Pediatric Weight Concerns:
Helping Without Harming

SoCal NUTRITION & WELLNESS by JANICE DADA MPH, RDN

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Disclosures

Nothing to disclose

Objectives

At the end of this presentation, attendees will be able to:

- 1) use language that decreases weight stigma in the pediatric patient and parent,
- 2) screen for disordered eating behaviors,
- 3) apply the weight science research to their patient population, and…
- 4) effectively communicate evidence-based recommendations to parents who have weight concerns.

Background

- Origins of the “BMI”
- 1998 - NIH Panel changes BMI Cutoffs
- 2013: AMA labels “obesity” as a disease (a change opposed by it’s own Council on Science and Public Health)
- The birth of the “war on obesity”

Definitions

- **Weight Stigma:**

  Puhl and colleagues define weight stigma as “negative weight-related attitudes and beliefs that manifest as stereotypes, rejection, prejudice, and discrimination toward individuals of higher weights.” Tomiyama and colleagues define it as “the social rejection and devaluation that accrue to those who do not comply with prevailing social norms of adequate body weight and shape.”

- **Weight Normative Care:** focuses on weight and weight loss as indicators of health and well-being.

- **Weight Inclusive Care:** weight-inclusive care emphasizes non–weight-based markers of health and well-being and doesn’t use body weight as the focal point of treatment or intervention.

Assessment

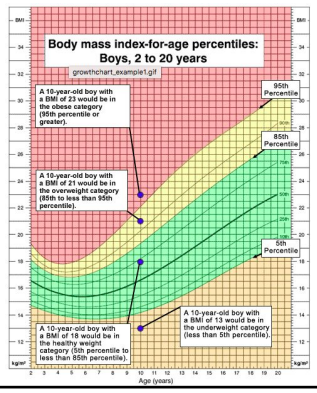
- Growth Records:
  - WHO Growth Curves Age 0 to 24 months
  - CDC Growth Curves Age 2 to 20
  - Z-scores if necessary
- Medical Records
- Parental Interview:
  - -Feeding/eating Dynamics(Video if possible)
  - -Developmental, psychosocial assessment

Two Types of Growth Charts

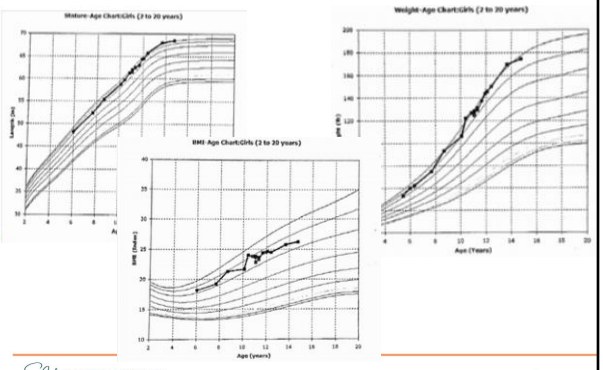
- WHO Growth Standards (2006):
  - represent growth standards that describe how healthy infants and young children should grow under optimal environmental and health conditions.
  - used for ages 0 to 2
- CDC Growth Reference (2000):
  - describes the growth of children in the United States using data collected from 1963 -1994
  - used for ages 2 to 20

Growth Charts

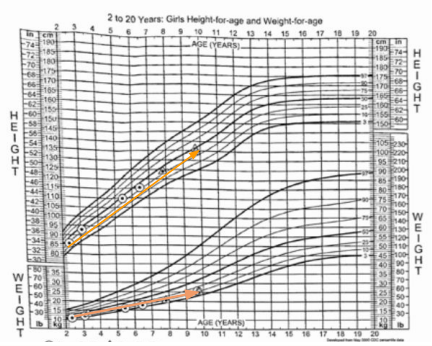
BMI for age: CDC's weight normative perspective



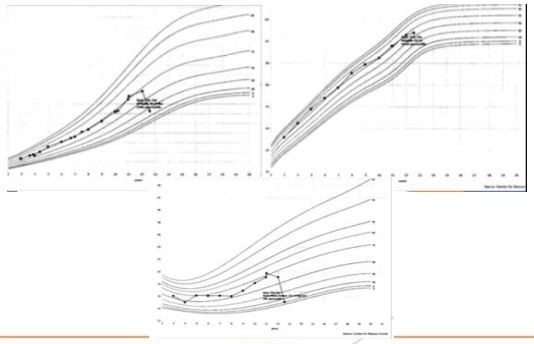
Typical Growth – High Tracking



Typical Growth – Low Tracking



Negative Dysregulation

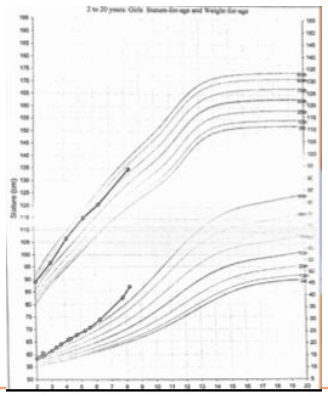


BMI-for-age

Possible Causes of Negative Dysregulation (falling off the curve)

- Eating disorder/inadequate intake
- Endocrine – thyroid, growth hormone, Type 1 DM
- Significant change in activity level
- Autoimmune
- GI Illness – celiac, IBD, IBS
- food insecurity

Weight for Age Acceleration

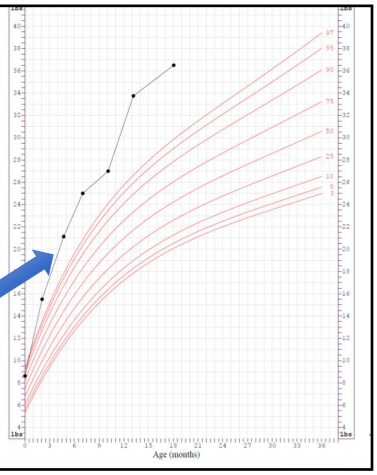


Possible Causes of Weight Acceleration

- Emotional/psych factors affecting intake
- Restrictive Feeding (physiological, psychological)
- Restrictive Eating
- Eating Disorder
- Endocrine
- Medication Side Effect
- Significant Change in Activity Level (increase or decrease)
- Illness – tumor, nephrology

Regardless of the cause, attempts to try and "control" weight cause harm in a variety of ways

Uncalibrated area – must use Z scores to accurately assess



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Z Scores

Percentile	Z
1st	-2.326
2.5th	-1.960
5th	-1.645
10th	-1.282
25th	-0.675
50th	0
75th	0.675
90th	1.282
95th	1.645
97.5th	1.960
99th	2.326

Z Score using PediTools

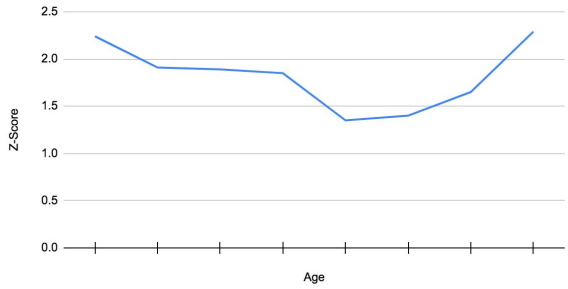
https://peditools.org/growthpedi/index.php

Z Score Case Example

AGE (years)	HEIGHT (inches)	PERCENTILE	Z-SCORE	WEIGHT (lbs)	PERCENTILE	Z-SCORE
2	36.5"	99%	2.24	29.6 lbs	84%	0.98
3	40"	97%	1.91	36lbs	90%	1.28
4	43"	97.00%	1.89	43lbs	92.00%	1.42
5	46"	97.00%	1.85	49.1lbs	91.00%	1.35
6	48"	91.00%	1.35	59.2lbs	94.00%	1.59
7	51"	92.00%	1.4	75.4lbs	98.00%	2.01
7.5				91lbs	99.00%	2.32
8	55"	95.00%	1.65	101.2lbs	99.00%	2.34
8.5				110.1 lbs	99.00%	2.4
9	59"	99.00%	2.29	116 lbs	99.00%	2.3

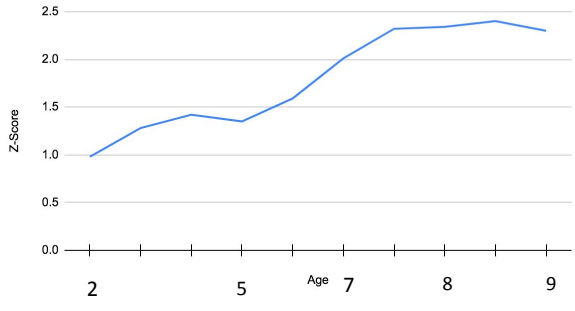
Height for Age Z-Score

age 2 to 9



Weight for Age Z Score

age 2 to 9



But what about *health*?

In adults, high BMI has been shown to be *associated* with poor health but not to cause poor health, as only experimental designs can demonstrate causality. Links between BMI and health may be attributed to other factors such as exercise, dietary pattern, insulin resistance, social determinants of health, and weight stigma.

Factors that influence Body Size that have nothing to do with food:

- Genetics
- Mother dieting during pregnancy
- Personal Dieting History
- Stress
- Food security
- Sleep
- Virus?
- Gut Bacteria
- Pollution

Source: Health at Every Size by Lindo Bacon, PhD

Focusing on Weight Causes Harm

- 3 yr study on nearly 2,000 teens found that dieting is the most important predictor of new eating disorders *(Patton, et al. 1999)*
- 35% of dieters will progress into disordered eating and 30-45% into a full eating disorder *(Shisslak & Crago, 1995)*
- Eating Disorders DOUBLED from 2000-2006 to 2013-2018 *(Galmiche et al, 2019)*
- "It is unethical to continue to prescribe weight loss to patients and communities as pathways to health, knowing the associated outcomes…are connected to further stigmatization, poor health, and well being" (*Tylka, T. et al 2014)*
- "One of the strongest predictors of weight gain is dieting, regardless of the actual body weight of the dieter" *(O'Hara & Taylor, 2018)*

Concerns over higher weights – why?

- Cultural Fatphobia
- Concern Trolling
- Misplaced understanding of root causes
- BMI's faulty history

Restriction → Food Preoccupation

Health at Every Size ® Principles

WEIGHT INCLUSIVITY

Accept and respect the inherent diversity of body shapes and sizes and reject the idealizing or pathologizing of specific weights.

HEALTH ENHANCEMENT

Support health policies that improve and equalize access to information and services, and personal practices that improve human well-being, including attention to individual physical, economic, social, spiritual, emotional and other needs.

EATING FOR WELL-BEING

Promote flexible, individualized eating based on hunger, satiety, nutritional needs, and pleasure, rather than any externally regulated eating plan focused on weight control.

RESPECTFUL CARE

Acknowledge our biases, and work to end weight discrimination, weight stigma, and weight bias. Provide information and services from an understanding that socio-economic status, race, gender, sexual orientation, age, and other identities impact weight stigma, and support environments that address these inequities.

LIFE-ENHANCING MOVEMENT

Support physical activities that allow people of all sizes, abilities, and interests to engage in enjoyable movement, to the degree that they choose.

https://asdah.org/health-at-every-size-haes-approach/

Division of Responsibility

Ellyn Satter, MS, RD, LCSW

Parent/Caregiver Role:

- What
- When
- Where

Child's Role:

- How Much
- Whether

Weight Inclusive Care

- Ethical, Harm reduction practice
- One of the 5 core principles of HAES®
- DOR, Intuitive Eating, Responsive Feeding
- Does not emphasize intentional weight loss
- Recognizes natural body diversity
- Focuses on behaviors, not weight. Weight is not a behavior.

Check your bias: would you be concerned about the observed eating behaviors in a thin child? If not, then this is weight bias.

What's a Parent to Do?

✔Family meals, when possible, focused on togetherness, not the amount or type of food eaten. Reduce pressure.
✔Have all types of food available to prevent a deprivation mindset - that means fruits and veggies AND cookies and chips.
✔Teach kids about body diversity.
✔Model balance, variety and moderation - eat ice cream AND salads with your child.
✔Do your own work to address weight bias.

Help Parents Develop Supportive Language

Mealtime experience	Supportive language
Child eats a few bites and says "all done!"	"Our next meal will be tomorrow morning. Did you get enough in your tummy to last until then?"
Kiddo eats more than you expect	"You must have been hungry tonight."
Kids say "Yuck! I hate broccoli!"	"You aren't used to broccoli yet. You don't have to eat it, but you do need to use your manners at the table."
Visiting family member tells child to eat all of his chicken if he wants to be big and strong	"At our house we listen to our tummies so that we will grow to be the size we're meant to be."

Help Parents Develop Supportive Language

Negative	Positive
Junk Food	Fun Food
Unhealthy	Energizing
Fattening	Delicious
Bad	Tasty
Toxic	Satisfying
Bloating	Full
Too much ____	Comforting
Clean	Nutritious

Help Parents Develop Supportive Language

Situation	Possible Responses
Child says "I'm Fat"	Oh, you're noticing fat. Fat is such an important part of your body. Fat helps you stay warm, cushions you from falls and keeps your body working like it's supposed to, such as making hormones to help you grow and develop. Some people have more body fat than others.
Child says "You're Fat"	You're noticing my body. I do have fat on my body and there's nothing wrong with fat. Doesn't it feel good to give me a nice, soft hug?
Child calls someone Fat	Bodies come in all shapes and sizes. While all bodies are good, it's best not to comment on other people's bodies. Can you tell me something else you notice about that person?
Auntie bashes her body in front of your child	Auntie, we love you just the way you are. Let's all speak nicely about bodies in this house, esp. since little ears are listening.

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Case 1: Restriction and Attempts at Intentional Weight Loss Turned ED

- Larger Body, similar to parents (both had bariatric sx)
- Was portion restricted
- Started sneaking food at age 7 bc 2nd portions weren't allowed
- Comments about her body and food intake all her life
- Binge and restrict since before age 10. Parents got her a trainer who told her what to eat and exercised 5 x/week for 3 years starting age 10

Concerns over lower weights

Pressure Makes Eating Worse, Not Better

Case 2: Small Child with Pressured Eating

- Parents were still feeding child a baby bottle with milk at age 5 (this was a typically developing child)
- Meals would take hours
- Dad would feed the 5 yo for hours
- They were concerned about what she would do at Kindergarten
- No sensory or developmental issues present

Case 3: Diet Turned ED

Timeline:

- d/o eating large part of life - restriction began at 18 mo old and then started low GI diet age 9 with dad
- extreme restriction started Sept. 2020
- admitted in Jan. for 16 days.
- ED IOP for 37 days
- MH residential 38 days
- MH PHP & IOP
- ED PHP IOP

Screening for ED

Screen for these signs and symptoms:

- Significant weight gain or loss, or failure to gain weight/height according to growth pattern
- Electrolyte abnormalities, including low potassium and high blood alkaline levels
- Low blood pressure or orthostatic BP or heart rate
- Low body temperature
- A slow or irregular heartbeat
- Amenorrhea
- Cold intolerance
- Complaints of nausea, stomachaches, bloating, or constipation
- Complaints of dizziness, weakness, or fatigue
- Swollen salivary glands
- Dry, pale skin
- Fine hair growth on body and thinning hair on head
- Brittle nails and blue nail beds
- new exclusion of food groups, such as suddenly wanting to be vegetarian or vegan
- a new interest in "healthy eating"
- hiding food, eating in secret
- excessive exercise

Communicating to Parents with Weight Concerns

- This is tough!
- Use growth charts and z-scores to describe trends and expectations
- Highlight puberty expectations for body change
- Help them understand and implement DOR and pressure-free eating environments
- Encourage them to do their own work and learning by recommending books, podcasts, other professionals
- Remind them about the vital importance that a sense of belonging brings. Kids should always feel that they belong at home, with their family.

Recommended Resources

> The family meal is healthier than kale
>
> -Leslie Bloch, LCSW-R
> Full Bloom Podcast

- Supervision
- Books for Clinicians & Parents:
  - *How to Raise an Intuitive Eater*
  - *Raising Body Positive Teens*
  - *Intuitive Eating, 4th Edition*
  - *IE Workbook, IE Workbook for Teens*
  - *Helping Your Child with Extreme Picky Eating by Rowell & McGlothlin*
  - *Conquer Picky Eating for teens and adults by Rowell & McGlothlin*
  - *Born to Eat by Schilling & Peterson*
  - NY Times Article: "Leave Fat Kids Alone" by Aubrey Gordon
    https://www.nytimes.com/2020/11/13/opinion/sunday/childhood-obesity-health.html
- Podcasts for Clinicians & Parents:
  - Sunny Side Up Nutrition
  - Burnt Toast; Comfort Food
  - The Full Bloom Podcast

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Books for Kids

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