

## Overcoming obesity and unhealthy weight in children and youth in BC

**O**besity is a major risk factor for hypertension, stroke, heart disease, type 2 diabetes, and some cancers. Unhealthy behaviors that promote weight gain begin during childhood. Most children do not outgrow their obesity and it is imperative that those departing from a healthy weight trajectory be discovered early and that evidence-based intervention be initiated.

Primary care physicians are an essential part of this process and can initiate the identification and management of weight and obesity in children with a screening history using the 5-2-1-0 rule.<sup>1</sup> Protective factors include eating five or more servings of fruit and vegetables every day, limiting recreational screen time to a maximum of 2 hours a day, getting 1 or more hours of moderate to vigorous physical activity each day, and consuming zero servings of sugary drinks. Adhering to the 5-2-1-0 rule is a first step in the prevention and treatment of unhealthy weight. In addition, family history can identify risk factors such as type 2 diabetes, obesity, dyslipidemia, cardiovascular disease, and stroke. A review can also include screening for obstructive sleep apnea, asthma, arthritis, and mental health conditions.

The physical examination includes weighing, recording height, calculating BMI (dividing the weight of the patient in kilograms by the square of the patient's height in metres) and plotting it on the World Health Organization growth charts,<sup>2</sup> and measuring blood pressure. All children and youth should have their BMI calcu-

lated and percentiles plotted annually. Overweight is defined by a BMI between the 85th and 97th percentile for age, and obesity by a BMI above the 97th percentile for age.

A BMI above the 85th percentile should prompt physicians to initiate a discussion with caregivers to inform them of the long-term health risks of unhealthy weight. The personal health risk assessment fee code<sup>3</sup> applies to patient populations with risk factors such as unhealthy eating, medical obesity, and physical inactivity. A good way to direct this type of conversation is to focus on health and well-being rather than weight. Improving eating and physical activity behaviors can lead to improvements in weight, and initial counseling can include helping the family identify which aspects of the 5-2-1-0 rule they wish to improve upon. An assessment and management flow sheet based on a pathway for assessing and managing unhealthy weight in children and youth is available at [www.childhoodobesityfoundation.ca](http://www.childhoodobesityfoundation.ca).

British Columbia also has a number of prevention programs for children and youth, spanning day care to high school. SCOPE provides

expertise, support, and tools to help community stakeholders, including physicians, implement the 5-2-1-0 message.<sup>1</sup> Additionally, a multifaceted program, called the Childhood Healthy Weights Intervention Initiative (CHWII), has been launched to help overweight and obese children and youth regain a healthy weight trajectory. The CHWII has three components: MEND, Shapedown BC, and telehealth. Each program has unique attributes and is suited for a distinct segment of the population.

Both MEND (mind, exercise, nutrition, do it!) and Shapedown BC are free evidence-based family intervention programs that help children and youth with unhealthy weights. Two MEND programs are available: one for children aged 5 to 7 years and the other for those aged 7 to 13 years. Programs last 10 weeks and are targeted at children with a BMI above the 85th percentile. MEND is a good fit for most families seeking help.

Families can register for MEND at participating YMCA or BC Recreation and Parks Association member recreation facilities in Abbotsford, Campbell River, Chilliwack,

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*This article is the opinion of the Council on Health Promotion and has not been peer reviewed by the BCMJ Editorial Board.*



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Kamloops, Kelowna, Langley/Surrey, Nanaimo, Nelson, New Westminster, Prince George, Quesnel, Saanich, Terrace, Vancouver, and Victoria.

Shapedown BC is for children and youth (6 to 17 years) who have obesity-related comorbidities or complex medical or psychosocial profiles and may benefit from comprehensive, multidisciplinary (dietitian, mental health specialist, physician), longer-term support. A medical referral is

required for Shapedown BC, which is offered by health authorities in Kamloops, Nanaimo, Prince George, Surrey/Langley, and Vancouver (BC Children’s Hospital).

Referral guidelines for physicians and other health professionals are available at [www.childhoodobesityfoundation.ca](http://www.childhoodobesityfoundation.ca). Parents can learn more about their options by visiting this website or contacting Shapedown BC or MEND programs in their communities.

Telehealth is available for families who cannot access an in-person program. Dietitian services at Health-LinkBC (8-1-1) and the Physical Activity Line (1 877 725-1149 or 604 241-2266 in the Lower Mainland) both offer specialized pediatric services and healthy-weight coaching. In the near future the CHWII will pilot a new integrated telephone intervention service in partnership with physicians and mental health professionals.

Screening for weight problems and obesity in children and youth can result in early identification and correction of an unhealthy weight trajectory. Family physicians are ideally placed to provide evidence-based lifestyle counseling and to refer onto effective programs where available.

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### References

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