

AAP National Conference: Algorithm aids in managing childhood obesity

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It's one thing to tell parents that their child should stop drinking sweetened beverages. It's another to have the conversation in a way that is practical so parents feel the advice is truly helpful, said Ihuoma Eneli, M.D., FAAP, a member of the AAP Section on Obesity and associate director of the AAP Institute for Healthy Childhood Weight.

When giving families evidence-based messages for healthy living such as to drink more water or eat more fruits and vegetables, "I think the how is really important," Dr. Eneli said.

She provided examples of how to engage families in such conversations during a session titled "The New AAP Weight Management Algorithm: Evidence-Based Management of Obesity." Dr. Eneli also introduced the algorithm and explained how pediatricians can use it in everyday practice and determine if they actually made a difference in their patients' lives.

In 2005, the American Medical Association convened an expert committee to revise recommendations on the evaluation and treatment of obesity in children and adolescents. The committee was comprised of representatives from 15 national health care organizations, including the Academy. In 2007, the group published a 31-page article that included numerous recommendations.

The AAP Institute for Healthy Childhood Weight took the guidelines and operationalized them into the algorithm, Dr. Eneli explained. Since the algorithm was released a year ago, the Institute has been working to disseminate it.

A learning collaborative with practices across country recently was completed, and feedback regarding the algorithm has been very positive, Dr. Eneli said.

"They could actually see themselves using those skills and the materials that were provided in clinic," she said.

During the session, Dr. Eneli discussed using the algorithm to screen patients for overweight and obesity based on their age and gender as well as what lab studies might be needed.

Apart from looking at kids who are carrying excess weight, the algorithm also can be used at well-child visits.

"There are some prevention techniques that also are worked into the algorithm. And that would apply to every child," she said. "When we look at the first 21 years of life, there are at least 31 well-child visits. That really leverages the power of the pediatrician to make a difference around lifestyle changes and healthy weight."

In addition to the algorithm, pediatricians can use an app called Change Talk to broach the subject of childhood obesity. The app is an interactive training simulation that teaches motivational interviewing strategies.

Dr. Eneli acknowledged that pediatricians can face challenges in assessing and managing childhood obesity, including finding time to provide optimal care and meet the patient's needs, getting paid by insurers for obesity-related visits and addressing the sensitive topic.

"It's also discouraging ... to help a family or work with a family and not see big changes in their weight," said Dr. Eneli, director of the Center for Healthy Weight and Nutrition at Nationwide Children's Hospital in Ohio.

"The condition in and of itself is a challenging one. It's important for us to help both the families and physicians to have realistic goals, not just look at weight as the only outcome."

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