

# Keep Children Involved in Decisions About Food

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STANFORD, CALIF. — The 2005 federal dietary guidelines could do more harm than good if parents try to push their children to eat specific amounts of foods recommended in the guidelines, Ellyn Satter said at a conference on perinatal and pediatric nutrition.

Overly controlling the way children eat undermines their innate self-regulation in feeding, which often leads to obesity, said Ms. Satter, author of several books, including "Your Child's Weight: Helping Without Harming" (Madison, Wis.: Kelcy Press, 2005). Organizers of the conference credited the larger-than-usual turnout in part to Ms. Satter's presence on the program.

The 2005 edition of Dietary Guidelines for Americans emphasizes nutrition but is not grounded in feeding dynamics, said Ms. Satter of Madison, Wis.

By listing recommended amounts of food groups (cups, ounces, or teaspoons of fruits, vegetables, whole grains, milk, oil) that are needed to meet daily nutrient requirements, the guidelines cross the "division of responsibility" that should allow the child to decide how much to eat, she said in an interview. (See box.)

Although well intentioned, the guidelines could help undermine children's internal regulators and contribute to obesity. "You're creating the very thing you're trying to prevent," she said at the conference, which was jointly sponsored by Symposia Medicus and Stanford University.

Janet C. King, Ph.D., chair of the scientific advisory committee behind the dietary guidelines, said that the federal recommendations and Ms. Satter's approach are not that far apart. Parents need to know the desired amounts of food groups in order to put a healthy variety of foods

on the table. That information is provided by the dietary guidelines. Then it's up to behavioral specialists like Ms. Satter to offer advice on implementing the guidelines, Dr. King said in an interview (see story below).

"You have to know what your [nutritional] goals are, and then you need the systems of behaviorists to help people make these changes. We would agree strongly with that," said Dr. King, a senior scientist at Children's Hospital Oakland (Calif.) Research Institute.

"If you follow the food patterns and recommended servings, you'll meet your nutritional requirements," she said.

Ms. Satter said that one of the biggest problems she sees in family eating dynamics is the overrestriction of children's access to foods.

The federal dietary guidelines have a positive focus rather than a focus on what not to eat, Dr. King pointed out. Parents should "focus on what are good foods, focus on the nutrient-rich foods, and then also keep in mind that you need to balance intake with output," she said. "We felt that it was important to develop a foundation for good food habits early in life."

Children already have that foundation, if parents will only let go of the need to control it and pay proper attention to their own responsibilities in feeding, Ms. Satter said.

Doing a good job with feeding and parenting means having regular and reliable sit-down family meals and sit-down snack breaks that include a variety of tasty, wholesome foods. Parents should regularly include "forbidden" foods at meals and as snacks so that children won't be compelled to sneak around and overeat them at other times. This implies trusting children to decide whether and how much to eat.

Clinicians should ask parents questions about past and present feeding habits, as

well as teach about developmental stage-appropriate feeding and encourage the division of responsibility for feeding. Emphasizing growth tracking—not arbitrary growth cutoffs—can help parents accept consistent growth as normal, even if the child's weight and height fall outside average limits.

"Accept the child you have, not the one you thought you should have," she said.

Ms. Satter applies her division of re-

sponsibilities to physical activity as well as to feeding. Parents control the structure of, safety of, and opportunities for activity. Children decide whether to move, the manner of moving, and how much to move. There is one item that she believes in restricting, however: television.

"Child overweight isn't just about eating too much and exercising too little. It is about our failure as a culture on all levels to do good parenting," she said. ■

## Parent, Child Make Healthy Eating Team

When parents appropriately divide the responsibilities of feeding between parents and children, healthy eating habits flourish, Ms. Satter said.

Here's how she divides the duties:

### ► Parent: What, when, and where.

The parent chooses and prepares a variety of foods that will allow predictable growth in the child. Structure is key: providing regular, reliable meals and sit-down snacks, and not letting the child graze for food or beverages between times. The parent should make eating time pleasant, communicate age-appropriate expectations of mastery of eating, and accept the child's size and shape.

### ► Child: How much and whether.

The child decides whether to eat, and what to eat from the selections available. Parents must trust children to do their jobs regarding eating. Children will eat. They will know how much to eat. They will eat a variety of foods. They will grow predictably, and gradually will learn to manage the "what, when, and where" decisions for themselves. Only after they leave home do they become fully independent eaters.

This does not mean that a parent

must provide junk food if a child wants it. "The parent is in charge of the menu and the child can eat or not eat. It's not an open menu," Ms. Satter explained. But the parent should put food on the table that's nutritionally and developmentally appropriate for the child. A parent who decides to eat a low-fat diet should still offer food with a variety of fat content at meals so that children can choose what's appropriate for them.

Early feeding errors by parents who try to control the child's "how much" and "whether" decisions undermine the child's internal regulators and lead to too-rapid weight gain or loss. Physicians can help parents who are expecting or who have children by teaching this division of responsibility and emphasizing the skills of providing food, not depriving them of foods, Ms. Satter said.

When families with overweight children adopt this model, a child may overeat initially and parents may panic, she added. If they hang in and trust, however, then the child's internal regulators should take over within a few weeks and provide healthy eating habits for life.

## Control Calories and Increase Activity for Obese Children

BY SHERRY BOSCHERT  
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STANFORD, CALIF. — In the ideologic tug-of-war among nutritionists about how best to help obese children, the 2005 federal dietary guidelines pull for controlling children's consumption of calories.

"We emphasize that modest reductions in energy intake are appropriate" to reduce the body mass index and the rate of weight gain while allowing continued growth and development, Janet C. King, Ph.D., said at a conference on perinatal and pediatric nutrition. Dr. King chaired the scientific advisory committee for the 2005 Dietary Guidelines for Americans, produced by the U.S. Department of Health and Human Services and the Department of Agriculture.

Another speaker at the conference, nationally known children's nutritionist Ellyn Satter, argued that restricting food from children backfires by disrupting their own internal regulators for healthy feeding. She called for better attention to feeding dynamics and education of parents.

The recommendation regarding overweight children is 1 of 18 recommendations for special subgroups of the population presented in the document. Others that address physical activity recommend that children and adolescents engage in at least 60 minutes of physical activi-

ty per day on a minimum of 5 days each week. "Very, very, very few children are reaching this standard," said Dr. King, professor emeritus of nutrition at the University of California, Berkeley, and UC Davis.

Children and adolescents earned a special recommendation under the heading, "Choose fats wisely for good health." The advisory committee felt that the recommendation that adults obtain 20%-35% of energy from fat in the diet was inappropriate for younger people. For children aged 2-3 years, fat should comprise 30%-35% of energy intake. For those aged 4-18 years, total fat should comprise 25%-35% of the diet, she said. Most fats should come from polyunsaturated and monounsaturated fatty acids, contained in foods such as fish, nuts, and vegetable oils.

Below the lower end of the desired fat content ranges, it's difficult to meet the recommended intakes of helpful fatty acids and vitamin E in each age group, Dr. King noted at the conference, jointly sponsored by Symposia Medicus and Stanford University. When diets contain more than 35% fat, the intake of saturated fat increases to levels that create a risk for chronic disease, evidence suggests.

Children and adolescents also need to "choose carbohydrates wisely" to make sure they get high-fiber foods that contribute 14 g of fiber per 1,000 calories and avoid excessive calories from added sugar, she said. "Children

can become constipated just like adults due to a lack of fiber in their diets."

A children's version of the signature graphic representation of the guidelines—MyPyramid.gov—soon will be released. Dr. King said the government has no plans to create a version of MyPyramid.gov for another deserving subpopulation: pregnant and lactating women. "I was very disappointed to hear that," she said.

Women and teens of childbearing age who might become pregnant should eat iron-rich foods or iron-fortified foods and consume these with an enhancer of iron absorption, such as foods rich in vitamin C, according to one special recommendation. In addition, these women and pregnant women in the first trimester should consume at least 400 mcg/day of synthetic folic acid.

As for controlling calories, pregnant women need to eat enough for appropriate weight gain, but moderate weight reduction in breast-feeding women is safe and does not compromise the weight gain of the infant.

Regular or acute exercise will not harm a breast-feeding mother's ability to breast-feed successfully, according to the guidelines. Pregnant women should engage in at least 30 minutes of moderate-intensity physical activity on 5 or more days each week unless there's a medical or obstetric complication that would limit the safety of activity. ■