

Program Urges Weight Management in Children

BY DAMIAN McNAMARA

MIAMI — A regimented, no excuses approach to tackling childhood obesity at Miami Children's Hospital in South Florida could be a model of success for other programs, according to Dr. William I. Muiños.

However, he cautioned, "we cannot make a difference unless all the primary care providers get involved. There aren't enough soldiers in this battle. We need reinforcements."

Childhood obesity is a worldwide problem, not just a major concern in the United States. "Children are more obese now than ever. We are seeing obesity in children as young as 2 years old," Dr. Muiños said at a pediatric update sponsored by Miami Children's Hospital.

His message for primary care providers is to intervene: "Don't be afraid to jump in because they need your help. They cannot do it on their own." Parents also need guidance and education.

Miami Children's Hospital employs a multidisciplinary approach that includes physicians, nurses, social service representatives, and psychologists, but "you don't need a lot of multidisciplinary help. You can do it on your own if you take the time," said Dr. Muiños, a pediatric gastroenterologist and director of the hospital's weight management program.

The key is to involve the family in a consistent way. Participating family members, however, must be strong



Stabilizing weight can allow growth to reduce body fat over time, said Dr. William I. Muiños (right).

and not negotiate with the child. They must be "like a sergeant," he said.

Treatment plans are individualized for each patient. Children and families are educated about the benefits of fruit, vegetables, and fiber. They are instructed to eat smaller portions, turn off the television, and walk instead of drive. Exercise is emphasized. Patients sign a contract that calls for at least 1 hour of exercise five times per week. They get graded on how well they follow the regimen. Weekly meetings are helpful for keeping participants on track, he said.

Unlike some programs for overweight and obese

adults, the goal is weight management, not extensive weight reduction, Dr. Muiños said. "If you start a weight loss program in a child who is growing up ... the issue of losing weight actually changes the metabolism of the child during the growing years. It actually starts them on stress modalities [that] are not good for the child because the child's physiology is trying to protect the body weight.

"We need to overcome that by stabilizing weight and allowing height and growth and development to take hold and be the driving force of diminution of body fat," he said. "We can use this physiologic event to our benefit to diminish [body mass indices] over time."

Dr. Muiños said that it can actually be helpful to show parents and patients photos of the potential comorbidities if obesity is left unchecked. "I started doing this years ago. I do a lot of hepatology in my practice. And I would see the liver engorged with fat. It is an ugly thing. The macronodular specimen of the liver gets totally distorted."

He added that "it will impact you when you see that. It impacted me as a physician. So I try to use that impact on the parent so they can see we are not playing around here. This is very, very real."

Dr. Muiños reported having no relevant conflicts. ■

To see an interview with Dr. Muiños, go to www.youtube.com/FamilyPracticeNews.

Average Child Now Snacks Almost Three Times a Day

BY JANE ANDERSON

Children snack an average of nearly three times each day, most often consuming desserts and sweetened beverages, and more than 27% of their daily calories are coming from snacks, according to a new study.

The study, conducted by investigators at the University of North Carolina at Chapel Hill, found that children have greatly increased their snacking habits since 1977, adding more than one snack per day along with 168 calories per day to their average daily snack intake.

Children aged 2-6 years had the largest caloric increase—182 calories—which the researchers said suggests they are developing an unhealthy eating pattern early in life.

"Kids still eat three meals a day, but they're also loading up on high-calorie junk food that contains little or no nutritional value during these snacks," Barry Popkin, Ph.D., professor of nutrition at the university, said in a statement. "Such findings raise concerns that more children in the United States are moving toward a dysfunctional eating pattern, one that can lead to unhealthy weight gain and obesity."

Researchers incorporated data from four separate food intake surveys conducted over the past 3 decades, and included 31,337 children aged 2-18 years in their analysis (Health Affairs 2010;29:3:1-7[doi:10.1377/hlthaff.2009.0666]).

In 1977, 74% of children ate snacks, while by 2006, 98% ate snacks, accord-

ing to the study. Also, in 1977, most children ate fewer than two snacks per day, while in 2006 they ate nearly three snacks per day, Dr. Popkin and his associates reported.

Salty snacks, such as chips and crackers, comprised the largest increase in the types of snacks children ate during the three-decade period, the study found. In addition, children are eating more candy at snack time, which Dr. Popkin pointed out can lead to both weight gain and cavities.

At the same time, children now are less likely to drink milk or eat fruit, instead consuming fruit juice or sweetened beverages such as sports drinks, the study reported.

Dessert consumption at snack time declined from 1977 to 2006, although dessert-type snacks still contribute more daily calories than any other category, the study found.

Additionally, the energy density of snacks remained fairly constant over the course of the study.

"Our findings suggest that children ages 2-18 are experiencing important increases in snacking behavior and are moving toward a consumption pattern of three meals plus three snacks per day," the investigators concluded. "This raises the question of whether the physiological basis for eating is becoming dysregulated, as our children are moving toward constant eating."

Financial support for the study was provided by the National Institutes of Health. Dr. Popkin reported no relevant conflicts of interest. ■

Prevalence of Child Obesity Rises; Overweight Levels Off

BY JANE ANDERSON

The percentage of children aged 10-17 years considered overweight remained stable between 2003 and 2007, but the national prevalence of childhood obesity grew significantly in the same time period, according to a new study showing nearly one in three children is overweight or obese.

The study also found marked disparities between the rates of overweight and obesity associated with socioeconomic status, school outcomes, neighborhoods, health insurance coverage, and quality of care.

"The national prevalence of childhood overweight and obesity is alarming, but does not tell the whole story," according to study author Christina Bethell, Ph.D., director of the Child and Adolescent Health Measurement Initiative at Oregon Health & Science University in Portland, and her associates.

"Tremendous variation and disparities across and within states and population sub-groups demonstrates why we need both targeted, local interventions and broad statewide and national policies across many sectors, including education, transportation, parks and recreation, and health care," Dr. Bethell said in a statement.

Dr. Bethell and her colleagues compared 2007 data from the National Survey of Children's Health to data from 2003. They found that the percentage of

overweight children, defined as a body mass index (BMI) in the 85th-94th percentiles for age and sex, held at about 15.5% over the 4-year study period. But the number of obese children, defined as a BMI in the 95th percentile or higher, grew from 14.8% to 16.4% over the same period (Health Aff. 2010 [doi:10.1377/hlthaff.2009.0762]).

State statistics varied widely, the study found. Utah and Minnesota had the lowest rate of overweight and obesity (23%) in 2007; Mississippi had the highest (44%).

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Major Finding: From 2003 to 2007, the number of children with a BMI in the 95th percentile or higher grew from 14.8% to 16.4%.

Data Source: National Survey of Children's Health, 2003 and 2007 data.

Disclosures: Study partially funded by federal grant; investigators reported no relevant conflicts of interest.

In addition, publicly insured children were at higher risk for overweight and obesity. Between 2003 and 2007, the combined overweight-obese rate rose from 39.6% to 43.2% for children who were covered by public insurance programs, while privately insured children saw a much smaller increase, from 26.7% to 27.3%.

Children living in poverty were more likely to be overweight or obese, as were children who lived in unsafe neighborhoods, neighborhoods without a park or recreation center, or poorly kept neighborhoods. ■