohydrate intake for age
- Breastfeeding

### *Prevention – Practice and Community Level*

- Increase physical activity at schools (grade 1 through college)
- Preserve and enhance parks, walking and bicycle paths
- Encourage physicians and health professionals to support parents:
  - Authoritative (not restrictive) parenting style
  - As role models for healthy eating, physical activity, and reduced sedentary activities

### *Treatment*

- Goal: improve long-term health through permanent healthy lifestyle habits
- Stages
  - 1) Prevention “Plus”
    - More frequent physician monitoring
  - 2) Structured Weight Management
    - More specific goals and support to child
  - 3) Comprehensive Multidisciplinary Intervention
    - Increased frequency of visits with more providers
  - 4) Tertiary Care Intervention
    - Medications, very low-calorie diets, and/or surgery for severely obese children

\*For full details, please refer to the supplement in the December 2007 issue of *Pediatrics* (Volume 120, Number 3)