MQIC

**Michigan Quality Improvement Consortium Guideline**

# *Prevention and Identification of Childhood Overweight and Obesity*

**The following guideline recommends specific interventions for children and their parents/guardians for prevention and identification of childhood overweight and obesity.**

| Key Components | Recommendation and Level of Evidence |
|---|---|
| Education, parental modeling of healthy behaviors, and prevention of risk | **<u>At each periodic health exam</u>**<br>**General advice for all ages:**<br>Promote a healthy diet and lifestyle with focus on 5-2-1-0: 5 or more fruits and vegetables, 2 hours or less recreational screen time, 1 hour or more physical activity, 0 sugar-containing drinks daily.<br>Educate parents about importance of parental role modeling for a healthy lifestyle (diet and exercise) and parental controls.<br>Limit eating out; avoid fast food.<br>Avoid food as a reward.<br>**Infant/Toddler (age 0-2):**<br>Encourage breastfeeding for at least 12 months; discourage overfeeding of bottle fed infants. **[A]** Avoid bottle feeding as a sleep aid.<br>Avoid premature introduction of solids and base timing for introduction of solids on child's development, usually between 4 and 6 months of age.<br>Preserve natural satiety by respecting a child's appetite.<br>Avoid high-calorie, nutrient-poor beverages (e.g., soda, fruit punch, sports drinks, or any juice drink less than 100% juice).<br>Discourage any juice prior to 6 months. If using juice after 6 months, limit to 4-6 oz./day in a cup.<br>No television or other screen time under age 2. **[D]**<br>**Preschool (ages 3-5):**<br>Limit television and other screen time to at most 1-2 hours per day. No access to television and other screens in primary sleeping area.<br>Replace whole milk with skim or 2%; avoid high-calorie, nutrient-poor beverages (soda, fruit punch, sports drinks, juice drinks); limit intake of 100% juice to < 6 ounces per day.<br>Respect the child's appetite and allow him or her to self-regulate food intake.<br>Provide structure and boundaries around healthy eating with adult supervision.<br>Promote physical activity including unstructured play at home, during child care and in the community.<br>Promote age-appropriate sleep durations (11-13 hours/night).<br>**School-aged (ages 5-12), the above plus:**<br>Accumulate at least 60 minutes, and up to several hours, of age-appropriate physical activity on all or most days of the week (emphasize lifestyle exercise, i.e., outdoor play, yard work, and household chores).<br>Consider barriers (e.g., social support, unsafe neighborhoods or lack of school-based physical education) and explore individualized solutions.<br>Reinforce making healthy food and physical activity choices at home and outside of parental influence.<br>Promote age-appropriate sleep durations (10-11 hours/night). |
| Assessment of body mass index, risk factors for overweight and excessive weight gain relative to linear growth | **<u>General assessment:</u>**<br>History (including focused family history) and physical exam.<br>Starting at age 2, calculate BMI percentile at each well child visit and record result.<br>Dietary patterns (e.g. frequency of eating outside the home, consumption of breakfast, adequate fruits and vegetables, excessive portion sizes, consumption of sugar-sweetened beverages, etc.)<br>Physical activity level.<br>Risk factors for overweight[3] including pattern of weight change. **[C]** Watch for increasing BMI percentile or BMI in the ≥ 85th percentile.<br>Sleep patterns. |

[1]AAP recommends screening at age 2; USPSTF age 6+; NCQA HEDIS age 3+

[2]CDC growth charts

[3]Low or high birth weight, low income, minority, television or computer screen time > 2 hrs, low physical activity, poor eating, depression

**Levels of evidence for the most significant recommendations:** A = randomized controlled trials; B = controlled trials, no randomization; C = observational studies; D = opinion of expert panel

This guideline lists core management steps. It is based on US Preventive Services Task Force. Screening for Obesity in Children and Adolescents: US Preventive Services Task Force Recommendation Statement. JAMA. 2017; 317(23):2417-2426.doi:10.1001/jama.2017.6803; and the American Medical Association 2007 Expert Committee Recommendations on the Treatment of Pediatric Obesity. Individual patient considerations and advances in medical science may supersede or modify these recommendations.