

Merits, Drawbacks of BMI Measurement to Be Debated

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Editor's note: *The 2017 AAP National Conference & Exhibition will take place from Sept. 16-19 in Chicago.*

For years, the Academy has recommended that pediatricians calculate and monitor body mass index (BMI) in children 2 years of age and older to identify those at risk for obesity. Not everyone, however, believes BMI should be used in this way.

Stephen Cook, MD, MPH, FAAP, and Joseph Thompson, MD, MPH, FAAP, will debate the merits and drawbacks of using body mass index as a clinical indicator during a point-counterpoint session titled “BMI: Are We Helping or Harming? (D2166)” from 4:00-5:00 pm Sunday in McCormick Place West, W183 C.

Dr. Cook is a member of the AAP Section on Obesity, and Dr. Thompson is past president of the AAP Arkansas Chapter.

Dr. Cook maintains that BMI is a useful tool when looking at a population over time but has limitations when used at the individual level.

“It wasn’t really ever intended as a clinical tool,” he said. “You might have someone with a high BMI, but it could be from muscle mass and not fat mass, so the body mass index doesn’t tell us about the body composition.”

He also said that the growth curves are unreliable at the higher BMI ranges.

“As we’re trying to develop treatment programs and protocols for kids with high weight, if we don’t feel like we have a good measure at that higher level, how do we know we’re actually successful in terms of offering treatment?” asked Dr. Cook, associate professor of pediatrics at Golisano Children's Hospital, University of Rochester, New York.

Dr. Thompson, however, says BMI measurements are valuable as an initial screening tool for individual children.

“In a screening strategy, the first test is never the last test,” he said. “I think people falsely think that BMI by itself is used to determine whether a child is obese or not.”

He noted that the U.S. Preventive Services Task Force recently recommended clinicians screen for obesity in children and adolescents 6 years and older using BMI measurements.

“How to do the screening so it is optimally informative and minimally divisive will be an important component of the debate,” said Dr. Thompson, president and CEO of the Arkansas Center for Health Improvement and

professor of pediatrics at University of Arkansas for Medical Sciences College of Medicine.

One thing pediatricians can agree on is that obesity rates are a cause for concern.

Many states have seen dramatic increases in the weight of children, Dr. Thompson said. Furthermore, the association between obesity and increased risk for conditions such as type 2 diabetes in younger children and cardiovascular disease in adolescents has been documented.

“This is an epidemic with real negative health outcomes earlier and earlier in age,” Dr. Thompson said.

Dr. Cook agrees obesity in children must be addressed but questions whether BMI is the right tool.

“Obesity is not one phenotype. It’s not one disease. It’s not just one pattern,” he said. “I think, unfortunately, using BMI the way we do, it promotes that kind of stereotype.”

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