

# HEALTHY WEIGHT

Facts for Families



## What if My Child Seems Overweight?

**Overweight or Not?** It's not always easy to tell with children. Over the course of normal growth and development, children's body fatness varies and their rate of growth changes over the years. So the way weight is assessed in adults (by calculating weight relative to height to arrive at a Body Mass Index, or BMI) does not work exactly the same way for children.

For children ages 2 to 20, health care professionals assess a child's weight in comparison to other children of the same age and gender by measuring Body-Mass-Index-for-Age (BMI-for-age). On a BMI-for-age chart, a child's BMI is plotted on gender-specific growth charts. Each of the BMI-for-age gender-specific charts, published by the Centers for Disease Control and Prevention, contains a series of

curved lines indicating specific percentiles (see p.2). Health care professionals use the following percentile cutoff points to identify underweight and overweight in children.



### **Underweight** ▶▶

BMI-for-age < 5th percentile



### **Healthy Weight** ▶▶

BMI-for-age > 5th percentile to < 85th percentile



### **At Risk for Overweight** ▶▶

BMI-for-age > 85th percentile to < 95th percentile



### **Overweight** ▶▶

BMI-for-age > 95th percentile

**See a health care professional to assess a child's BMI-for-age.**

## Getting Help Losing Weight

If it is determined by a health care provider that your child is indeed overweight and needs to lose weight, be sure to follow the recommendations of qualified health care professionals. Weight loss programs for youth should aim for weight loss of about one pound per month. Parents can talk with their benefits managers to find out what help is available and covered by health plans. If a formal weight-control program is being considered, most are found in university-based medical centers and children's hospitals. Many of these programs involve behavioral interventions that include the whole family in solving the problem and focus on increasing physical activity and learning to adopt healthy eating habits.

Look for a weight-control program that:

- ▶▶ Is staffed by a variety of health professionals, including physicians, registered dietitians, exercise physiologists, and psychologists or psychiatrists.
- ▶▶ Performs a complete medical examination.
- ▶▶ Focuses on the whole family.
- ▶▶ Is appropriate for the child's age.
- ▶▶ Focuses on changing behaviors.



- ▶▶ Teaches the child how to select healthy foods and healthy portion sizes.
- ▶▶ Encourages daily activity.
- ▶▶ Includes support to deal with any issues that contributed to overweight.

The Weight-Control Information Network, a program of the National Institute Diabetes and Digestive and Kidney Diseases of the National Institutes on Health, maintains a list of nationwide university-based medical centers. Contact them at [win@info.niddk.nih.gov](mailto:win@info.niddk.nih.gov) or telephone at 301-984-7378 or 1-877-946-4627.

### What to Expect at the Doctor's Office

Parents should ask pediatricians and other health care providers to use the BMI-for-age charts as a screening tool to assess overweight. The appropriate chart will compare your child's body fatness to others of the same age and sex. Using your child's height and weight as reference points, the chart will plot their weight as a percentile. A health care professional is likely to conduct a more complete assessment of weight for children whose BMI-for-age is in the following categories:

- ▶▶ Any child with a BMI-for-age in the 95th percentile or above.
- ▶▶ Any child with a rapid increase in BMI-for-age.
- ▶▶ Any child with a BMI-for-age greater than the 85th percentile who also has other risk factors, such as family history of overweight or elevated blood pressure.

The assessment may include:

- ▶▶ A complete family history, especially looking for conditions known to be associated with overweight such as diabetes, high blood pressure, high cholesterol levels, or fatty liver.

- ▶▶ A complete physical exam and review of physical systems to rule out or identify physical problems that might cause excessive weight gain.
- ▶▶ Lab tests, for example to determine blood cholesterol levels and screen for diabetes.
- ▶▶ A review of daily habits including time spent watching TV, eating habits, meals and where they are eaten, and physical activity.
- ▶▶ A history of psychosocial factors, such as depression or eating disorders.

A health care professional may also ask how ready the parent and/or child feels about making changes in eating habits and physical activity. Together, they may identify one or two simple changes to get started, such as taking a 10 minute walk everyday and switching to drinking water instead of soda or juice with an after school snack.

If the child does not fall into any of the categories that indicate further medical assessment, the health care professional may recommend a "wait and see" approach. This usually involves re-checking BMI-for-age at a future appointment and advising the family to increase activity, reduce TV time, and eat a healthier diet.

## BMI-for-age Example

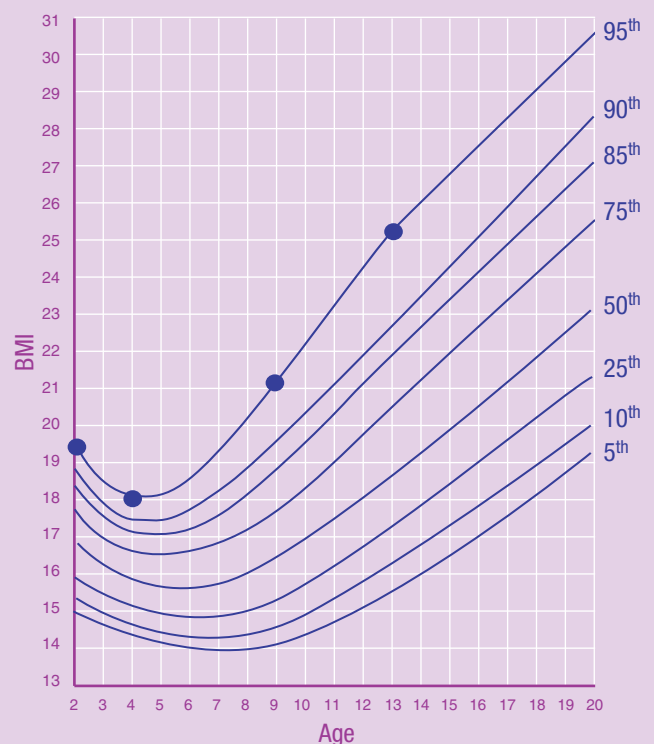
This chart shows the BMI for a boy as he grows from age 2 to 13. As is typical for children, his BMI goes up and down. However, he remains at the 95th percentile of BMI-for-age. Even though his BMI changes, he remains overweight when compared to other boys his age.

### What does it mean if a child is in the 60th percentile?

The 60th percentile means that compared to children of the same gender and age, 60% have a lower BMI. Children whose weight falls between the 5th and 85th percentiles are considered "Healthy Weight."



BMI-For-Age Chart: Boys, 2–20 years



### What to Do When a Child is Overweight

For children whose BMI-for-age is in the “At Risk for Overweight” category, health care professionals recommend weight maintenance—which means no weight gain or loss for a set period of time. Weight maintenance allows a child to gradually reduce their BMI-for-age by growing taller as weight remains stable. During this process, the goal is to establish lifelong healthy eating and exercise habits.

For “Overweight” children, the recommendations can go further and include weight loss. Because children are continuing to grow and develop, health care professionals only recommend weight loss of about one pound per

month, for overweight children. A weight loss plan may be recommended:

- ▶▶ For children ages 2 to 7, with a BMI-for-age at or above the 95th percentile and a medical complication, such as high blood pressure or diabetes.
- ▶▶ For children ages 7 and older, with a BMI-for-age at or above the 85th percentile and a medical complication OR has a BMI-for-age at or above the 95th percentile.

Very low calorie diets, weight-loss medications, and surgery are rarely recommended for youth, and are only considered for some youth as a last resort. A child should not be placed on any type of weight loss program unless directed to do so by a physician.

## Spotting Eating Disorders

While attention to good nutrition is healthy, a preoccupation with body size and unhealthy eating behaviors can lead to life-threatening eating disorders. Eating disorders occur in both sexes (although they occur more commonly in girls) and in all socioeconomic and racial/ethnic groups. Children and adolescents with a negative body image are at a higher risk for develop-

ing eating disorders than youth with good self-esteem. There are two major types of eating disorders:

**Anorexia Nervosa**—Symptoms are refusal to maintain body weight, intense fear of gaining weight even though very thin, distorted image of body weight and shape, and denial of seriousness of low weight.

**Bulimia Nervosa**—Symptoms are recurrent episodes of bingeing on large quantities of food and a feeling of lack of control during the bingeing. This is usually followed by behaviors to compensate for bingeing such as inducing vomiting, using laxatives, fasting or excessive exercise. Bulimics often have a distorted view of their body weight and shape.

## Treating Eating Disorders

A health care professional can assess a child and determine if symptoms or concerns are a normal part of childhood or may be an indication of an eating disorder. As part of an assessment, it is recommended that doctors conduct a medical history, physical

exam, and in some cases lab tests. A nutrition assessment can also be helpful in diagnosing an eating disorder and usually involves keeping a food and activity diary for a set period of time. Health care professionals may speak to the parent and child

individually and will look for depression or other problems that might contribute to eating disorders. A health care professional, health care plan, and some employee assistance programs can help locate treatment services.

## Warning signs

- ▶▶ Distorted body image (thinking you are fat when you are very thin)
- ▶▶ Fear of becoming fat
- ▶▶ Extreme dissatisfaction with body
- ▶▶ Fasting and extreme diets
- ▶▶ Poor appetite
- ▶▶ Very low calorie intake or wide variation in calorie intake
- ▶▶ Difficulty eating in front of others
- ▶▶ Unexplained disappearance of large quantities of food
- ▶▶ Erratic meal patterns or skipping meals
- ▶▶ Unexplained weight change
- ▶▶ Gastrointestinal upsets
- ▶▶ Fainting or lightheadedness
- ▶▶ Overtraining for sports or compulsive attitude about physical activity
- ▶▶ Depressed mood
- ▶▶ In girls, irregular or absent menstrual periods
- ▶▶ Feeling pressure from others to be a certain shape or weight
- ▶▶ Perfectionist



**Gradual weight loss or weight maintenance will require a change in daily habits and the commitment of the whole family to eating healthy foods and increasing physical activity.**

### Moving Toward a Healthy Weight

If you want to make changes in your family's eating and activity habits and don't know where to start, a registered dietician may be able to help. Your doctor may be able to refer you or you can use the referral services of the American Dietetic Association at [www.eatright.org](http://www.eatright.org) or by calling 800-366-1655.

Even with the help of a professional, it is still up to you and your child to make the dozens of decisions every day about eating and activity that will make the difference between overweight or healthy weight. In many cases, it took a lifetime for things to get as they are today and changes will not happen overnight.

Effective weight-control programs are very personal and individualized. Food must nourish each person and exercise must fit into each person's day in order for good habits to last a lifetime. Professionals can help with information, support, cheerleading, and helping understand what feelings may be behind being overweight. But each person must do the day-to-day work necessary to reach healthy goals for themselves and their family.

There is no single right or wrong way to get started. Here are some common first steps. Start with the one that is right for you.

**Just thinking about it.** If you have hesitated to address a child's weight issue, just starting to think about it is the first step. Use the information from these fact sheets to help you get ready to take action.

**Getting ready for action.** If a child's weight has been a worry or concern, talk about it with someone you trust. Get their thoughts on how it affects the child.

A friend, child's teacher, health care professional, or employee assistance program can help you sort it out. List the pros and cons of taking action.

**Ready to make a change.** Schedule an appointment with a health care professional to assess the child's weight. Start today and use the information in these fact sheets to start to improve family eating and activity.

## Additional Reading

The following books are available for purchase in bookstores and many of them are available in public libraries.

**TRIM KIDS™: The Proven 12-Week Plan that Has Helped Thousands of Kids Achieve a Healthier Weight**, developed by the Louisiana State University Medical Center Department of Pediatrics. [www.trim-kids.com](http://www.trim-kids.com).

**The Stoplight Diet for Children: An Eight Week Program for Parents and Children**, by L.H. Epstein and S. Squires, Boston: Little, Brown and Company, 1988.

**How to Get Your Kids to Eat, but Not Too Much**, by Ellyn Satter, Palo Alto, CA, 1987.

**Child of Mine: Feeding with Love and Good Sense**, by Ellen Satter, 2000.

**The American Dietetic Association Guide to Healthy Eating for Kids: How Your Children Can Eat Smart from Five to Twelve**



The Business Group's tool kit, *Reducing Child and Adolescent Obesity*, is made possible by support from the Maternal and Child Health Bureau of the Health Resources and Services Administration, Health and Human Services. Read all of the fact sheets in this series to learn about the many ways overweight can be prevented and treated. The series is available at [www.businessgrouphealth.org/prevention/et\\_childobesity.cfm](http://www.businessgrouphealth.org/prevention/et_childobesity.cfm)