

Nutrition counseling strategies and resources for overweight and obese 2- to 5-year-olds

The Canadian Pediatric Society, the College of Family Physicians of Canada, Dietitians of Canada, and Community Health Nurses Canada recommend the adoption of the World Health Organization growth charts in Canada to replace the CDC growth charts. Growth charts can be found at www.dietitians.ca/growthcharts. With use of the new WHO charts BMI is calculated. This should alert physicians to early trends in overweight/obesity.

BMI-for-age is an effective screening tool for obese/overweight children over 2 years of age.

Provincial training materials have been developed for public health staff and primary care physicians to support the implementation of these new WHO growth standards. The materials include guidelines on how to use, plot, and interpret results on the new growth charts; how to provide appropriate guidance to parents; and when to refer children with growth concerns for further follow-up. They can be found at www.health.gov.bc.ca/women-and-children/children-and-youth.

Obesity and overweight affects over 20% of preschoolers. Obese preschoolers are more likely to become

Table 1. BMI percentile to indicate further assessment.

BMI percentile	Children 2–5 years	Children over 5 years
> 85	At risk of overweight	Overweight
> 97	Overweight	Obese
> 99.9	Obese (1:1000)	Severely obese

obese adolescents. Physicians have a critical role as children's primary health care providers to assess growth patterns and reinforce healthy lifestyles. New research supports approaches that focus on healthy eating and active living rather than prescriptive eating and exercise strategies for intervention.

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- Normal BMI for 2- to 5-year-olds is 13 to 18 (compared with 18.5 to 25 for an adult).
- The definition of overweight/obesity is different in children under 5 years of age because caution is needed to avoid categorizing young children too early (see Table 1).
- Serial measurements are recommended.
- Healthy children come in all shapes and sizes.
- A consistent high (or low) plot along a particular percentile may be normal.
- An abrupt shift in BMI-for-age percentile warrants more frequent monitoring, even if it remains within the healthy range.
- BMI must be used in conjunction with a thorough medical and biopsychosocial assessment.
- Consider secondary causes of overweight/obesity (*CMAJ* 2006 Canadian clinical practice guidelines on the management and prevention of obesity in adults and children—Chapter 8).

Using a motivational interviewing approach

Research supports motivational interviewing as best practice to effect change. Motivational interviewing strategies resist the urge to tell the parent how to “fix” the problem and focus on trying to understand the parents' concerns and motivations. Attempt to listen for the ideas and answers to come from the parents and empower them to use these for change.

For example: “Sam” is a preschooler who presents in your office with his parents (see Table 2).

Educating parents/caregivers about their roles and responsibilities and their children's roles in feeding can be empowering and goes a long way to preventing eating issues:

Parents'/caregivers' roles

- Offer three meals and two to three snacks each day, at regular times.
- Offer healthy foods most of the time; limit less healthy foods.
- Sit down and eat healthy foods with children.
- Decide what foods are offered to children in the home or away from home.
- Do not praise or punish children based on the amount of food they eat.
- Do not use food as a reward.
- Do not withhold food as punishment.

Children's roles

- Decide whether to eat.
- Decide how much to eat from the foods offered at each meal or snack.

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Table 2. Comparison of traditional vs. preferred approach in helping families with an overweight or obese preschooler.

Traditional approach	Motivational tips and phrasing	Rationale
Sam is too fat. High BMI-for-age means there is a growth concern.	<ul style="list-style-type: none"> Sam's weight is higher than expected for someone his height. Let's measure him again in 2 to 3 months. If Sam's BMI-for-age has gone up, he's gaining weight faster than he is gaining height. 	<ul style="list-style-type: none"> Use serial measurements to establish trends in growth. Extremes in BMI-for-age or sudden changes in BMI-for-age can indicate concerns.
Sam should go on a diet.	<ul style="list-style-type: none"> Let's talk about how the whole family, including Sam, can follow a healthier lifestyle, eating better, being more active. We've talked about some ways to eat better, is there anything your family can change right now? If Sam is thirsty, offer water and avoid sweet drinks like juice, pop, and fruit drinks. Tap water is safe and economical. 	<ul style="list-style-type: none"> A weight loss diet is not recommended for young children as it may compromise normal growth and development and it may negatively affect their relationship with food as it can lead them to being over-interested in food and to overeating. Offering mostly healthy foods as part of regular meals and snacks and providing opportunities for physical activity are part of a healthier and more sustainable approach.
Sam needs to be on a low-fat diet.	<ul style="list-style-type: none"> Children need some fat in their diet. Include foods with healthy fats such as peanut butter, salmon, and avocado but limit foods with unhealthy fats such as chips and deep-fried foods. 	<ul style="list-style-type: none"> Low-fat diets are not healthy for young children. Fatty acids are required for optimal growth and brain development. Fat lasts longer and provides satiety. Healthy foods should not be restricted just because of their fat content.
You need to teach Sam about portion control; he is probably eating too much.	<ul style="list-style-type: none"> With so much "supersizing," we have lost our understanding of what a healthy portion looks like. Learn about portion size by planning meals using Canada's Food Guide. Offer three or four different food groups at each meal, and two food groups at a snack. Offer a small portion, and let Sam ask for more. 	<ul style="list-style-type: none"> When parents/caregivers respect their roles (offer healthy foods, let children decide how much to eat), children will listen to their hunger and fullness cues and will eat the right amount to grow well. Avoid distractions while eating (such as TV) as this may disrupt fullness cues.
Sam should not eat dessert.	<ul style="list-style-type: none"> If dessert is served at a meal, let Sam have a child-size portion, even if he doesn't finish his meal. If you offer dessert, make it a healthy food most of the time, like fruit salad. 	<ul style="list-style-type: none"> Using dessert as a reward or bribe is not recommended. It can lead to children putting a higher value on some foods and can lead to overeating. If the rest of the family is having dessert, everyone should be offered dessert.
No more snacks for Sam.	<ul style="list-style-type: none"> Snacks aren't treats. Grazing, which is the constant eating or nibbling of food throughout the day, is different from snacking. Planned sit-down snacks are important for preschoolers. Offer a healthy snack two or three times a day (e.g., whole-wheat crackers, low-fat cheese, fruits, and yogurt). 	<ul style="list-style-type: none"> Scheduled snacks are important as they provide opportunity to include healthful food choices, help children feel secure that they will get enough food each day, help children have a steadier mood because of regular provision of food fuel, and help manage children's desire for less healthy foods.
No more junk food for Sam.	<ul style="list-style-type: none"> When doctors and dietitians talk about junk food, they mean less nutritious processed foods, especially sugary, salty or fried foods. Sam is learning his eating habits from you, not from your words, but from your actions. As a parent, you decide what foods are offered. A total ban on junk food can backfire and make Sam crave the food more. 	<ul style="list-style-type: none"> Total elimination of less healthy foods can make children crave it more. These foods can be included in moderation. Special occasion foods are eaten "occasionally" and therefore can fit into a healthy eating pattern. Avoid using junk foods as a reward.
Sam needs to exercise more.	<ul style="list-style-type: none"> All children need daily active play to grow well and develop coordination. What are some activities Sam enjoys, and which ones can you do together? 	<ul style="list-style-type: none"> Parents are important role models and should participate in active childhood play often.
No more TV for Sam.	<ul style="list-style-type: none"> It sounds like you've got some great ideas for helping Sam to be more active and watch less TV. Do you want to pick two of those ideas to work on this week? 	<ul style="list-style-type: none"> Total screen time (TV and computer time) should be restricted to less than 2 hours each day.

Shapedown program at Children's Hospital

This program services children between 6 and 16 years of age with a BMI greater than 95% or with a BMI between 85% and 95% if certain

medical conditions are present. Go to www.bcchildrens.ca/healthyweights for information to deal with obesity and to find valuable tip sheets.

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