# Transformative Event Helps Teens Lose Weight

BY MICHELE G. SULLIVAN
*Mid-Atlantic Bureau*

PHILADELPHIA — An "ah-ha!" moment can be the key to teen weight loss.

Adolescents who experience a "transformative event"—an experience that changes their self-concept with regard to weight or exercise—are apparently more likely to lose weight than are those who never undergo such a moment, Dr. Alexis Lieberman said at the annual meeting of the Eastern Society for Pediatric Research.

For some teens, the experience comes during a serious talk with a physician; for others, athletics is the motivating factor. But whatever the force behind the transformative event, she said, it appears to be a vital part of the weight loss experience.

Dr. Lieberman presented the results of a qualitative study of 22 teens. All of the participants were black, inner city residents with a mean age of 16 years. Additionally, all of the teens in the study had either gained or lost at least 2 kg/m$^2$ over 2 or more years.

They participated in a series of structured interviews and focus group meetings, during which Dr. Lieberman and her colleagues explored important contributors to their weight change, including dietary habits, knowledge of healthy eating, finances and the impact of poverty, psychology, exercise, and home-school environment.

The group included 10 weight increasers (six males and four females) with an average body mass index (BMI) of 38 kg/m$^2$, and 12 weight decreasers (six males and six females) with an average BMI of 28 kg/m$^2$.

Both of the groups had similarly poor dietary habits, she said. "Both tended to skip breakfast, eat junk food between and often instead of meals, and buy snacks at local convenience stores and fast food restaurants. Nobody ate very well."

Interestingly, Dr. Lieberman said, the teens did have a good basic knowledge of what constitutes a healthy diet, and they could accurately describe a balanced meal.

Poverty did not play as large a role as the researchers anticipated. While a lack of money did increase a teen's tendency to buy cheap, low-quality foods, it also forced many into the subsidized food programs at their schools.

**Family members who encouraged weight loss and healthy diet played a crucial role in teens' weight loss.**

**DR. LIEBERMAN**

"Not having money meant they couldn't buy french fries in the cafeteria, and instead had to go to the free lunch line, where the food was supposedly healthier," said Dr. Lieberman, a pediatrician at Albert Einstein Medical Center, Philadelphia.

Several important thematic differences emerged between the groups, including the transformative experience, family support, and exercise.

A transformative experience occurred in six of the weight decreasers and only two of the weight increasers.

For several of the decreasers, the moment was a meeting with a physician, especially being told they were at risk of developing diabetes. Some related that prognosis to the same illness in a relative, and made a decision to change their own future.

For others, Dr. Lieberman said, the moment had to do with athletics. One teen was recruited from his recreation center basketball team to a traveling city team, and had to lose weight to stay on the team. Another girl joined the track team. Her coach advised her to improve her eating habits and lose weight because she had the potential to be a fast runner.

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**Camryn Jenkins jumps rope at the Youth Visions Fitness Center in Maryland. Teens who lost weight engaged in consistent physical activity—at least 2 hours per day.**

"These moments were related to an increase in self-esteem," Dr. Lieberman said.

One decreaser was sentenced to boot camp for stealing cars. The rigorously active schedule and opportunity for self-evaluation were his triggers for weight loss.

"Three years later, he has maintained the loss and continues to lift weights," she added.

A violent experience changed the life of the final weight decreaser. He was almost "jumped," Dr. Lieberman said. His grandfather then signed him up for a martial arts program at the local gym.

"A supportive family member helped make this a transformative moment, instead of a damaging one," she said.

Transformative experiences also occurred in two teens who gained weight. One said his religious conversion allowed him to accept himself "as a big person." Another teen learned she was a prediabetic, but wasn't able to make the changes necessary to lose weight.

Exercise was another big difference between the groups, Dr. Lieberman said. Eight of the decreasers consistently engaged in intense physical activity (at least 2 hours each day of team sports or weight lifting), compared with only one of the increasers. "The one increaser who exercised was on a dance team that served doughnuts after practice."

The final difference between the groups was family influence. The decreasing group reported that family members tried to positively influence their diet, and encouraged their weight loss.

The teens who increased their weight, however, reported that they received support to accept their weight, with their family using euphemisms ("You're thick, not fat") and telling them they "looked fine just as they were."

"Parents do find the term 'overweight' or 'fat' offensive," Dr. Lieberman said. "They prefer terms like 'gaining weight too quickly' or 'big for his age.'" ■

# Morbid Obesity Affects Nearly 3 Million U.S. Teens, Survey Says

BY MITCHEL L. ZOLER
*Philadelphia Bureau*

ORLANDO — The prevalence of morbid obesity has grown dramatically among American adolescents and children, according to an analysis of data collected by the most recent national health survey.

On the basis of data from the National Health and Nutrition Examination Survey (NHANES) 1999-2004, about 418,000 adolescents aged 12-19 had a body mass index (BMI) of at least 40 kg/m$^2$, Dr. Stephen Cook reported in a poster at a conference on cardiovascular disease epidemiology and prevention sponsored by the American Heart Association.

This number represented about 1.3% of the adolescent population in the United States in 2000.

Included in this group total were 71,000 adolescents with a BMI of 50 kg/m$^2$ or greater.

With another definition of severe obesity, 3.8% of American children aged 2-19 had a BMI at or above the 99th percentile for their age in the National Health and Nutrition Examination Survey 1999-2004 sample, reported Dr. Cook and his associates on the study.

**The jump in obesity rates between the prior and current (1999-2004) surveys was sharpest among Mexican Americans, African Americans and 'other' racial and ethnic groups.**

This prevalence translates into about 2.7 million children.

By convention, children who are younger than 12 years of age are defined as severely obese if their BMI meets or exceeds the 99th percentile for age. This is because the usual definition of morbid obesity—40 kg/m$^2$ or greater—is not relevant for younger children.

The spread of obesity is reflected by the fact that BMI levels that, several years ago, were only reached by the heaviest 1% of children in each age group has now been reached by 3.8% on average.

More specifically, the prevalence of BMIs at or above the 99th percentile for age jumped by more than 50% between the prior NHANES in 1988-1994 and the 1999-2004 survey, said Dr. Cook, who is a pediatrician at the University of Rochester (N.Y.).

"The high prevalence and rapid increase of this group of children and adolescents portend a large burden to the health care system," the researchers said in their poster.

"The progress that we've made in preventing and treating cardiovascular disease in adults will be reversed by childhood and teenage obesity," Dr. Cook commented in an interview.

The large increase in obesity rates between the current survey and prior surveys was the sharpest among Mexican Americans, African Americans, and racial and ethnic groups classified as "other."

In contrast, there was essentially no change among those children who were classified as white.

In the NHANES of 1999-2004, the highest prevalence of a body mass index of 40 or greater was among African Americans, with 3.4% of this subgroup in that range.

The National Health and Nutrition Examination Survey of 1999-2004 collected data on 12,384 American children who were selected for a sample that represented the total American population at that time. ■