Primary Care Physicians and Childhood Obesity Issues

Issuing Behavioral Prescriptions

"Because of the increasing rates of obesity, unhealthy eating habits and physical activity, we may see the first generation that will be less healthy and have a shorter life expectancy than their parents."

Statement made by U.S. Surgeon General Richard Carmona March 2, 2004.

We are all familiar with the rising statistics of childhood obesity. The statement made by the U.S. Surgeon General should give us all a reason to pause. In fact, it is hard to read a newspaper without seeing a headline talking about the "obesity epidemic." While there are many factors contributing to the causes of child and adolescent obesity, some factors are modifiable and some are not. Environmental factors play a significant role in obesity. American lifestyle patterns are influenced by an overabundance of energy-dense food choices and decreased opportunities and motivation for physical activity. Children learn from those around them, and families tend to share eating and activity habits. The good news is that evidence shows it is much easier to change a child's eating and exercise habits than it is to alter an adult's.

We recognize it isn't easy to speak to parents about the weight or eating habits of their children. Many parents are likely to view any criticism of their children's weight as a criticism of their parenting. But the fact is, while parenting may have something to do with childhood obesity, other factors – such as physical activity or soft drinks or fast food in schools – are often harder to control. All children need encouragement to make healthy choices. While this is a guide for addressing specific strategies for the overweight child, it is critical to remember that prevention strategies in all children are the key to the health and wellness of future generations.

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Challenges Primary Care Physicians Face with Parents of Obese Children

The Parent's Perspective

It isn't easy for many health care providers to address the issue of obesity with the child's parents. Aside from the concern of many physicians that the parent will become angry at the mere mention of childhood obesity, health care professionals with experience in dealing with parents and childhood obesity have noticed some common parental perceptions of which all health care providers should be aware:

Parents May Not Believe Their Child is Overweight.

Health care professionals have pointed out that many mothers who had overweight children didn't feel that their children were overweight. This was identified as a major obstacle to successful counseling about the prevention and treatment of obesity. If the subject of being overweight was raised, the mother became offended. Some possible explanations for this maternal reaction include the mother's sense that the child is "plump," and thus healthier or more attractive, especially at younger ages. Many also believe that their child will "outgrow" the weight problem.

Parents Have Difficulty Setting Food Limits for Their Child.

Parents may lack the knowledge or ability to effectively discipline their child, giving in to their child's demands more often than not. The child – often by default – is thus given too much decision-making power over food issues. This problem can have a serious impact on the child's nutrition and weight.

Parents May Use Food As a Parental Tool or Coping Mechanism.

Parents may use food as a coping mechanism to deal with high levels of stress. Food is used to calm, reward and even emotionally nurture their child. Food is thus used as a control tool for the child's behavior and also as a way to indulge the child and express affection.

Parents Lack Knowledge About Normal Child Development and Eating Behaviors.

The lack of knowledge about child development, affects the parent-child feeding interaction. Parents also lack knowledge of proper childhood nutrition. Health care professionals have noted the common practice of mothers to give children food types and portion sizes that were inappropriate. Parents were frequently unable to tell when the mood or behavior of their child was the result of hunger or a sign of other distress, such as loneliness, anxiety or fatigue.

Parents May Lack Motivation or Commitment to Modify Behavior.

Even when parents receive counseling regarding childhood obesity, many have shown a lack of motivation or commitment to modify their own or their child's eating habits. Many parents will be interested only in immediate results and express scant interest in diet-modifying nutritional counseling.

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Four Behaviors for the Primary Care Physician to Target

mothers choose not to breastfeed because there may be inadequate breastfeeding accommodations in the workplace or too little support at home. Nevertheless, this is another behavior with which to deal with childhood obesity, especially if there is a family history of obesity.

Limit the Intake of Sugar-sweetened Drinks.

Especially when coupled with too much time in front of the TV, the number of soft drinks consumed is significantly associated with childhood obesity. Aside from being low in nutrients, this type of beverage contributes an enormous amount of calories to a child's diet: the average U.S. teenager gets about 8% of daily calories from soft drinks. Soft drinks may also promote tooth decay and lead to sub-optimal bone mineralization. Encourage other options for healthy hydration.

Tailored messages to children and adolescents (as well as to their parents) should emphasize the importance of regular physical activity accompanied by a properly balanced diet so that physical growth and mental development isn't impaired. To maintain a healthy weight, good dietary habits must be coupled with physical activity, and these must become permanent lifestyle changes, not just transitory actions.

How Can Primary Care Physicians Approach the Topic of Childhood Obesity with Parents?

In addition to the parental perceptions that can impede dealing with childhood "obesity", for many families, 'obesity' is simply a forbidden topic. It carries many negative and emotional connotations for both the parents and the child. Obesity still carries the stigma of afflicting only the weak-willed or lazy, when many other external factors and complex behavioral issues underlie its development. It's important to identify the specific social context of each family that you deal with regarding childhood or adolescent obesity. This way it's possible to avoid doing any additional psychological or social harm to the family as the issue is addressed. Using the following guidelines can help you address obesity in the appropriate and effective way:

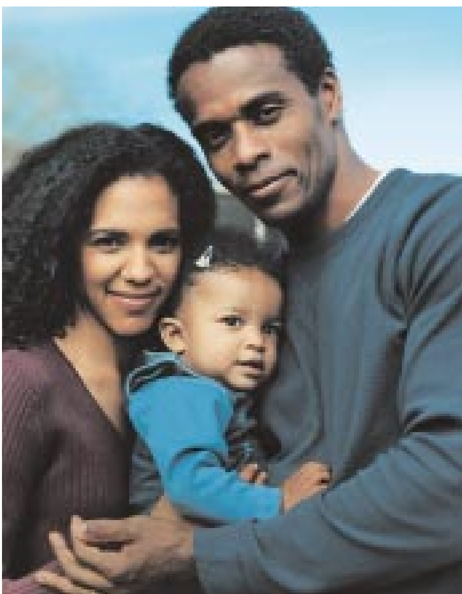
1. Be sensitive.
Any health condition will be sensitive for parents to discuss if it is stigmatized, involves a genetic predisposition and is shaped by the household environment. You can expect parents to feel guilty or defensive if your concern about their child's risk is based on the parent also having the condition. Guilt isn't a constructive emotion from which parents can initiate and sustain action to prevent or treat their child's obesity.

2. Understand the family history.
If obesity runs in the family, it greatly influences parents' and grandparents' ideas about the causes and cures for it and can produce feelings of guilt, shame or vulnerability. The family, as both "seed and soil" for obesity and mental health conditions, may develop its own way of dealing with it that needs to be understood. For example, families can maintain an informal code of silence about these conditions that isn't comfortable for you to penetrate. Obtaining a detailed family history of any health conditions may be the best entry point for beginning these difficult discussions.

3. Focus on function more than labels.
The degree and nature of a child's functional impairment—physical, social and emotional—is likely to be more important than the diagnostic label. Although your training and experience as a health care provider may compel you to categorize children as either "diseased" or "nondiseased," you should carefully consider whether the child's function would actually be improved by labeling these brain-centered conditions for which the stigma is high. Try instead to view obesity along a spectrum. In this way you may be able to help children and their parents who have significant functional impairment at symptom levels below a diagnostic threshold while avoiding labels for those who are above the threshold but unimpaired.

4. Learn the context.

The pathways leading to obesity and mental health conditions are highly varied. Your clinical approach must take into account many contextual factors, including past emotional trauma, the family's current social support and household composition, and the child's household, day care, school and neighborhood environments. These factors can alter the expression of inherited susceptibility to obesity and also affect the level of functional impairment associated with it. Asking open-ended questions can help you get a better understanding of the context in which the obesity is occurring.



Four Behaviors for the Primary Care Physician to Target

A key step in dealing with obesity is understanding how it works in conjunction with physically inactive behaviors and caloric intake or dietary issues. Focusing on four behaviors will help your patient and parents take a big step in the right direction. These behaviors are not only desirable for the overweight child, but desirable behavior for all children:

Limit Screen Time.

When television-watching behavior is altered, it affects weight gain. Even though the size of the association between TV viewing and obesity is small, it's still an important behavior to target because children's exposure to it is enormous: the average U.S. child age 2 to 17 spends more than three years of life watching t.v. Moreover, about 57% of U.S. children ages 8 to 16 have televisions in their bedroom. Children also spend more time now than ever in front of computers and electronic games. When it's joined with the consumption of soft drinks (see number four on next page) its effects are especially deleterious.

Encourage Outdoor Activities.

Limiting TV by itself won't always mean a child becomes more active, but when coupled with increased activity outdoors – the strongest correlate of physical activity in young children – the potential to promote health weight in children is promising. Spending time outdoors also has the potential to promote a child's social and cognitive development through participation in unstructured play with other children and through the exploration of the physical environment.

Encourage Breastfeeding for New Mothers.

Although it isn't absolutely clear whether there is some factor related to breastfeeding, and not breastfeeding itself, there is enough evidence to support the contention that the prevention of childhood obesity is one of the many benefits of breastfeeding. When encouraging breastfeeding, remember not to be overzealous about it. Most bottle-fed infants won't become obese children, and many

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