

How to Help Parents Prevent Obesity in Toddlers

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WASHINGTON — Recognize parenting strategies that hinder or support the development of healthy eating patterns, and you can help prevent obesity in toddlers, Jennifer Orlet Fisher, Ph.D., and Susan L. Johnson, Ph.D., said in a presentation at the annual meeting of the American Academy of Pediatrics.

Approximately 11% of American infants aged 0-23 months are above the 95th percentile for weight, said Dr. Fisher of Baylor College of Medicine in Houston.

Few studies of activity levels in toddlers exist, she said. The best data come from a recent study of 100 Scottish children. These data revealed that toddlers spend a majority of their time in sedentary activity followed by light activity, and surprisingly very little time is spent in moderate to vigorous activity. However, moderate to vigorous activity did not predict total energy expenditure, which suggests that light activity is the primary contributor to total energy expenditure. There was little daily variation or weekday/weekend variation.

Television watching contributes to increased sedentary time for toddlers. A national longitudinal study showed that nearly half of toddlers are watching more than 2 hours daily, and children who watched more than 2 hours as toddlers were almost three times more likely to watch more than 2 hours at age 6 years, Dr. Fisher said.

The other side of the equation is what foods toddlers eat, and where and how they eat. Toddlerhood is a time of transition to a modified adult diet, Dr. Fisher explained. "In a relatively short time you see a huge increase in the energy from table food."

"On average, a 2-year-old's intake is 1,249 calories, which is 32% higher than the estimated daily requirement," said Dr. Fisher.

Data from the Feeding Infants & Toddlers Study (FITS), a 2003 survey of eating patterns in more than 3,000 children aged 4-24 months conducted by Gerber, indicated that toddlers average seven eating occasions per day. Also, nearly 25% of 19- to 24-year-olds did not eat vegetables daily, and French fries were the most commonly consumed vegetable by children aged 15-24 months.

Some research has examined whether young children can adequately regulate their own energy intake. Dr. Fisher and colleagues conducted an observational study in which young children expressed preferences for the flavored beverage that had the highest energy, suggesting that energy content influenced preferences for flavor.

Data from another study of preschool children showed that children adjusted their energy intake by consuming less high-density drink when left to choose for themselves. Children are much better than adults in regulating energy intake, Dr. Fisher said.

"Opportunities to positively influence food preference begin at the earliest point in development," she noted. She cited a study in which pregnant women con-

sumed carrot juice during the last trimester and during early breast-feeding. Infants exposed to carrots showed better acceptance of carrot-flavored cereals on first introduction to those foods.

The influence of the environment on eating is a huge area of study; the increase in pediatric overweight can't be explained by genetics alone.

Parents have a very influential role on toddlers' eating habits, and food exposure is related to intake. If something is available and accessible in the home, children are more likely to eat it, but parents have to make the nutritious food available.

Often, well-meaning parents will reduce the variety of foods offered to children; they conclude after 3 or so presentations and rejections that the child doesn't like a particular food. In fact, evidence shows that it takes 5-10 exposures for a child to accept a novel food, Dr. Fisher said, and the number of foods liked in toddlerhood predicts the number liked at age 6-8 years.

Parents, take note: a study in 2000 showed that when adults enthusiastically modeled food, children were more likely to eat it. In addition, parents can be mindful of their feeding strategies for toddlers, including pressuring them to eat, or restricting specific foods. Some parents are controlling, while others provide minimal structure or supervision.

"We actually know very little about best practices for feeding children," Dr. Fisher said, "but what we do know is that authoritarian feeding practices usually backfire." Pressure to eat can create a dislike for certain foods and disrupt children's ability to regulate energy intake, and food re-

striction can encourage children to eat when they aren't hungry.

Doctors are strapped for time, but there are some points they can make in the office that might help parents prevent or control overweight and obesity in toddlers, said Dr. Johnson, director of the Children's Eating Laboratory at the University of Colorado, Denver.

Suggestions for parents, which may not be met with enthusiasm, include cutting down on sweetened drinks and making an effort to create a safe space in the home for toddlers to move freely, or to visit places, such as zoos, parks, or indoor play areas.

However, many physicians feel uncomfortable raising the issue of weight. No one wants to hear that their child is overweight, and especially not obese, said Dr. Johnson, who works with extremely obese pediatric patients and families in a tertiary care center. Also, in some cultures, plump babies are considered healthy, and parents don't recognize that they might be laying a foundation for childhood obesity by overfeeding their infants and toddlers.

It's also important to phrase questions about a young child's weight in a nonaccusatory way, Dr. Johnson said. Instead of saying "Your child needs to lose weight," try asking, "Do you have any concerns about your child's weight?" Depending on the parent's response, offer some tips for reducing energy intake and increasing activity, or you may have to drop the subject for that particular visit if the family is not receptive or willing to make any changes.

A child who has exceeded the 95th percentile on growth charts can be a conversation starter. Dr. Johnson said that when

she uses phrases such as "your child is growing faster than 95 of 100 children," she can make an impact on parents. Use of sensitive language is important, however, because parents don't want to hear their children labeled as overweight or obese. Dr. Johnson uses phrases such as "Your child seems to be getting ahead of himself," which sounds less accusatory than "your child is overweight."

Ask parents, "What do you think is going to happen if this growth rate keeps up?" If the parent comes up with an answer, the doctor is taken out of the role of accuser, she noted. If parents get the idea at that point that their child needs to stop gaining weight so rapidly, the doctor can introduce some ways to "slow things down a bit." If the parents don't recognize the problem, offer some information about potential health risks: "If your child continues to go on this way, here's what can happen."

"I often start with 'is your child being teased?'" Dr. Johnson said. That gets people's attention because it's not a number or a percent; it is a painful situation for the child. Ask the parents what they want to do to mitigate the weight problem and thus cut down on the teasing. Listen to what the parents think is important, and have concrete strategies on hand to offer them.

Parents can't see how much food goes into the baby when they are breast-feeding, and some parents find security in "just topping it off" with some formula, because they can see an empty bottle. "It is important to stress that breast-feeding is enough, because the infant's growth is proceeding fine," Dr. Johnson said. ■

Tips for Controlling Calories, Increasing Activity Levels

Dr. Johnson shared her tips for families about how to control calorie intake and keep toddlers from "getting ahead of themselves" in terms of weight:

- ▶ Cut down on sugar by avoiding sweetened beverages, except on special days.
- ▶ Limit juice to one-half cup per day of 100% fruit juice.
- ▶ Don't put juice in bottles. Promote children to a cup (not a sippy cup) by age 18 months.
- ▶ Find other ways to console a child besides candy. (Note to parents: granola bars are more like candy bars than "health food.")
- ▶ Keep offering vegetables. Young children reject most foods on the first few tries; this behavior is not a poor reflection on parents.
- ▶ Choose foods in which whole grain is the first ingredient.
- ▶ Encourage breakfast. Breakfast provides children with cognitive benefits and prevents overweight. The number of toddlers reportedly consuming breakfast has dropped during the past two decades.
- ▶ Limit eating in the car. "I don't consider the car to be an eating environment," Dr. Johnson said. It promotes overconsumption because parents can't keep

track of what the child is eating, and it is unsafe, since parents behind the wheel can't help a child who starts to choke.

- ▶ Ask parents how many fruits and vegetables their child eats in a day, and which ones he or she likes. Help parents to focus on the ones that the child likes, and make sure these fruits and vegetables are available.
 - ▶ Ask about both over- and underconsumption of milk. Current guidelines call for toddlers to consume 15-24 oz/day of milk; some children drink as much as 60 oz/day. You can have too much of a good thing.
 - ▶ Teach children to serve themselves. When they do so, they tend to consume child-sized portions. This requires more patience and guidance from parents at the outset.
- Dr. Johnson also offered several guidelines for promoting physical activity in toddlers:
- ▶ Make sure parents know about developmental milestones, such as standing and walking.
 - ▶ Praise activity in children, and give them an opportunity to be active. Toddlers love routines; consider structured active time at a specific time during the day.

- ▶ Toddlers should not be sedentary for more than an hour at a time, unless they are sleeping.
- ▶ Create a safe area in the house where toddlers can be free to move, or take them to the zoo, park, or an indoor play area.
- ▶ Encourage dancing and play that is active.

Here are some questions for parents that serve as reminders:

- ▶ Do you, the parent, eat fruits and vegetables in front of your child? A parent's modeling of healthy eating can have a significant impact on a child's eating.
- ▶ Do you participate in active play with your child?
- ▶ Do you have family meals, in which the parents and children together eat healthy foods?
- ▶ Do you hide food from your children? Do they find it? All parents hide food from children, but it often doesn't work.

Sources: Susan L. Johnson, Ph.D.; *Circulation* 2005;112:2061-75; National Association for Sport and Physical Education Guidelines for Infants and Toddlers (<http://www.aahperd.org/NASPE/template.cfm?template=toddlers.html>)