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Rising Obesity in Children Prompts Call to Action

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Prevention has always been a cornerstone of pediatrics, more so than in almost any other medical specialty. Pediatricians vaccinate and screen. They counsel parents on ways to keep children healthy and safe. One area that pediatricians have not typically focused on, however, is preventing young patients from becoming overweight. Yet in the last 20 years, those who work in the field say, obesity has become the most prevalent chronic health problem among American children.

In a report this month that points up this discrepancy, the American Academy of Pediatrics has called on members to make obesity screening and counseling routine parts of children's checkups, like testing reflexes or measles immunizations.

The report offers pediatricians procedures to identify and intervene with patients before weight problems start, rather than waiting until children are too heavy. After children have gained too much weight, the report suggests, it can be very hard for them to lose it and keep it off.

Dr. Nancy Krebs, a pediatrician at the University of Colorado and a lead author of the report, said, "In the last five years, with both adults and pediatrics, there's certainly been a trend toward saying, `Treatment success is so bleak, we've got to stop it because we can't treat it once it occurs.' "

The authors of the report acknowledge that proven strategies for children are extremely limited. But they add that the scope of the epidemic makes it urgent for pediatricians to start acting.

"If you look at the number of kids who are overweight or at risk," Dr. Krebs said, "you're talking over 25 percent of our kids. If some infectious disease was affecting 25 percent to 30 percent of our children, you can be sure we'd be looking for some kind of vaccine."

The percentage of seriously overweight children in this country has doubled among children 6 to 11 years old. It had increased to more than 15 percent in 1999 and 2000 from 7 percent of those surveyed from 1976 to 1980.

Obesity in 12- to 19-year-olds jumped, to 15 percent from 5 percent over the same period. Even 10.4 percent of preschoolers are obese, according to the National Center for Health Statistics.

About the same percentages of children in those age groups are not overweight yet, but are heavy enough to be considered at risk. Obesity raises the chances of developing disorders like Type 2 diabetes, hypertension, cholesterol abnormalities and asthma, as well as symptoms of depression or other psychological problems. Overweight children are also more likely to become obese adults, the report indicates.

At 4, children have a 20 percent risk of carrying extra pounds into adulthood. Overweight adolescents have an 80 percent chance.

Several factors explain the scattershot approach to obesity.

"When you begin talking about weight, diet, exercise, you're opening up a big area for discussion," said Dr. Christine Williams, director of the Children's Cardiovascular Health Center at Children's Hospital of New York-Presbyterian in Manhattan.

"Looking over a child's diet is time consuming, and doctors might feel that they don't have the time to do that in their office," Dr. Williams said.

Insurance companies don't often reimburse interventions to prevent or treat those who are overweight, according to researchers in the field.

"Pediatricians don't feel they can do anything efficacious, anything that works," said Dr. Nicolas Stettler, a specialist in pediatric nutrition at the Children's Hospital of Philadelphia. "They're discouraged and don't feel they can have impact. They don't really have the tools."

Dr. Marc S. Jacobson, director of the Center for Atherosclerosis Prevention at Schneider Children's Hospital in New Hyde Park, N.Y., and another lead author of the report, said: "There's a lot of frustration in general among pediatricians that no matter what you do, patients continue to gain weight. We don't feel that frustration is warranted. We tried to think pretty hard for this report about what were things pediatricians could do and to highlight them."

Among the most forceful of eight recommendations in the report was one for routine tracking of body mass index, B.M.I. It is a rough measure of body fat, calculated

by dividing body weight in kilograms by height in meters squared, with the result plotted against a child's age.

Children whose index is from the 85th to 95th percentile compared with others of their age are considered at risk for being overweight. Children above the 95th percentile are usually considered overweight.

The Centers for Disease Control and Prevention released the first standardized index charts for girls and for boys from ages 2 to 20 in 2000, and advised pediatricians to use them to track the index annually.

But early results from a continuing study by researchers at Children's Memorial Hospital in Chicago showed that in just 1 of 55 pediatric visits, observed by a researcher, did a doctor actually calculate a child's body mass index.

Some doctors, Dr. Krebs said, insist that they can detect developing weight problems with regular height and weight charts, which are simpler to use, and with physical examinations.

"But if a child already looks overweight," she said, "it would have been better to intervene sooner. You probably could have picked it up on the B.M.I."

The guidelines also urge pediatricians to pay closer attention to individual risk factors for obesity, and monitor children at higher risk.

For example, when one parent is obese, a child's risk is about three times as high as normal, and if both parents are heavy, the risk is more than 10 times as great. Babies with high birth weights also appear to be at risk.

Formula-fed babies, a series of studies has shown, have higher odds of being obese than breast-fed babies do, and the new report advises pediatricians to "support and protect breast-feeding."

Researchers have also linked the risk of obesity to growing up in a single parent home, parental hyperconcern about children's eating habits and the time spent watching television.

Ethnicity matters, too. Hispanic and African-American children are disproportionately hard hit compared with white children.

Other recommendations involve educating parents about eating patterns and settings, encouraging parents to keep children active and suggesting limits on time for television and video games to no more than two hours a day. But some evidence supports the idea that even when pediatricians do address weight problems directly, patients still fail to slim down.

A study being conducted at the State University of New York at Buffalo measured changes in B.M.I. among a group of overweight children who were referred to a pediatric specialty clinic. Parents and children were counseled about diet and exercise and referred to a dietitian. The preliminary results for 127 children show that two years after their first visits, the index rose an average of 2 points.

Still, Dr. Teresa Quattrin, chief of the division of pediatric endocrinology and diabetes at the Women & Children's Hospital of Buffalo and an investigator for the study, said the research underscored the importance obesity prevention as opposed to intervention. She pointed out that there was a lag of at least a few years between the time that children's weight problems began and when they were referred to the clinic.

"Many times children start to be obese, but they are cute and we don't quite counsel the parents," Dr. Quattrin said. "We have to be aware of when this issue is starting and intervene in the initial phase, when obesity is in the making."

Another problem is that many general practitioners have little education about broaching the topic of weight or helping patients make sweeping changes that may involve a family's diet and style of life.

"The academy report is terribly helpful," said Dr. William Dietz, director of the division of nutrition and physical activity at the C.D.C.'s National Center for Chronic Disease Prevention and Health Promotion. "It tells pediatricians a lot about what they should be assessing and what they should focus on in terms of preventive or therapeutic efforts. The missing piece is, How do you actually do it? And that's the key piece. How do you engage families? It takes a different type of training to change behavior than pediatricians are receiving in medical school."

In fact, a panel from the American Academy of Pediatrics is developing guidelines to help pediatricians discuss weight. Recognizing that pediatricians can do just so much in their practices, the academy is urging members to become advocates for change locally and nationally.

"There are policies that need to be instituted that could really help," Dr. Jacobson said. "In terms of safe, well-supervised playgrounds. Advertising to kids. Policies about television for children. Policies about school physical activity. As far as what we can do in our office practice - without help from other parts of society - it will be difficult to have a big impact."

Workers in the field express cautious optimism that pediatricians can help their patients.

"There's adult data showing that only half of the time when an internist sees an overweight patient do they actually suggest the patient begin doing something," Dr. Dietz said. "When they do say something, patients are much more likely to act. We know it

makes a difference in how they respond. You have to start somewhere. Just because we don't have proven prevention strategies yet doesn't mean pediatricians can't be effective."