

# Children's Services Council of St. Lucie County

## Obesity in Children – A “Growing” Problem

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During the last three decades, childhood obesity has nearly doubled – the most dramatic increase of obesity in history. Approximately one in five children is now significantly overweight. And, despite increased awareness of what constitutes a healthy diet, and the dangers of being fat, these numbers continue to climb.

Children become overweight for a variety of reasons. The most common causes are unhealthy eating patterns, lack of physical activity and inherited factors. Children of obese parents are more likely to become overweight. But genetic factors cannot explain such a sudden increase in just thirty years. Our gene pool could not have changed that much. A more likely cause is a number of cultural changes that promote behaviors that contribute to overeating and under activity.

Medical conditions, of which obesity is a symptom, are rare. Your child's physician can rule out conditions such as hormonal imbalances or inherited diseases by obtaining a complete child and family medical history, a thorough physical exam and sometimes laboratory tests. Certain medications, however, can cause weight gain.

Obesity is caused by eating more calories than the body requires for energy, the excess being stored in the body as fat. A simple way to explain why children are getting fatter is the increased availability of high calorie foods, snacks and beverages, especially those high in fat and sugar content, some telling examples of which are fast food restaurants, vending machines, pizza deliveries, promotions by up-sizing (2 for 1) portions and the marketing of food directly to children, especially by TV, and even in schools.

Childhood inactivity, if not the most important cause of fatness in children, may be the factor most susceptible to change. For example, the average American child now watches TV almost three times the recommended one-to-two hours daily. Almost any activity will burn up more calories than sitting in a trance-like state for over three hours a day; or playing video games or talking on a cell phone with a friend (or searching for a new one on the Web).

Physical exercise has declined in children, which is a health risk outside its effects on weight. Although schools have cut back on physical education, exercise and fitness habits are learned mostly at home, where teaching is mostly by example. Parents of overweight children exercise less. And decreased neighborhood play facilities, sports programs and safety concerns require more parental involvement and supervision.

Obesity can lead to a broad range of physical and psychological problems. The most important physical risk for an obese child is simply that of becoming an obese adolescent, leading to chronic obesity in adulthood, where long-term weight loss success is notoriously low. Half of all premature deaths are due to lifestyle choices, including diet

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and activity. Physical problems in childhood are less common but are increasing, especially high blood pressure and adult onset diabetes.

Problems occurring during childhood are more likely psychological, and too often a consequence of prejudice and discrimination rather than overweight itself. Obese youngsters are frequently poked fun at, teased, judged as sloppy, less desirable as friends, lacking self control and looked upon as the source of their own problem. It is no wonder that over time such experiences can lead to an unfortunate cycle of social isolation, emotional withdrawal, depression, inactivity, more overeating and further weight gain.

The usual approach to judging a child's weight is by using a standard growth chart, which should be a part of every child's medical record. By plotting weights and heights through the months and years, a pattern of growth for each individual will emerge, and is useful in the early detection and treatment of excessive weight gain.

A better way to measure excess body fat is Body Mass Index. Used mostly for grown-ups, BMI (see table) converts various weights, for any given height, into a range of indices (kg./Meters squared), which are simply numbers intended to reflect increasing amounts of body fat and its weight-related health risk. BMI's in the low twenties reflect less risk and increasing risks for BMI's thirty and above. BMI tables for growing children are more complicated. When obesity is defined by BMI, approximately sixty percent of Americans are obese; almost half of whom are severely so.

Is the child likely to be obese?

- ✓ Obese Mother (BMI over 28)
- ✓ Obese Father (BMI over 28)
- ✓ Parents who are chronic dieters
- ✓ Parents don't exercise
- ✓ 'Clean your plate' feeding practices
- ✓ Child's BMI higher than 85th percentile
- ✓ Poor fruit and vegetable intake
- ✓ More than 16oz. juice/day
- ✓ Watches over two hours of TV daily
- ✓ Limited exercise

Obesity is much easier to prevent than it is to treat. An obesity prevention checklist can be used to better identify a child at risk for obesity. As the checklist above shows, prevention focuses in large measure on the family.

In infancy, the focus should center on promotion of breastfeeding, recognition of satiety and the delayed introduction of solid foods. In early childhood, parents must educate themselves about proper nutrition, selection of low fat snacks, good exercise and activity habits and monitoring of television viewing.

Often the focus is more on WHAT a child eats and WHOM they eat with than how much they eat. Other times the focus is on how they spend their time, and has nothing to do

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with food, since children are strongly affected by their environment and when detected early, weight loss is rarely needed. Rather, the aim is to slow or sometimes halt weight gain in a growing child, and the goal is a change in habits not just pounds. And, realistically, in cases where prevention measures cannot totally overcome the influence of heredity or social factors, parents should focus on building self-esteem and addressing psychological issues.