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Our kids and obesity

Over the past decades America has fought battles with major public health issues. In 1994, the Americas were declared free from polio disease. Great strides have been made in the treatment of all cancers. When AIDS hit the scene everyone stood up and took notice vowing to stop its spread and find a cure. Heart disease is constantly on the list of enemies to defeat. So why do we allow obesity to continue to elude our grasp? Obesity is our new public health epidemic!

The number of children has risen from 5% in 1963 to 1970 to 19% in 2003-2004 according to the most recent health statistics. While no gender, race or socioeconomic group has been spared, this problem plagues a large majority of women, Blacks and those in poverty. Access to larger portions of caloric dense foods and decreased activity in our daily lives are two major factors that contribute to this rising concern.

So why the alarm? Well unlike some of the prior epidemics obesity is a chronic illness that leads to other costly chronic illnesses. Some of the well-known problems include high blood pressure, diabetes, high cholesterol, sleep apnea (where you stop breathing in you sleep), joint and muscle problems, and fatty liver disease. Don't be fooled these diseases are being diagnosed in more and more kids everyday!

One major hurdle in this battle is the identification of this enemy. No one wants to admit that his or her kid is overweight. We call it everything-- big bones or baby fat or 'he just healthy'. In order to determine a child's status, all children need their weight and height plotted on a growth chart on a yearly basis. You should review this with the doctor at each visit to determine if your child is at risk for obesity. For kids older than 2 years old, you should also ask what is your child's 'body mass index or BMI'. It is a measurement of body weight adjusted for height. The BMI can determine if your child is at low risk for obesity, overweight or obese.

Once you know what your child's risk is the better treatment can be determined. A complete history and physical should be done in all patients. In the low risk or overweight category intervention is key. Behavioral factors such as eating habits and activity level need to be addressed along level of concern from the child and family. Simple steps can be made a difference, such as changing from pop to flavored water or adding at least 30 minutes of continuous activity everyday. Your doctor may want to do blood tests including a lipid profile, glucose level, and liver enzymes. For those kids who are obese or overweight with diabetes or liver problems, more detailed intervention needs to occur in addition to these initial steps. This includes enrolling them in a structured weight loss program

For most kids diet, exercise, self-motivation and family support are more than enough to overcome obesity. The ultimate goal is changing the lifestyle habits of these

children in order to help them lead the rest of their lives in a healthy manner. The reward is the decrease in weight that allows for less medical risk and the enormous boosts in self-esteem.