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Be the Reason

Annual Childhood Obesity Conference

Powered by Pennington Biomedical Research Center in partnership with the State of Louisiana.

Emerging Pathways in Childhood Obesity Treatment:

Family, Food, Tech and time

Presented by: Amanda Staiano, PhD and Marcella Houser, MD, FAAP, DABOM

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Disclosure

- Dr. Philip Raymond Schauer, a speaker for this activity, has disclosed relationships with Medtronic/Covidienm, Ethicon, GI Dynamics, Mediflix, Novo Nordisk, Eli Lilly, and Keyron, LTD.
- Dr. Steven Heymsfield, a speaker for this activity, has disclosed relationships with Regeneron, Eli Lilly, Novo Nordisk, and Tanita Corporation.
- Dr. Katie Queen, the speaker for this activity, has reported that she has financial relationships with Novo Nordisk, Rhythm Pharmaceuticals, and Vivus.
- All other speakers, planners, and reviewers for this activity have disclosed no relevant financial relationships with ineligible companies. All relevant financial relationships have been mitigated.
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Intensive Health Behavior and Lifestyle Treatment (IHBLT): Pragmatic Adaptations

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Presentation Overview

1. Intensive Health Behavior and Lifestyle Treatment (IHBLT)
2. 4 Pillars of Obesity Treatment/Prevention: Family, Food, Tech, Time
3. Stay True to the Evidence

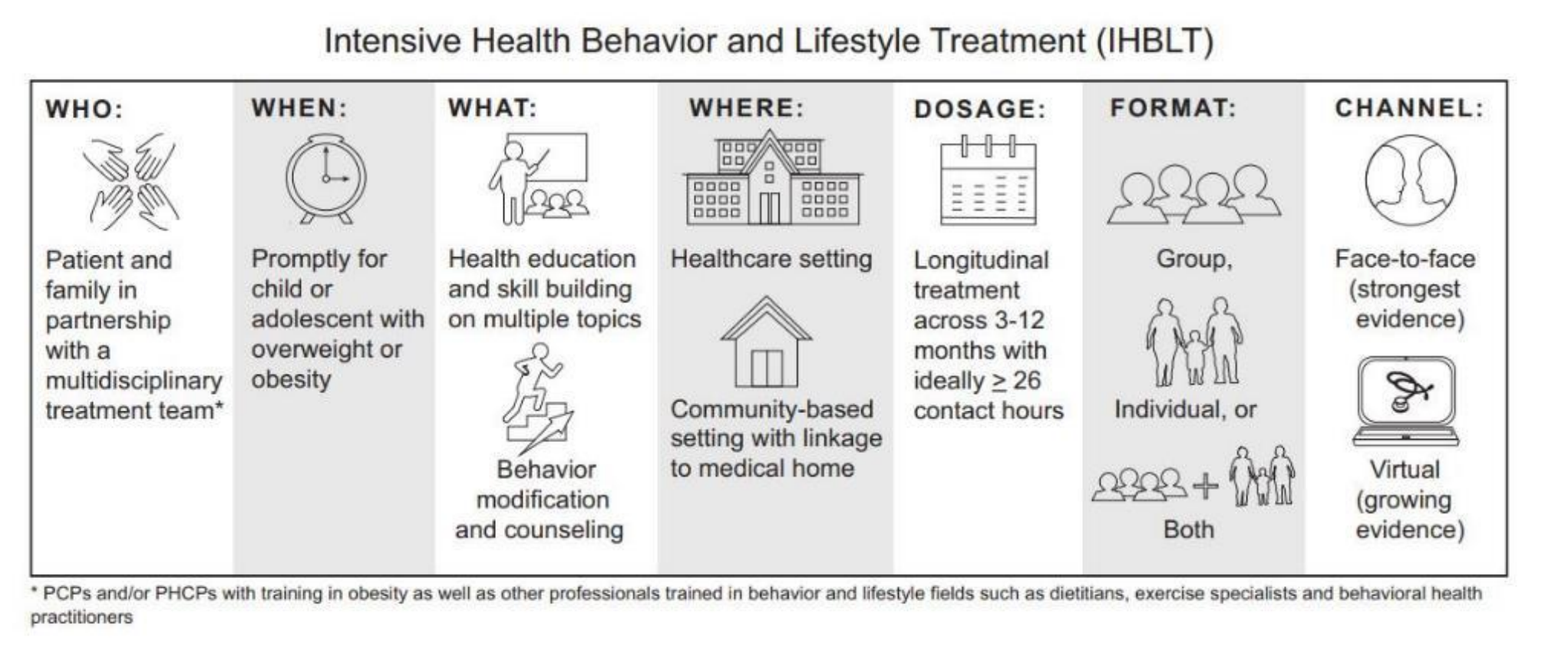
Intensive Health Behavior and Lifestyle Treatments (IHBLT)

- **The** evidence-based tool that is foundational to comprehensive obesity treatment

CPG Key Action Statement 11: Pediatricians and other PHCPs should provide or refer children 6 y and older (Grade B) and may provide or refer children 2 through 5 y of age (Grade C) with overweight (BMI ≥85th percentile to <95th percentile) and obesity (BMI ≥95th percentile) to **intensive health behavior and lifestyle treatment**.

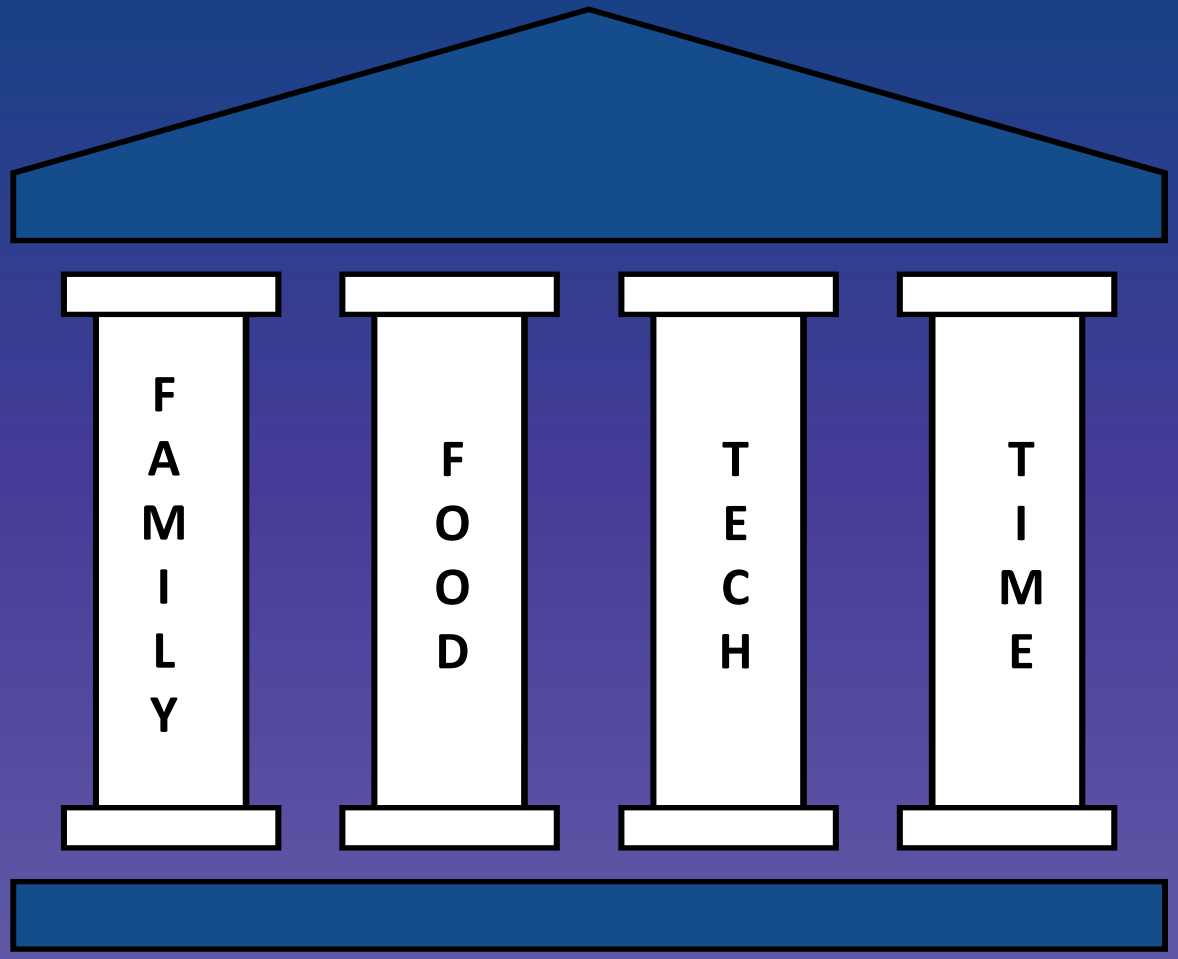
Hampl, et. al. *Pediatrics*. 2023.

Intensive Health Behavior and Lifestyle Treatments (IHBLT)



Hampl SE, *et al.* Clinical practice guideline for the evaluation and treatment of pediatric obesity. *Pediatrics*. 2023; e2022060640. doi: 10.152/peds.2022-060640.

4 Pillars of Obesity Treatment/Prevention



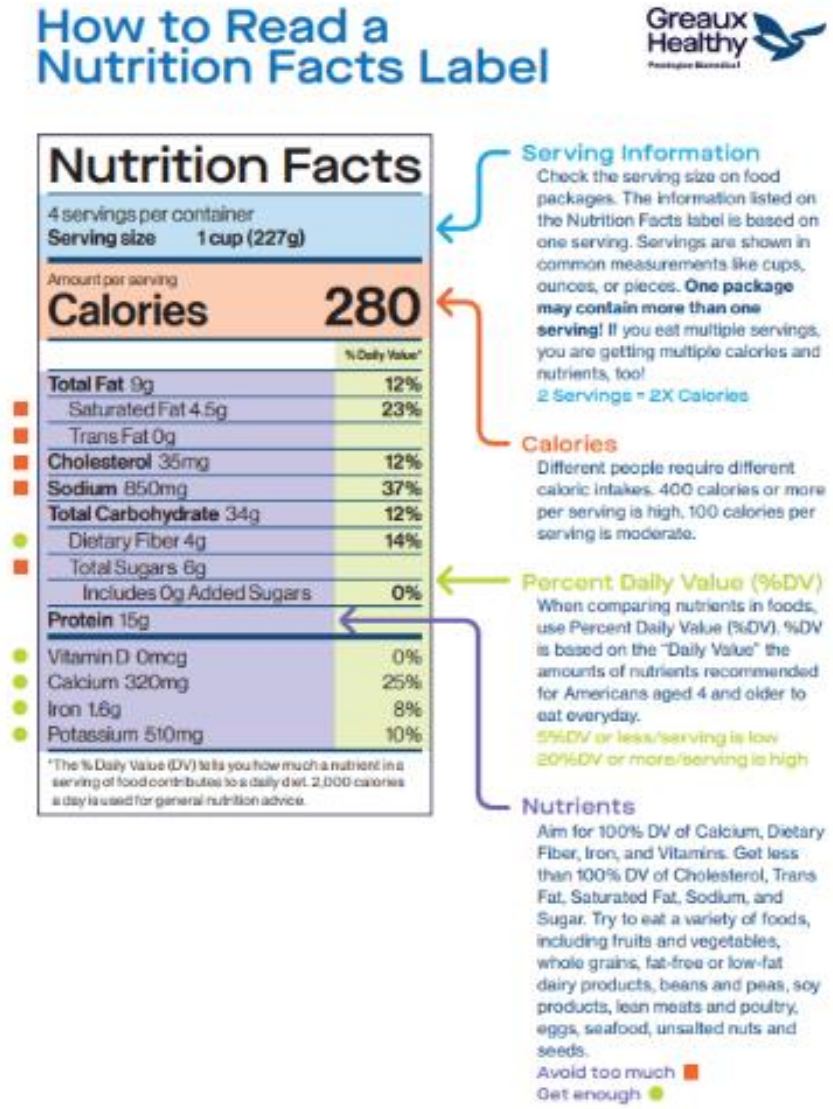
Pillar 1: Family

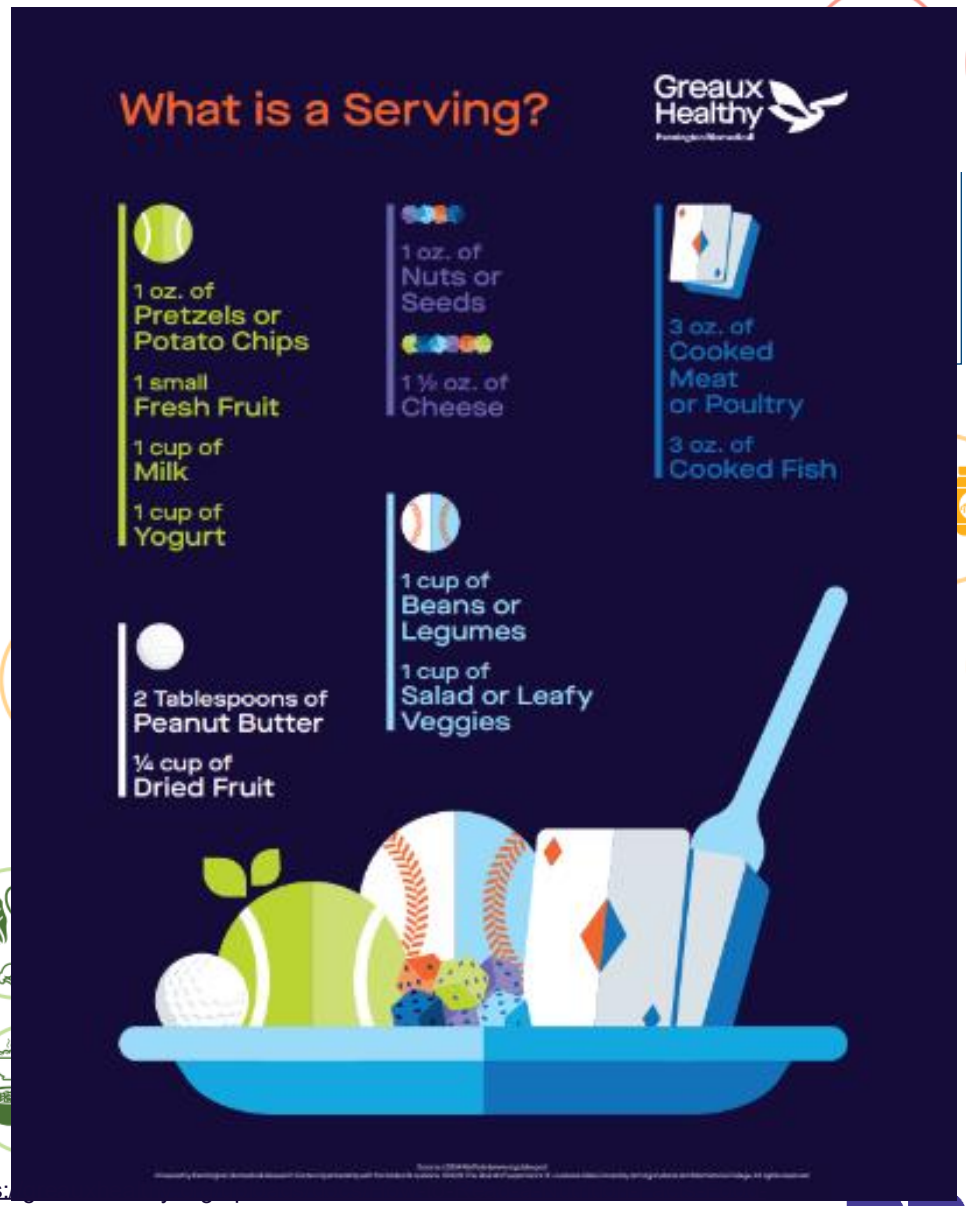
- Family-centric
- Flexibility
- Functionality

Affects child's overall health and well-being

Pi

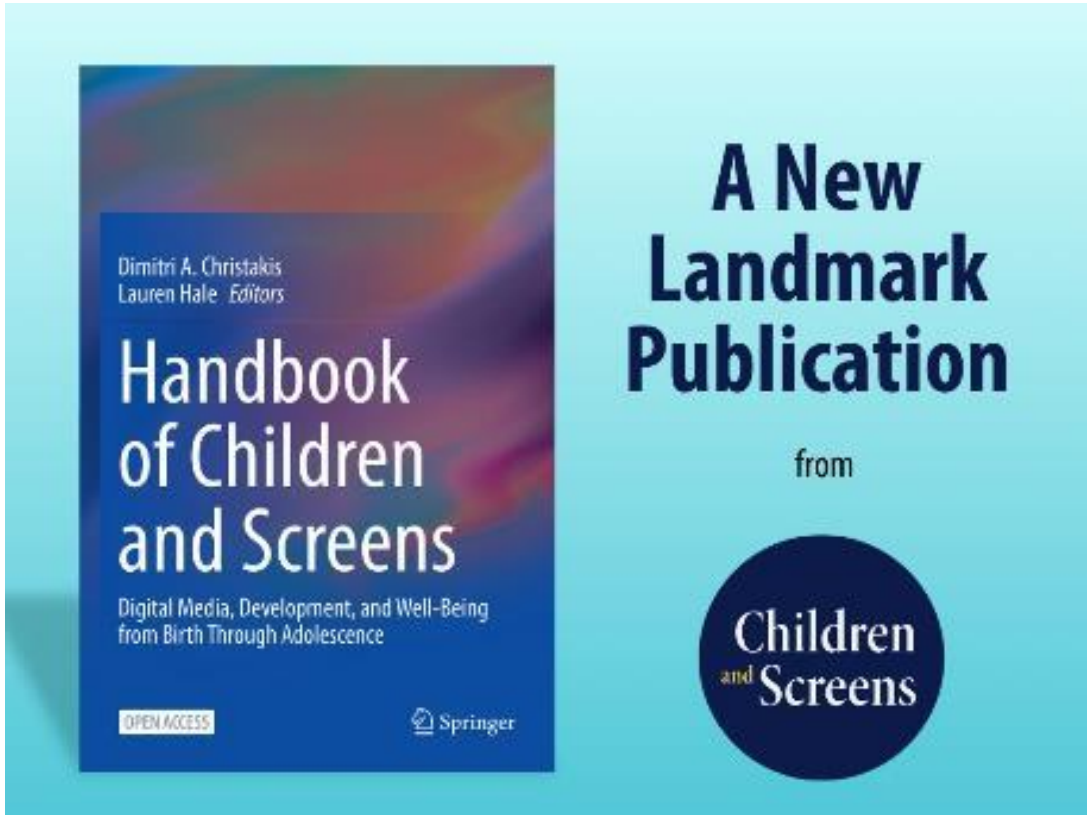
- S … ow
- … le

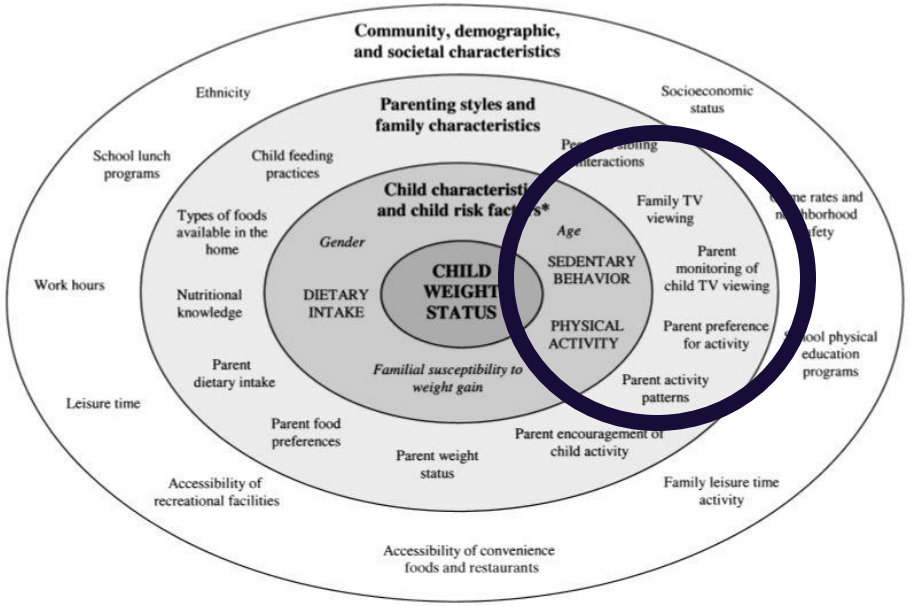




https:/… Label.pdf
https://greauxhealthy.org/uploads/docs/Family-Mealtime.pdf
https://greauxhealthy.org/uploads/docs/What-is-a-Serving-Poster.pdf
https://psychiatry.uams.edu/wp-content/uploads/2022/07/StoplightEatingGuide.pdf

Pillar 3: Tech- Use Screens to Help





Davison, Birch. Childhood overweight: a contextual model and recommendations for future research. *Obesity Reviews*. 2001.

2006

2007

2010

2012

2014

2019

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Pillar 4: Normalize Time Commitment

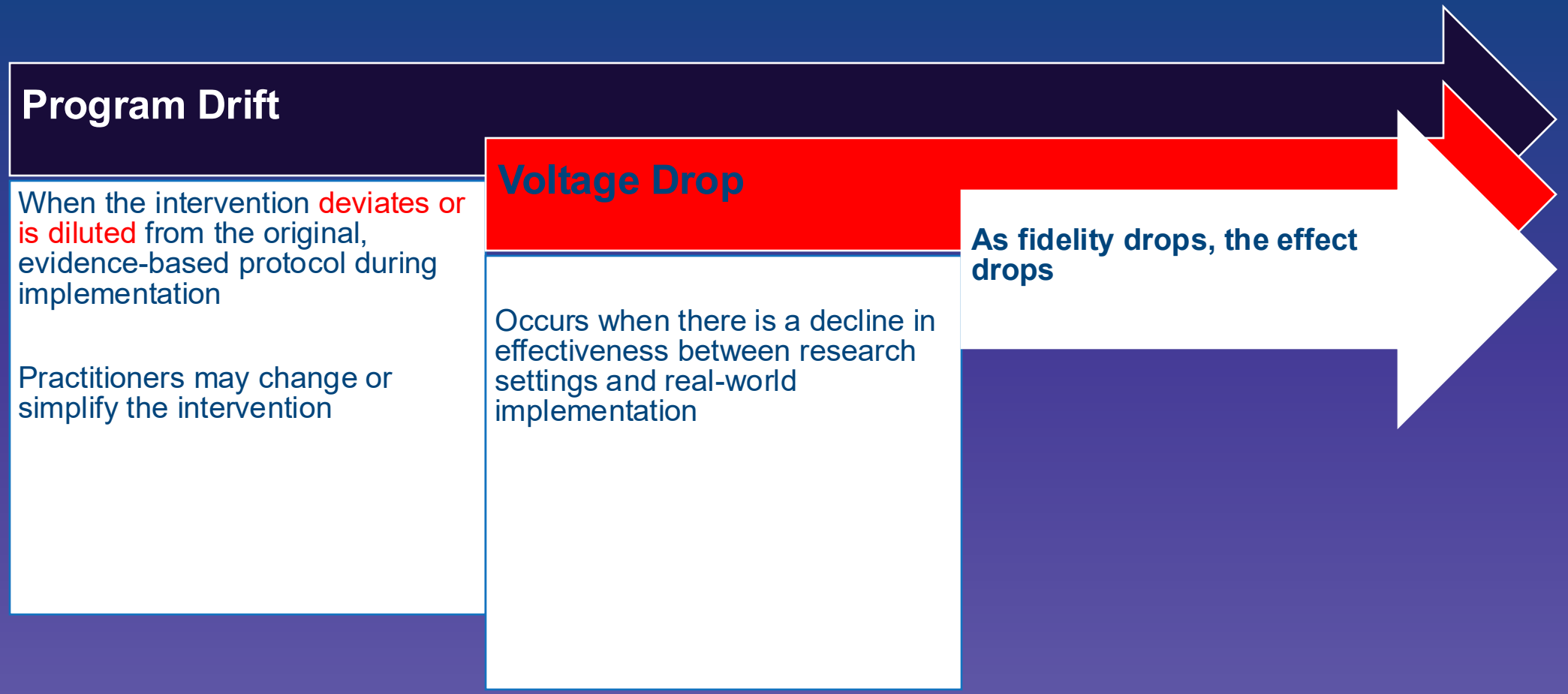
26-32 hours

over

6-12 months

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
		1 4-5 PM Visit	2	3	4	5
6	7	8 4-5 PM Visit	9	10	11	12
13	14	15 4-5 PM Visit	16	17	18	19
20	21	22 4-5 PM Visit	23	24	25	26
27	28	29 4-5 PM Visit	30	31		

Evidence-Based Considerations



Summary

- Intensive Health Behavior Lifestyle Treatment is the evidence-based tool that is **foundational** to comprehensive obesity treatment.

- Utilize the four pillars (family, food, tech, time) to help drive sustainable impact.
  - Our guidelines are only as good as their translation into families' daily lives!
  - Practice pragmatism!

- Beware of program drift and voltage drop.

Bridging the Gap

Integrating research into the clinical setting

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LSUHSC New Orleans & DePaul Community Health Center

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Intensive Health and Behavior Lifestyle Treatment (IHBLT)

- The foundation of pediatric obesity treatment
- Refer to programs when available
- Fill the gap and provide IHBLT when programs are scarce

PCPs are best suited for IHBLT

- Established trust and rapport
- Where patients and families feel comfortable
- Source of numerous contact hours (sick visit, well visit, flu shot, etc)
- Model: ASK, EDUCATE, GOAL SET
  - meet patients where they are, set small goals for incremental change

Some tips for success

- More likely to achieve goals that are SMART
- Multiple contact hours
- Utilize personal or intrinsic motivators
- Habit stacking
- High levels of physical activity (1 hr per day)
- Eating breakfast regularly
- Following a nutrition plan that fits patient and family
- Consistent eating pattern across weekdays and weekends
- Self-monitoring

https://www.flickr.com/photos/olnaugle/8334711234

Nutrition

ASK

Skipping meals, food/drink examples, behaviors, portions, frequency of take out, food insecurity

EDUCATE

Skipping meals can lead to overeating

Unbalanced meals missing protein, whole grains and vegetables leave us feeling hungry

Sugary beverages, processed foods are associated with weight gain

GOAL SET

-Standardized easy to follow goals

2-3 meals per day with protein

Limit carbohydrates to one fist sized serving

-Tailored SMART goals

Will limit sugary beverages to 1 time on Saturday and Sundays.

Will bring snack with protein to school

https://www.flickr.com/photos/richy/5828067832

Vegetables

https://stockcake.com/i/kids-cooking-together_929229_1062449

ASK

Do you like vegetables?

Do you eat vegetables?

Do parents eat vegetables?

EDUCATE

Vegetable intake decreases risk for many chronic diseases.

Do not force or bargain with children to eat veggies

Place small portion on plate, then decision to eat belongs to child

Lots of positive reinforcement if child tastes the veggies!!!!

Remind child –It takes 10X of trying a new food before taste buds learn to accept it.

https://www.flickr.com/photos/union_college/13848745185

GOAL SET

Try or taste a vegetable two times per week

Sleep

https://www.pexels.com/photo/a-young-girl-sleeping-on-the-bed-5801240/

ASK

What time do you go to bed? Wake up?
Do you take naps? When and how long?
What electronic devices are on right before bedtime?
Screen for OSA

EDUCATE

Children and adolescents need 9-10 hours of continuous sleep per night.
<9 hours of sleep is associated with weight gain/obesity

GOAL SET

If wake up is 5 am, then bedtime is 8pm.
Eliminate naps, avoid getting into bed or the space where you nap.
If you must nap, limit to 30 minutes or less.
Turn off technology and place in parent's room 30 min prior to bedtime

Physical Activity

https://freerangestock.com/photos/98463/young-boy-riding-a-bike-up-a-ramp.html

ASK

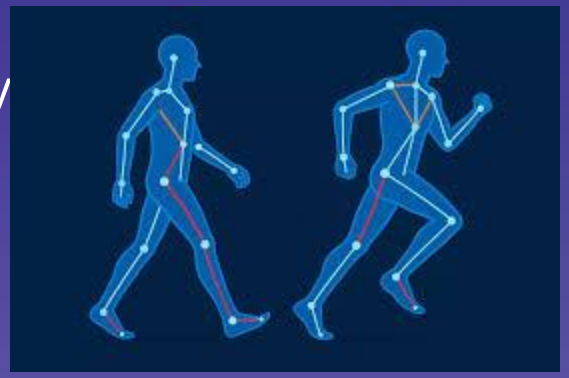
What do you do for physical activity now?

How often, for how long?

Do you breathe hard or have a hard time holding a conversation during activity?

EDUCATE

Long term goal = 1 hour of moderate to vigorous physical activity per day



https://freedomclinics.com/

GOAL SET

What would you like to do for physical activity?

How can they adapt a current activity to make it moderate to vigorous?

How many days per week, for how long?

Check - Is it reasonable, attainable and increasing upon current activity level?

Mood

No one can focus on goals if they are not mentally well!

https://petergray.substack.com/p/d8-multiple-causes-of-increase-in

ASK

Bullying, depression, anxiety, eating disorders (validated screens)

Look for and correct negative talk from patient and family

EDUCATE

Depression, anxiety, eating disorders and stress can contribute to weight gain

CONNECT & TREAT

Counseling, Medication

Resources for advocacy

Families Helping Families = advocacy resource for pts experiencing persistent bullying at school

Technology

https://www.pexels.com/photo/kids-looking-at-the-smartphone-6482316/

https://stockcake.com/i/vr-gaming-action_1014976_1139872

ASK

How often is your child on a screen or device?

EDUCATE

Excessive screen time is associated with

-increased food intake
-exposure to food advertising
-decreased sleep
-decreased physical activity

https://www.flickr.com/photos/161227653@N02/42708788362

GOAL SET

30 minutes of play outside before getting ipad
Limiting ipad use to weekends only
Use technology for movement – just dance, virtual reality, etc
Encourage supervision of tech use and use in communal spaces.

Conclusion

REVIEW WEIGHT CHANGE LAST

Lifestyle interventions/habits are most important

Change in weight occurs slowly

SUMMARIZE

Check for understanding - have patient repeat goals back

Ask if patient feels confident that they can achieve their goals

SCHEDULE FOLLOW UP

“I would love to see you back to hear how you’ve been doing with your goals.”

“We can do this between 1 to 3 months from now. What works best for you?”

“Sometimes it is helpful to follow up sooner to have accountability for your goals.”

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