Achieving a Healthy Weight in Children

INTRODUCTION

In 2004, there was no published national standard of medical nutrition therapy (MNT) care for children and adolescents who are overweight or at risk of becoming overweight. At that time, an estimated 40% of Pitt County children and adolescents are overweight or at risk for becoming overweight. One recommendation in the “Moving Our Children Toward A Healthy Weight” state plan* was to “ensure medical providers, nutritionists/dietitians, mental health care providers and physical activity specialists have the skills needed to effectively communicate with, evaluate, and provide care for children and youth who are overweight or at-risk for overweight”. To assist with this need at a local level, a group of Pitt County dietitians and nutrition educators collaborated to develop a nutrition counseling protocol and patient education materials for use throughout Pitt County medical practices.

Professionals from University Health System, the Brody School of Medicine at East Carolina University, East Carolina University College of Human Ecology, the Growing Up FIT! Project of the North Carolina Agromedicine Institute and the Pitt County Public Health Department participated. The group was called together by the Pediatric Healthy Weight Research and Treatment Center at East Carolina University.

The group contributed their expertise and individual creativity to develop the comprehensive nutrition protocol and education material packet for dietitians and other nutrition professionals, Pitt County physicians, case managers, and others providing nutrition care to children and adolescents. Several models were considered and the group selected the template used by the American Dietetic Association in its Medical Nutrition Therapy Across the Continuum of Care client protocols. As new evidence becomes available the group reviews and considers modification. The medical director joined the group in consideration of the June 2007 American Dietetic Association’s “Pediatric Weight Management Nutrition Practice Guidelines” (from the ADA Evidence Analysis Library) as well as the American Medical Association’s “Expert Committee Recommendations on the Assessment, Prevention, and Treatment of Child and Adolescent Overweight and Obesity. The protocol has been modified where appropriate for the care provided by ECU Pediatric Healthy Weight Research and Treatment Center. The protocol describes a time frame for treatment and goals for different age groups. Seven intervention sessions are outlined. The topics are prioritized based on both the evidence and the clinical experience of the group. The visits are every 2-4 weeks. Patient education materials (available on CD) for each visit are included. These are designed for the child or teen but should be reviewed with parent or guardian. Follow-up contact (e.g. visit, phone call, email) is suggested every 12 weeks

OUTCOMES

In 2006 we had sufficient outcome data to determine the effectiveness and appropriateness of using this protocol in our practice. We now have experience and can claim some outcomes when using this protocol. From August 2004 to June 2006, 181 children had at least 2 visits with the dietitian. At the start, the group believed that it would take seven visits over six months to observe lifestyle changes that would stop or slow excessive weight gain in children already over the 95th%tile BMI for age. Our data indicate that children who had a BMI > 95th%tile and
Achieving a Healthy Weight in Children

who participated in our standardized protocol maintained or lowered their BMI over time, with significant changes occurring by the third visit with the dietitian. In practice, three nutrition visits took place over a three month time-frame. Lifestyle behaviors that significantly changed after three visits with the dietitian include an increase in fruit and vegetable consumption, a decrease in soda and sweetened beverage consumption, a decrease in amount of times eating out each week, and a decrease in amount of TV watched each week. These results, along with our continued experience, informed revision of the protocol in spring 2007. It is still not known how many nutrition visits or how often children need to be counseled to sustain weight loss or the improved food behaviors.

This protocol continues to be used by the local RD’s. Since 2004, the KIDPOWER project has provided nutrition services to more than 10 primary care offices in Pitt County and to over 1200 individual children and their families.

Feedback is welcomed and encouraged. Support for production and distribution of these packets was paid for by a grant from the Pitt Medical Society. In addition, grant monies from the Pitt Memorial Hospital Foundation supported the salary and benefits of four contributing dietitians since 2004. In-kind and financial support has also been provided by the Kate B Reynolds’ Foundation through the Growing Up FIT! Project. Please contact Kathryn Kolasa PhD, RD, LDN for permission to duplicate these materials. kolasaka@ecu.edu

For more information contact Sarah Henes, MA, RD, LDN at heness@ecu.edu or Kathryn Kolasa PhD, RD, LDN at kolasaka@ecu.edu

OTHER GUIDELINES

As childhood overweight continues to be a major public health concern, both the medical and dietetic communities agree that an evidence-based, multi-disciplinary approach should be utilized in prevention and treatment. Organizations including the American Dietetic Association (ADA) have now developed evidence based guides for treatment of childhood overweight. In 2006, the ADA published a position statement on the prevention and treatment of childhood overweight and developed the Evidence Analysis Project. In 2007, ADA published treatment guidelines. See www.eatright.org. In December of 2007, the American Academy of Pediatrics (AAP) published guidelines for prevention, assessment, and treatment of childhood obesity. See www.aap.org. Another resource for childhood obesity prevention and treatment is the National Initiative for Children’s Health Care Quality (NICHQ). In early 2008 this organization created “Toolkits” for health care providers and for families to help prevent childhood obesity. See http://www.nichq.org/NICHQ/Topics/PreventiveCare/Obesity/Tools/. Also see www.eatsmartmovemoreNC.com for tools such as color-coded BMI charts and the “Prevention and Treatment Guide for Clinicians” based on 2007 AAP guidelines and 2008 recommendations developed by a team of childhood experts at the state level.
Achieving a Healthy Weight in Children

Reimbursement continues to be a barrier in providing MNT to overweight children and their families. However, with such initiatives as the Alliance for a Healthier Generation launched in 2009, children and their families will have access to a minimum of 4 visits with an RD for MNT. Eligibility for the new coverage is 3-18 years old.

Our protocol continues to provide evidence-based recommendations in helping our children achieve a healthy weight. We will review and update this protocol as appropriate.

Please return comment and evaluation forms to:

Sarah Henes, MA, RD, LDN  
3E-139 Brody Medical Science Building  
600 Moye Blvd.  
Greenville, NC 27834  
(252) 744-1967  
heness@ecu.edu