Obesity Management in Children

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Disclosure of Financial Relationships

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Disclosure:
I have no relationships with entities producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients relative to this presentations.

Off-label use of medication will be discussed

Prevalence of Childhood Obesity in the United States, 2011-2012

- Childhood obesity prevalence remains high.
- Overall, obesity among our nation’s young people, aged 2 to 19 years, has not changed significantly since 2003-2004 and remains at about 17 percent.
- However among 2-5 years old, obesity has declined based on CDC’s National Health and Nutrition Examination Survey (NHANES) data.
- Approximately 17% (or 12.7 million) of children and adolescents aged 2—19 years had obesity.
- The prevalence of obesity among children aged 2 to 5 years decreased significantly from 13.9% in 2003-2004 to 8.4% in 2011-2012.

http://www.cdc.gov/obesity/data/childhood.html
Examining the Effect of Three Low-Intensity Pediatric Obesity Interventions: A Pilot Randomized Controlled Trial

- Each family continued to receive usual care (eg, well child visits, sick visits) from the child’s pediatrician.
- Newsletter (N): Mailed 6 monthly educational newsletters on nutrition and leisure-time activity topics.
- Growth Monitoring (GM): Monitored and received feedback monthly about their child’s growth over 6 months.
- Family-Based Behavioral Counseling Condition (BC): Counseling the caretaker using behavioral strategies to aid with changing 2 dietary (SSBs and FVs) and 2 leisure-time (MVPA and TV) behaviors of the caretaker and child.


Child participants
- Age: 8.0 ± 1.8 years
- Female: 68.2%
- White: 72.7%
- Caretakers
- Age: 38.8 ± 8.3 years
- College degree: 35.1%
- Annual income > $50,000: 54.8%


There was no significant difference in height, weight, or z-BMI, between conditions at baseline.

There was a significant, \( F(1, 19) = 5.092, P < .05 \), main effect of time for z-BMI, with z-BMI decreasing over time.

Effect sizes for change in z-BMI from baseline to 6 months:
- N = 0.12,
- N + GM = 0.26,
- N + GM + BC = 0.34.


Send Request for Obesity Tool Kit to Jennifer Yee: JYee@LABiomed.org

Pediatric Obesity: Clinical Decision Tools*

1. General Obesity Management
2. Blood Pressure
3. Lipids – with addendum 3a
4. Liver Function Tests
5. Diabetes Screening
6. Polycystic Ovary Syndrome
7. Mental Health – with addendum handouts
Medical Therapy for Weight Management

- **Metformin:** 10-18 y.o. for DM2 only (Adult for DM2 & PCOS)
- **Orlistat:** >12 y.o. for Obesity
  120 mg PO TID w/ meals (give during or <1hr after meals containing fat; omit dose if meal is non-fat or missed meal)
- **Sibutramine:** Withdrawn from US Market in 2010
- **Stimulant:**
  - Phentermine: (Cheapest one in the US) >16 y.o. for Obesity, Short-Term Rx
  - Diethylpropion: >16 y.o. for Obesity, Short-Term Rx
  - Benzphetamine: >12 y.o. for Obesity, Short-Term Rx
  - Methamphetamine: >12 y.o. for Obesity, Short-Term Rx (5 mg TID 30 min AC)
- **Topiramate:** >2 y.o. for Seizures only (Adult for Seizures & Migraine HA prophylaxis)
- **Phentermine/Topiramate ER (Qsymia):** (Adult for Obesity, Long-term Rx)
- **Lorcaserin (Belviq):** Selective Serotonin Agonist (Adult for Obesity, Long-term Rx)
- **GLP-1 Agonist:** (Adult for DM2)
  Exenatide (Byetta, Bydureon)
  Liraglutide (Victoza)