

# Six Tips for Averting Obesity in Youngsters

BY DOUG BRUNK  
San Diego Bureau

LAS VEGAS — There are at least six behavior change strategies physicians can recommend to prevent child and adolescent obesity, Dr. William H. Dietz said at a meeting sponsored by the American Academy of Pediatrics' California Chapters 1, 2, 3, and 4 and the AAP.

"Reasonable scientific certainty" exists for three of the six strategies, said Dr. Dietz, who directs the division of nutrition and physical activity at the Centers for Disease Control and Prevention, Atlanta. These "reasonable" strategies are:

► **Increase physical activity.** There is emerging evidence in the pediatric population that physical activity appears to reduce obesity-associated comorbidity, particularly glucose intolerance and hyperlipidemia. "So if you are obese, inactive, and have elevated triglycerides, increased physical activity will improve your triglyceride level," he said. "It can also raise your HDL and lower your LDL."

He added that about 10 years ago, 20% of children walked to school. Today that figure is less than 12%.

► **Reduce television viewing time.** According to the Kaiser Family Foundation, 17% of children and adolescents are watching 5 or more hours of television a day. "Even in the heaviest adolescent computer users, computer time pales by comparison to sedentary [television viewing] time," Dr. Dietz said. "We have [found] a linear relationship between the amount of television a child watches and the prevalence of overweight. One of the most concerning statistics is that 25% of 2-year-old children have a television in their own room and 65% of all children have a television in their room."

► **Promote breast-feeding.** Three meta-analyses in the medical literature demonstrate that breast-feeding appears to reduce early childhood overweight.

Dr. Dietz defined the next three interventions as "promising. Characteristic of these strategies is that there's no absolute

impact for any of them," he said.

These three strategies are:

► **Increase fruit and vegetable consumption.** This "appears to have an impact on satiety by virtue of the volume of foods that you consume," he explained. "Satiety does not appear to be regulated by calories. It appears to be regulated by the volume of food. Therefore, food of low caloric density that is high [in] water content is more filling. However, data is still lacking for the evidence that increasing [intake of] fruits and vegetables helps reduce weight or that people who have an increased fruit and vegetable intake have a lower risk of being obese."

► **Reduce soft drink consumption.** A number of studies have linked soft drink consumption to increased weight gain. However, "we don't yet have studies which demonstrate that reduced soft drink intake is a good way to control weight," he noted.

► **Reduce portion size.** This strategy "has a very robust impact on food intake," Dr. Dietz said. "The larger the portion an individual is exposed to, the more likely they are to overeat. We don't have good data that control of portion size is an effective way to reduce weight, but it is a logical potential strategy."

"One of the problems is a lack of consistent messages." Young people need to hear a message from their physician, and then have that same message reinforced by what they hear in school, in the community, and from their parents, he said.

Dr. Dietz said that awareness of the problem of obesity among children and adolescents in the United States is beginning to plateau. "I don't think we yet have strategies as effective as those which have been employed against tobacco [use]. Per capita cigarette consumption didn't decline because of a single intervention but because of multiple overlapping interventions. I think interventions with respect to obesity are going to be found in the clinical arena as well as in the schools and communities. We need more communication strategies and advocacy on your part." ■

# Tap Self-Management to Help Youths Fight Obesity

BY DOUG BRUNK  
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LAS VEGAS — Posing an open-ended question is the best way to approach the topic of treatment options when talking with an obese child or adolescent and the patient's family, Dr. William H. Dietz advised at a meeting sponsored by the American Academy of Pediatrics' California Chapters 1, 2, 3, and 4 and the AAP.

Such questions help you zero in on how the patient and family view his or her weight, said Dr. Dietz, who directs the division of nutrition and physical activity at the Centers for Disease Control

and Prevention, Atlanta. Useful questions include:

► "Are you concerned about your weight?"

► "Has your weight caused you any difficulties?"

► "What things in your life do you value most? Does your weight influence your ability to pursue those values?"

Tying weight to a child's values "is an important strategic step," he said. "Rather than rely on external motivation, we need to focus on internally motivating patients and families. The key to success is successful self-management."

One way to gauge the patient's readiness to make a behavior change to lose weight is by asking, "On a scale of 1-10, with 10 being very interested, how interested are you in changing your behavior?"

Follow this by asking, "On a scale of 1-10, with 10 being very confident, how confident are you that you can change your behavior?"

If the patient expresses a readiness to change, consider these questions:

► "What might you want to do about this?"

► "What is likely to get in the way?"

► "Where do we go from here?"

If the patient is not ready to change, say something like, "It sounds like you are not yet ready to make a change. Perhaps we can think about what we have discussed and we can talk about it again."

Dr. Dietz said that the majority of focus for overweight and obese youngsters should involve altering diet, increasing activity, and decreasing inactivity.

The current pediatric recommendations for physical activity are 60 minutes daily of moderate physical activity most or all days of the week, he said. That recommendation is derived from the impact of physical activity on cardiovascular disease, not on obesity.

Nearly everything known about successful strategies for weight maintenance comes from studies of adults. These strategies include low fat intake, eating breakfast, expending at least 400 kcal per day on

physical activity, and monitoring weight at least once a week.

Reducing the amount of television viewing at home is another important strategy. Dr. Dietz estimated that about half of families in the United States watch television during meals. "Changing the perspective on meals as the potential family time may be an important strategy," he said. "Families are much more concerned about the time their children spend watching television during the week because it interferes with homework. They're not concerned about weekend TV, which is when children are exposed to food advertisements."

Some parents worry that if they control their child's television viewing time, they'll have to entertain them. But when asked what they would do if they didn't watch television, children "provide a whole list of activities, almost none of which involve parents," he said. ■

**Parents are not as concerned about their kids watching 'weekend TV, which is when children are exposed to food advertisements.'**

# Study Exonerates High Carbs, Low Fats as Weight Gain Cause

Diets that are low in fat and high in carbohydrates from vegetables, fruits, and whole grains do not cause weight gain in postmenopausal women, reported Barbara V. Howard, Ph.D., and her associates in the Women's Health Initiative Dietary Modification Trial.

These results likely will hold true for younger women and for men of all ages, they said. So proponents of high-protein, high-fat, low-carb diets who blame the obesity epidemic on low-fat diets, are simply wrong, according to the WHI investigators.

"A number of popular diet books have suggested that increasing obesity may be attributed to the diets recommended for chronic disease prevention by various national health organizations," the investigators wrote. Proponents of low-carb diets claim that the higher proportion of carbohydrates in these recommended diets actually promotes weight gain.

Dr. Howard and her associates found instead that a diet that replaces fat calories with calories from fruits, veg-

etables, and grains caused a modest weight loss. "Guidelines that restrict fat intake and advocate increases in complex carbohydrates have not been a contributing factor to the weight gain that has been occurring in the United States throughout the past several decades," they noted (JAMA 2006;295:39-49).

The WHI dietary modification trial is a longitudinal study assessing the long-term effects of diet on breast and colorectal cancers and cardiovascular disease. Dr. Howard, of the MedStar Research Institute, Washington, and her associates used data from the trial to assess whether a low-fat diet caused weight gain.

The study followed 46,808 women of diverse ethnic and socioeconomic backgrounds, aged 50-79 years, for a mean of 7.5 years. Most of the subjects were overweight or obese, and all had a baseline fat intake that comprised at least 32% of their total daily calories.

A total of 27,994 subjects served as controls, adhering to their usual diets. In the intervention group, 18,814

women were encouraged to reduce their fat intake to no more than 20% of daily calories and to consume at least five servings of fruits and vegetables and at least six servings of grains daily.

The dietary intervention did not advocate caloric reduction and did not specifically aim to cause weight loss. Rather, the point was for the subjects to change to a healthier overall dietary pattern, the researchers said.

Nevertheless, mean weight decreased by 2.2 kg in the first year in the intervention group, and the women maintained a modest weight loss for the next several years. In contrast, weight did not change in the control group.

Women with the largest reduction in fat intake showed the greatest weight loss. Similarly, there was a statistical trend for greater weight loss in women who made the largest increases in the number of daily servings of fruits and vegetables, as well as in those who made the largest increases in fiber intake.

—Mary Ann Moon