Weight Management Treatment Algorithm for Children

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

icgp

A Quick Reference Guide For Primary Care

(See www.icgp.ie/weightmanagement or www.hse.ie for the Weight Management Treatment Algorithms for both Adults and Children, an adult BMI chart plus additional support online resources.)

SCHOOL NURSE/PHN

- Measure child in junior infants (calculate BMI and BMI percentile or BMI z score (see definition overleaf) if concern re extreme obesity.

Use the new UK-WHO chart for children up to 4 years

Use the UK90 Growth Foundation Chart or the UK 2-18 charts, which are based on similar data for 4yrs+ (until Irish ones are developed or a change in national policy is agreed)

http://www.rcpch.ac.uk/child-health/research-projects/uk-who-growth-charts/uk-who-growth-charts-resources/uk-who-0-4-years/uk-who-0

http://www.rcpch.ac.uk/child-health/research-projects/uk-who-growth-charts/uk-growth-chart-resources-2-18-years/uk-2-18-yea

NORMAL WEIGHT

- Letter/talk to parents relaying measurement result with other findings/ school medical check results, if applicable *(e.g. hearing and eye test)*

OVERWEIGHT / OBESE

- Telephone parents and invite them in for appointment with the School Nurse/PHN to discuss results *(non judgmental)* explore related factors and agree action plan. Nurse trained in giving info

G.P.

Opportunistic discussion and measurement when and if deemed appropriate

- Child assessment and family history
- Stratification of risk as per criteria overleaf
- Identify concerns

(See Over for tips on how to raise the issue)

SENIOR MEDICAL OFFICER (SMOs/MOs)

- Child assessment and family history
- Stratification of risk as per criteria overleaf
- Identify concerns
- Letter to GP to update

NORMAL WEIGHT

- Congratulate parents and encourage continuation of current practice. Include copy of the Physical Activity Guidelines – *(At least 60 mins of moderate intensity P.A. every day)* + Nutrition pack and/or refer to online resources

OVERWEIGHT/OBESE

OVERWEIGHT 91ST PERCENTILE BMI

- School Nurse/PHN initiates plan for child
- Parents/GP can liaise with School Nurse/ PHN re plan for child

If concerns identified

OBESE 98TH PERCENTILE BMI

- GP/SMO Uses OSCA* Guidelines to determine if referral to Paediatrician is needed. *(See over)*

www.littlesteps.eu

Get Ireland Active – Promoting Physical Activity in Ireland

www.getirelandactive.ie

www.eatsmartmovemore.ie/pdfs/eat_smart_move_more.pdf

COMMUNITY MULTI-DISCIPLINARY WEIGHT MANAGEMENT PROGRAMME/PRIMARY CARE TEAM

- Give the parent and child information on how to reduce daily calorie intake and reduce sedentary behaviour by:
  - cutting out treats high in fat, sugar and salt
  - no eating in front of TV
  - aiming for 3 healthy meals a day
  - reducing portion sizes if appropriate
  - reduce screen time to < 2 hours a day
  - increasing daily physical activity
- Refer to Dietitian/Physiotherapist or other specialist members of the Community Weight Management Team where available
- Monitor progress and review in 3-6 months

AIM: Weight Maintenance in the growing child

SUCCESS

NO SUCCESS

NO

YES

PAEDIATRICIAN

* **OSCA** = Obesity Services for Children and Adolescents

SPEAKING TO A CHILD ABOUT THEIR WEIGHT

- Don't have a "big talk" with them about it.
- Instead, look out for a good opportunity to discuss e.g. if they are struggling in P.E. classes, are left out of a group activity, are out of breath easily, are teased because of their weight.
- The easiest way to approach the subject is to ask them what is happening, how it makes them feel and why they think it is happening. Ask them to describe a typical day.
- Focus on the behaviours that have led to their weight gain.
- Highlight that these are behaviours, and behaviour can be changed.
- Be empathetic and try to understand how they are feeling.
- Highlight all the positive aspects of being a healthy weight – not just physical

Be careful not to assume you know how the child is feeling – make sure that you ask them if they would like your support and how they would like you to help.

SPEAKING TO PARENTS ABOUT THEIR CHILD'S WEIGHT

There are common worries about speaking to a parent about their child's weight but they shouldn't be a reason to stop you from talking to them. The key is to build up a positive relationship with the parent. If you do not have a good relationship with the parent then you are most likely not the right person to be raising the issue with them.

In speaking to children and parents about weight issues you shouldn't actually be doing a lot of the talking. They should. It is their opportunity for someone to listen to their concerns. It is imperative that:

- you are realistic and explain that long term changes need to be made regarding the child's diet and lifestyle, and that returning to a healthy weight will be a slow process.
- if you are unsure how to answer their questions then be honest about this, but offer to help them find out by signposting them to the right service/ programme/online supports for their family. (see overleaf)

IF THEY DON'T WISH TO ENGAGE

If the parent and/or child choose not to acknowledge that there is a weight issue or don't want to discuss it you must:

- respect their wishes.
- do not ask any more questions.
- let them know you are there if they would like to speak to you at any point.
- offer them the opportunity to speak to another Healthcare Professional e.g. practice nurse etc.

However clinical judgement and duty of care may override the above depending on degree of obesity and/or risk of comorbidities

ASSESSMENT AND CLASSIFICATION OF OVERWEIGHT AND OBESITY IN CHILDREN

Determine degree of overweight or obesity

- Measure weight and height, particularly if weight may be a factor in the reason they made the appointment.
- Use BMI; relate to UK 1990 BMI charts (for 4yrs+) to give age and gender specific information. (See over for web link)
- Discuss with the child and family.

Consider intervention or assessment

- Consider tailored clinical intervention if overweight with BMI at 91st centile or above.
- Consider assessing for comorbidities if obese with BMI at 98th centile or above.

Assess lifestyle, comorbidities and willingness to change, including:

- presenting symptoms and underlying cause of overweight or obesity.
- willingness and motivation to change.
- comorbidities (such as hypertension, hyperinsulinaemia, dyslipidaemia, type 2 diabetes, psychosocial dysfunction and exacerbation of asthma) and risk factors.
- psychosocial distress such as low self-esteem, teasing and bullying.
- family history of overweight and obesity and comorbidities.
- lifestyle – diet and physical activity
- environmental, social and family factors that may contribute to overweight and obesity and the success of treatment.
- growth and pubertal status.

Source: Adapted from National Institute for Health and Clinical Excellence (NICE), 2006

Note:
The GP/SMO should refer to a Paediatrician if Specific Concerns or if:

1. Extreme obesity (See below)

   or

2. BMI> 98th centile

   and

   A child or family is seeking help/ treatment PLUS one or more of the following risk factors

   For current or future morbidity.....

   (A) Pathology

   * Short stature for genetic potential/parents
   * Dysmorphic features
   * Learning difficulties

   OR

   (B) Future morbidity or risk factors

   * Adverse family history
   * Symptoms/signs from clinical assessment
   * Abnormalities on investigation

Definitions of extreme Obesity (BMI)

Years	Male (BMI)	Female (BMI)
2 yrs	22.7	22.7
5 yrs	22	23.5
10yrs	32	33
15yrs	38	38
18yrs	40	40

Source: OSCA Consensus statement on the assessment of obese children & adolescents for paediatricians. (For additional information if required see http://ep.bmj.com/content/97/3/98.full)

Body Mass Index z-scores:

Body mass index z-scores, also called BMI standard deviation (S.D.) scores, are measures of relative weight adjusted for child age and sex.

Source: Must A, Anderson S E. Body mass index in children and adolescents: considerations for population-based applications. International Journal of Obesity 2006 30, 590-594.doi:10.1038/sj.ijo.0803300

BMI z scores are used here to identify those with extreme obesity which is considered >/ = 3.5 Standard Deviations (SDs) and broadly corresponds to the values shown in the table above. Obesity is defined as > 98th percentile. The Z score gives an indication of how much above the 98th percentile the child is.

See **http://www.phsim.man.ac.uk/SDSCalculator/**

For an SDS Individual Calculator for British 1990 Growth Reference Data.