



A TEAM EFFORT TO TACKLE CHILDHOOD OBESITY

A NEW CLINIC AT UVA CHILDREN'S MEDICAL CENTER OFFERS CHILDREN A 6-MONTH INTENSIVE, INDIVIDUALIZED TREATMENT PROGRAM DESIGNED TO CHANGE UNHEALTHY HABITS AND ADDRESS OBESITY-RELATED CO-MORBIDITIES.

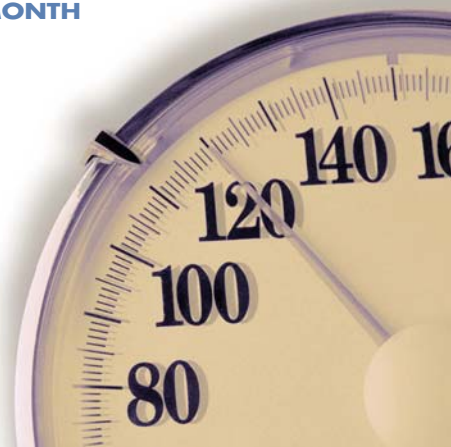


Childhood obesity surely presents serious health risks for U.S. children. In 1999, 13 percent to 14 percent of children ages 6 - 19 were overweight. More shocking, about 60 percent of America's obese children have co-morbidities, including insulin resistance,

abnormal lipids, sleep apnea and even adult-onset diabetes.

How can physicians help these children lose weight and lower their health risks? Adult data show that even with medical intervention, losing weight and keeping it off is tremendously difficult. It takes a lot of commitment, and people need a lot of help. That's why UVA Health System established its new Children's Fitness Clinic – a comprehensive, team-based approach to provide assessment and individualized, intensive treatment plans for obese children. Being overweight, says Milagros Huerta, M.D., clinic co-director, “is not a cosmetic problem, it's a health problem.”

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WHEN CHILDREN AND FAMILIES LEAVE THE CLINIC AFTER THE INITIAL ASSESSMENT AND FIRST APPOINTMENT, THEY WILL ALREADY HAVE THREE GOALS FOR NUTRITION CHANGES AND THREE GOALS FOR INCREASING PHYSICAL ACTIVITY AND DECREASING SEDENTARY ACTIVITY.

TEAM-BASED INTERVENTION

Childhood obesity is also a complex problem. Morbidly obese children need to make physical changes, but they also need to make psychological changes to ensure they don't grow up to be overweight adults. The key lies in identifying the problem early and then engaging both child and family in changing behaviors, contend Huerta and clinic co-director, John Barcia, M.D.

“Treatment is not complicated. Children need to be motivated to increase their level of physical activity, spend less time watching TV or video games, and eat better,” says Huerta. “But it is very difficult for primary care providers to offer such intervention during a 15-minute medical visit. What makes our clinic unique is that we offer a multidisciplinary team able to work closely with children and their families to establish behavioral changes and, through referrals



to our pediatric subspecialty clinics, we will be able to provide state-of-the-art evaluation and treatment for all childhood obesity co-morbidities.”

Huerta, who is a pediatric endocrinologist, and Barcia, a pediatric nephrologist, lead a team that includes exercise physiologists, a nutritionist, a child psychologist, a nurse practitioner and Marc Michalsky, M.D., surgical director of the clinic, who leads a group of surgeons qualified to perform bariatric surgery (gastric bypass) (see story, pg. A6).

PHYSICAL CHANGES

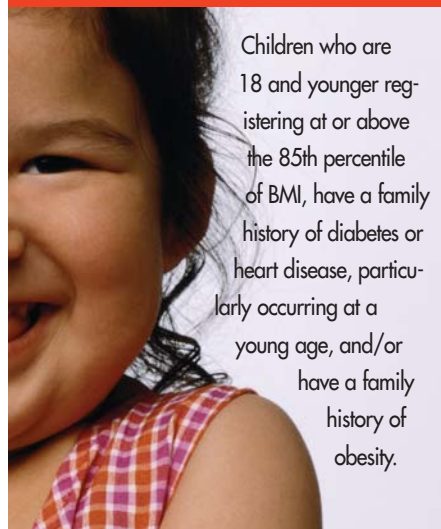
To address the physical aspect, all children entered into the program will be invited to take part in its six-month Intensive Lifestyle Modification Program. This consists of weekly individual and group sessions, including both counseling and exercise, held evenings at UVA’s Kluge Children’s Rehabilitation Center’s gym. In many cases, the goal will be to maintain current weight so that children can “grow into” their weight. Sessions are held once a week for two months and then every two weeks for four months. For children who live too far away, efforts will be made to find similar local programs augmented by regular phone or e-mail evaluations of progress.

MODIFYING BEHAVIOR

Psychological changes are effected through a behavior modification program set up by the clinic’s child psychologist. Everyone, including parents, works together to set very specific

◀ **Milagros Huerta, M.D., a pediatric endocrinologist, and John Barcia, M.D., a pediatric nephrologist, co-direct UVA’s new Children’s Fitness Clinic, which offers a comprehensive, team-based approach to provide assessment and individualized, intensive treatment plans for obese children.**

WHO SHOULD BE REFERRED TO THE CHILDREN’S FITNESS CLINIC?



Children who are 18 and younger registering at or above the 85th percentile of BMI, have a family history of diabetes or heart disease, particularly occurring at a young age, and/or have a family history of obesity.

goals, but the impetus has to come from the child. “We want the child to tell us which goals they want to set,” says Huerta. “We teach parents the principles of behavior modification and they set up a rewards system. At the beginning of this, the child needs encouragement from the parents, so positive reinforcement is an important component.”

When children and families leave the clinic after the initial assessment and first appointment, they will already have three goals for nutrition changes and three goals for increasing physical activity and decreasing sedentary activity. Each child will have a calendar to track their daily goals. For example, trying skim milk with meals or walking to school.

WHO TO REFER?

The U.S. Centers for Disease Control and Prevention recommend that pediatricians and family physicians monitor children’s Body Mass Index (BMI) at each visit. Intervention should start as soon as children have a BMI at

or above the 85th percentile for age and gender.

The clinic accepts children of all ages. Other factors to consider include family history of diabetes or heart disease, particularly if it occurs at a young age. Family history of obesity is also important. “About 75 percent of overweight children have overweight parents,” says Barcia. “It’s our hope that if you educate the kids, the parents will get the message and seek help for themselves. We have the resources to offer them through the Health System.”

While there is a limited amount of research on similar programs for children, adult research shows that a relatively small weight loss can have great health benefits. In a multi-center study of adults with impaired glucose tolerance sponsored by the National Institutes of Health, a 7 percent weight loss achieved in an intensive lifestyle modification program led to a 60 percent prevention of type 2 diabetes.

INITIAL VISIT AND FOLLOW UP

The initial visit for child and parents lasts about 2 1/2 hours. Children will be evaluated by the whole team and will have exercise stress tests. If children have co-morbidities related to obesity, they will be referred to the appropriate sub-specialists. During this visit, the team will work with children and their parents to establish specific goals for nutrition and behavior changes and increasing physical activity. In addition to the Lifestyle Modification Program, children will be seen at the clinic for monthly follow-up visits.

The team will send progress reports to the family’s primary care physician. The reports will focus on behavior change rather than weight so that when physicians see children, they will know what behaviors to reinforce.

To refer children to the Children’s Fitness Clinic, call 434-982-1607.