The overweight/obese child

History
• Why is help being sought now?
• history of parental obesity / family history
• diet /eating patterns + physical activity levels
• self-esteem low ?

Background
BMI centiles should be used to diagnose (UK 1990 BMI charts)
Culprits are sedentary lifestyle + high fat fast food + large portion size +sugar – containing soft drinks

Advice
Cut out treats high in fat , sugar and salt
No eating in front of TV
3 healthy meals per day
Reduce portion sizes
Reduce screen time to < 2 hours per day
Increase physical activity to 60 mins per day

Examination
• height/weight centiles
• BMI centile
• BP
•Waist circumference
• Look for dysmorphic features
• urinalysis (glucose/protein)

Specialist Referral
Morbidity due to obesity (sleep apnoea / orthopaedic issues/ high BP /type 2 DM)

Absence of family history of obesity or preschool onset

Height<9% or slow growth velocity

Significant learning issues

History of low sugar or hypotonia as a newborn

Dysmorphic features

Menstrual irregularities

Investigations
95% nil required
short stature/striae/ high BP – morning/evening cortisols
short / lower limb pains – TFT's , hip Xray
small hands / voracious appetite / developmental delay– FISH for PWS or methylation test

Evidence Base
• Treatments in childhood should incorporate behaviour change and change the whole family's lifestyle (B)
•Weight maintenance is the goal (D)
•Orlistat only for severely obese adolescents (D)

Treatment
• family support
• assess willingness + motivation to change
• increase physical exercise
• the'perfect meal' plan*

References
ICGP/HSE Weight management algorithm2012

www.littlesteps.eu
www.rcpch.ac.uk/obesity
www.fooddudes.ie

Sign guideline 115 2010

TAKE HOME MESSAGES
Obesity is due to an imbalance between energy consumption and expenditure
It affects 15% of children
It is a lifestyle issue in over 95% of cases
Therapy has to involve the whole family
It leads on to adult obesity

The Perfect Meal plan
Turn off TV
Sit down together
Serve plates from central location to control portion sizes
Meals should last > 20 minutes
Avoid soft drinks

This algorithm has been produced by the National Paediatric and Neonatology Clinical Programmes. It is aimed at medical, nursing and allied health professionals working in both primary and emergency care settings.
Amendments following suggestions of the QIP committee of the ICGP . Secondary care treatment or investigation denoted in pink

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