Raising the Issue of Weight in Children and Young People

1 WHEN TO INITIATE A DISCUSSION ABOUT WEIGHT

- If the family expresses concern about the child’s weight.
- If the child has weight-related co-morbidities.
- If the child is visibly overweight.

2 RAISE THE ISSUE OF OVERWEIGHT

Discuss the child’s weight in a sensitive manner because parents may be unaware that their child is overweight. Use the term ‘overweight’ rather than ‘obese’. Let the maturity of the child and the child’s and parents’ wishes determine the level of child involvement.

If a parent is concerned about the child’s weight:
‘We have [child’s] measurements so we can see if he/she is overweight for his/her age.’

If the child is visibly overweight:
‘I see more children nowadays who are a little overweight. Could we check [child’s] weight?’

If the child presents with co-morbidities:
‘Sometimes [co-morbidity] is related to weight. I think that we should check [child’s] weight.’

3 ASSESS THE CHILD’S WEIGHT STATUS

Refer to UK Child Growth Charts and plot BMI centile. Explain BMI to parent: eg ‘We use a measure called BMI to look at children’s weight. Looking at [child’s] measurements, his/her BMI does seem to be somewhat higher than we would like it to be.’

If the child’s weight status is in dispute, consider plotting their BMI on the centile chart in front of them. In some cases this approach may be inappropriate and upsetting for the family.

<table>
<thead>
<tr>
<th>Overweight</th>
<th>Severely overweight</th>
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<tbody>
<tr>
<td>BMI centile</td>
<td>BMI centile</td>
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<tr>
<td>&gt;85th centile</td>
<td>&gt;95th centile</td>
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4 ASSESS SERIOUSNESS OF OVERWEIGHT PROBLEM AND DISCUSS WITH PARENT

If child is severely overweight with co-morbidities, consider raising the possibility that their weight may affect their health now or in the future.

This could be left for follow-up discussions or raised without the child present as some parents may feel it is distressing for their child to hear.
‘If their overweight continues into adult life, it could affect their health. Have either you [or child] been concerned about his/her weight?’
Consider discussing these points with the parent at follow-up:

- Age and pubertal stage: the older the child and the further advanced into puberty, the more likely overweight will persist into adulthood.
- Parental weight status: if parents are obese, child’s overweight is more likely to persist into adulthood.
- Co-morbidities: (see overleaf) increase the seriousness of the weight problem

5 REASSURE THE PARENT/CHILD

If this is the first time that weight has been raised with the family, it is important to make the interaction as supportive as possible:
‘Together, if you would like to, we can do something about your child’s weight. By taking action now, we have the chance to improve [child’s] health in the future.’

6 AGREE NEXT STEPS

Provide patient information literature, discuss as appropriate and:

- If overweight and no immediate action necessary: arrange follow-up appointment to monitor weight in three to six months: ‘It might be useful for us to keep an eye on [child’s] weight for the next year.’
- If overweight and family want to take action: offer appointment for discussion with GP, nurse or other health professional; arrange three-to-six-month follow-up to monitor weight.
- If overweight and family do not wish to take action now: monitor child’s weight and raise again in six months to a year.
- If overweight with co-morbidities: consider referral to secondary care: ‘It might be useful for you and [child] to talk to someone about it.’
BACKGROUND INFORMATION

Identifying the problem
Ascertaining a child’s weight status is an important first step in childhood weight management. Parents who do not recognise the weight status of their overweight children may be less likely to provide them with support to achieve a healthy weight. In a British survey of parental perception of their child’s weight, the overwhelming majority (94%) of parents with overweight or obese children misclassified their child’s weight status.1

Given this low level of parental awareness, health professionals should take care to establish a child’s weight status in a sensitive manner.

Assessing weight status in children
The child growth charts for the UK allow easy calculation of BMI based on a child’s known weight and height.2 Measures of body fat in children can also be a useful way of assessing a child’s weight status. Details of body fat reference curves for children are now available,3 although, in practice, body fat cannot be assessed without the necessary equipment.

Assessing the severity of the problem
A number of factors are known to increase the risk of childhood obesity and the likelihood that a weight problem will persist into adult life. Considering these factors will help you to make an informed decision about the most appropriate mode of action.

• The older the child, the more likely it is that their weight problem will continue into later life and the less time they have to ‘grow into’ their excess weight.

• A child is 20–40% more likely to become obese if one parent is obese. The figure rises to around 80% if both parents are obese.

• While weight problems can lead to psychosocial issues such as depression and low self-esteem, weight loss may not necessarily resolve these problems, so don’t rule out referral to CAMHS.

Health risks of excess weight in childhood4,5
Being obese in childhood or adolescence increases the risk of obesity in adult life. Childhood obesity will also increase the chances of developing chronic diseases typically associated with adult obesity:

• insulin resistance and type 2 diabetes;
• breathing problems such as sleep apnoea and asthma;
• psychosocial morbidity;
• impaired fertility;
• cardiovascular disease;
• dyslipidaemia;
• hypertension;
• some cancers;
• orthopaedic complications.

Importance of weight control
For many overweight children, prevention of further weight gain is the main goal because as long as they gain no more weight, they can ‘grow into’ their weight over time. This goal can be achieved through lifestyle changes:

• improving the diet, eg by increasing fruit and vegetable consumption, reducing fat intake and portion sizes, considering intake of sugary drinks, and planning meals;
• increasing activity, eg playing football, walking the dog;
• reducing sedentary behaviours such as time spent watching TV or playing computer games.

If the child is more severely overweight, or has already reached adolescence, ‘growing into’ weight is more difficult and weight loss has to be considered.

Need to offer solutions
Unless the child is severely overweight with co-morbidities, be led by the parents’ and/or child’s wishes. Encourage action if appropriate. Health professionals should be ready to offer referral support so that they are seen as taking the issue seriously. If the child is very overweight and has co-morbidities, the child (and family) may require on-going support despite referrals, eg through continued weight monitoring, additional specialist referrals, or help with family-based lifestyle modification.

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5 British Medical Association Board of Science (2005) Preventing Childhood Obesity. BMA.