Limit sugar-sweetened beverages to “almost none” (2-3-2-1 rule).

### Assessment and Counseling Tips

**Assess current behaviors (consider using questionnaires):**

- **Eating behaviors**
  - • Fruit and vegetable consumption
  - • Breakfast consumption (frequency and quality)
  - • Frequency of family meals prepared at home
  - • Sugar-sweetened beverage consumption (soda, tea, energy drinks)
  - • Excess juice consumption (>4-6 oz/day for age 1-6 yrs, >8-12 oz/ day for age 7+ yrs)
  - • Frequency of eating food bought away from home (esp. fast food)
  - • Portion sizes of meals and snacks
  - • Atypical eating/nutrition behaviors

- **Physical activity behaviors**
  - • Amount of TV and other screen time and sedentary activities
  - • Amount of daily physical activity
  - • Role of environmental barriers and accessibility

**Assess motivation and attitudes**

- • Are you concerned about your/your child’s weight?
  - On a scale of 0 to 10, how important is it for you/child/family to change [specific behavior] or to lose weight?
  - On a scale of 0 to 10, how confident are you that you/he/she could succeed?

**Summarize and probe possible changes**

### Prevention Messages: 5-3-2-1-Almost None

- 5 or more servings of fruits and vegetables daily
- 3 structured meals daily—eat breakfast, less fast food, and more meals prepared at home
- 2 hours or less of TV or video games daily
- 1 hour or more of moderate to vigorous physical activity daily

**Almost None:** Limit sugar-sweetened beverages to “almost none”
Table 1: Weight Category by BMI*-for-Age Percentile

- 5th percentile to <85th percentile: Underweight
- 85th percentile to <95th percentile: Healthy Weight
- 95th percentile to <99th percentile (or BMI >30): Obese
- ≥99th percentile: Obese with Increased Risk

*Accurate BMI assessment depends on accurate height and weight measurements, which may be difficult to obtain in some children with disabilities.

Table 2: Risk Factors for Comorbidities and Future Obesity

<table>
<thead>
<tr>
<th>Personal Risk Factors</th>
<th>Risk Factors from Family History</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elevated blood pressure</td>
<td>Type 2 Diabetes</td>
</tr>
<tr>
<td>Ethnicity: African American, Mexican-American, Native American, Pacific Islander</td>
<td>Hypertension</td>
</tr>
<tr>
<td>Puberty</td>
<td>High cholesterol</td>
</tr>
<tr>
<td>Medications associated with weight gain (steroids, anti-psychotics, antiepileptics)</td>
<td>Obese parent(s)</td>
</tr>
<tr>
<td>Acanthosis Nigricans</td>
<td>Mother with Gestational Diabetes</td>
</tr>
<tr>
<td>Birth history of SCA or LGA</td>
<td>Family member with early death from heart disease or stroke</td>
</tr>
<tr>
<td>Disabilities</td>
<td></td>
</tr>
</tbody>
</table>

Table 3: Laboratory Evaluation Recommendations

<table>
<thead>
<tr>
<th>Age</th>
<th>BMI</th>
<th>Risk Factors</th>
<th>Action Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;10 years</td>
<td>≥85th %ile</td>
<td>N/A</td>
<td>Consider fasting lipids</td>
</tr>
<tr>
<td>≥10 years</td>
<td>85th to &lt;95th %ile</td>
<td>No risk factors or symptoms</td>
<td>Consider fasting lipids</td>
</tr>
<tr>
<td>≥95th %ile</td>
<td>N/A</td>
<td>Biannually: fasting lipid profile, fasting glucose, consider ALT and AST, other tests indicated by history and physical</td>
<td></td>
</tr>
</tbody>
</table>

References