

HEALTH BEHAVIORS & ATTITUDES

Assess Physical Activity & Nutrition Behaviors in ALL Patients

- Have patient/family complete the PA-N Form prior to meeting with the clinician.
- Review the “current activity” column of the PA-N Form and compare to the “Healthy Kid Recommendations” (adjacent panel).
- Reinforce healthy behaviors by providing positive feedback. “*You are doing a great job eating breakfast everyday.*”
- Provide neutral feedback for behaviors which are NOT optimal. “*Your child watches 4 hours of TV after school. What do you think about that?*”



Assess Attitudes & Motivation

- Using the readiness scale at the bottom of the PA-N Form, assess patient’s readiness for change.
- If the patient/parent is not ready (3 or below), give feedback: “*Sounds like you aren’t quite ready to make any changes now. We will follow up at your child’s next visit.*” OR “*Although you aren’t ready to make changes today, you might want to think about your child’s weight gain and the importance of lowering his diabetes risk.*”
- If the patient/parent is ready to change (4 or above), advance to Goal Setting.



Goal Setting Using the PA-N Form

- Determine, along with parent/patient, ONE specific, and no more than TWO, goal(s). “*Which one of these habits would you like to work on?*”
- Set goal change no more than 20-50% from current activity (i.e., if currently drinking two sweetened beverages per day, goal would be one per day).
- Engage the parent/entire family to join in on the new behavior. “*Healthy behaviors are a family, team effort and everyone at home should help each other make healthy choices everyday.*”
- Encourage patient to track the progress of their goal using the Goal Tracker section on the PA-N Form.
- Turn the form over and circle the age-appropriate activity and nutrition recommendations.
- Sign the contractual signature box along with the patient to affirm your commitment.

HEALTHY KID RECOMMENDATIONS

Youth Physical Activity & Nutrition (PA-N) Assessment Form

Set 1-2 goals: no more than 20-50% from current

| | Physical Activity | Activity Goal |
|------|--|--|
| MORE | 1. Daily Physical Activity Moderate - vigorous intensity Ex: active play, jumping, biking, brisk walking, running, sports | 1. 60 min/day 7 days/wk |
| | 2. High-Intensity Activity* Activities that cause fast breathing and sweating | 2. 3 days/wk |
| | 3. Strengthening Activity* Bone & muscle strengthening Ex: jumping, climbing, lifting | 3. 3 days/wk |
| LESS | 4. Screen Time (outside for the school day) Ex: TV, video games, computer | 4. 0-2 hrs./day |

| | Nutrition | Nutrition Goal |
|------|--|--|
| MORE | 1. Breakfast Eating within 2 hours of waking | 1. 7 days/wk |
| | 2. Fruits & Veggies fresh, canned, dried frozen 1 cup = 1 lg. potato or orange 1/2 cup = 4 strawberries, 6 baby carrots, beans (whole or refried) | 2. Fruits 1-2 cups per Circle: <u>Day</u> or Week Veggies 1-3 cups per Circle: <u>Day</u> or Week |
| | 3. Milk or Milk Products Ex: 1 cup = 8 oz milk, yogurt or 2 slices of cheese (1 1/2 oz) | 3. 2-3 cups/day |
| | 4. Whole Grains Whole grain cereal, oatmeal, whole wheat bread, brown rice | 4. 2-3 times/day |
| LESS | 5. High Fat & Sugary Foods “Junk foods” - chips, candy, fried foods, ice cream | 5. 0-1 times/day |
| | 6. Sugar-Sweetened Drinks Regular soda, lemonade, fruit punch, non-100% juice | 6. 0-1 times/day |
| | 7. Eating Out Meals out of home or school | 7. 0-2 days/wk |

*For patients age 6 and older

Foster Healthy Weight in Youth

- Assess
- Prevent
- Treat

Nebraska’s Clinical Childhood Obesity Model

ASSESS

STEP 1 ■ Chart BMI % for Age in All Patients ages 2 to 18

- Calculate BMI and plot % on age/gender specific growth charts
- Determine weight category (table 1)

STEP 2 ■ Clinical Evaluation

- Document use of medications associated with weight gain (steroids, antipsychotics, antiepileptics)
- Screen family history (table 2)
- BP, ROS and physical exam for comorbidities (table 3), order laboratory tests (table 4)

STEP 3 ■ Health Behaviors and Attitudes

- Request patient/parent to complete the “current activity” column of the Youth PA-N Form
- See “Health Behaviors and Attitudes” Section
- Refer to “Healthy Kid Recommendations”

STEP 4 ■ Follow Prevention and Treatment Algorithm

- Determine Plan of Action

TABLE 1

Weight Category by BMI Percentile

| BMI Percentile | Weight Category |
|---|---------------------------|
| <5 th % | Underweight |
| 5 th to <85 th % | Healthy weight |
| 85 th to <95 th % | Overweight |
| 95 th to <99 th % | Obese |
| ≥99 th % | Obese with increased risk |

TABLE 2

Family History Screening

1st and 2nd degree relatives

- Obesity
- Type 2 Diabetes
- Hypertension
- Hyperlipidemia
- Heart Disease
- Early Cardiovascular Deaths
- Strokes

TABLE 3
Symptoms and Signs of Comorbidities

| Symptoms or Signs | Suspected Diagnosis |
|---|---|
| Elevated blood pressure | HTN (Hypertension) |
| Polydipsia, polyuria, weight loss, acanthosis nigricans | Type 2 Diabetes |
| Small stature (decreasing height velocity), goiter | Hypothyroidism |
| Small stature (decreasing height velocity), purple striae, Cushingoid facies | Cushings' Syndrome |
| Hirsutism, excessive acne, menstrual irregularity | Polycystic Ovary Syndrome |
| Abdominal pain | GE Reflux, Constipation, Gall Bladder Disease |
| Hepatomegaly, increased LFTs | Nonalcoholic Fatty Liver Disease |
| Snoring, daytime somnolence, tonsillar hypertrophy, enuresis, headaches, elevated BP | Sleep Apnea, Hypoventilation Syndrome |
| Hip or knee pain, limp, limited hip range of motion, pain walking | Slipped Capital Femoral Epiphysis |
| Lower leg bowing | Blount Disease |
| Severe headache, papilledema | Pseudotumor Cerebri |
| Depression, school avoidance, social isolation, sleep disturbance | Depression |
| Binge eating, vomiting | Bulimia |
| Dysmorphic features, small hands and feet, small genitalia, no menses, undescended testes | Prader-Willi Syndrome |

TABLE 4
Laboratory Evaluation Recommendations

| BMI Percentile | Laboratory Study |
|--|---|
| 85 th to 94 th % | Fasting Lipid Profile If other risk factors*- Fasting Glucose, ALT, AST every 2 years |
| ≥95 th % | Fasting Lipid Profile, Fasting Glucose, ALT, AST every 2 years Other tests indicated by history and physical |

*Risk factors: family history of type 2 diabetes, high cholesterol, hypertension, heart disease, stroke, early cardiovascular death, or patient with hypertension, h/o hyperlipidemia, tobacco use.

PREVENTION AND TREATMENT ALGORITHM

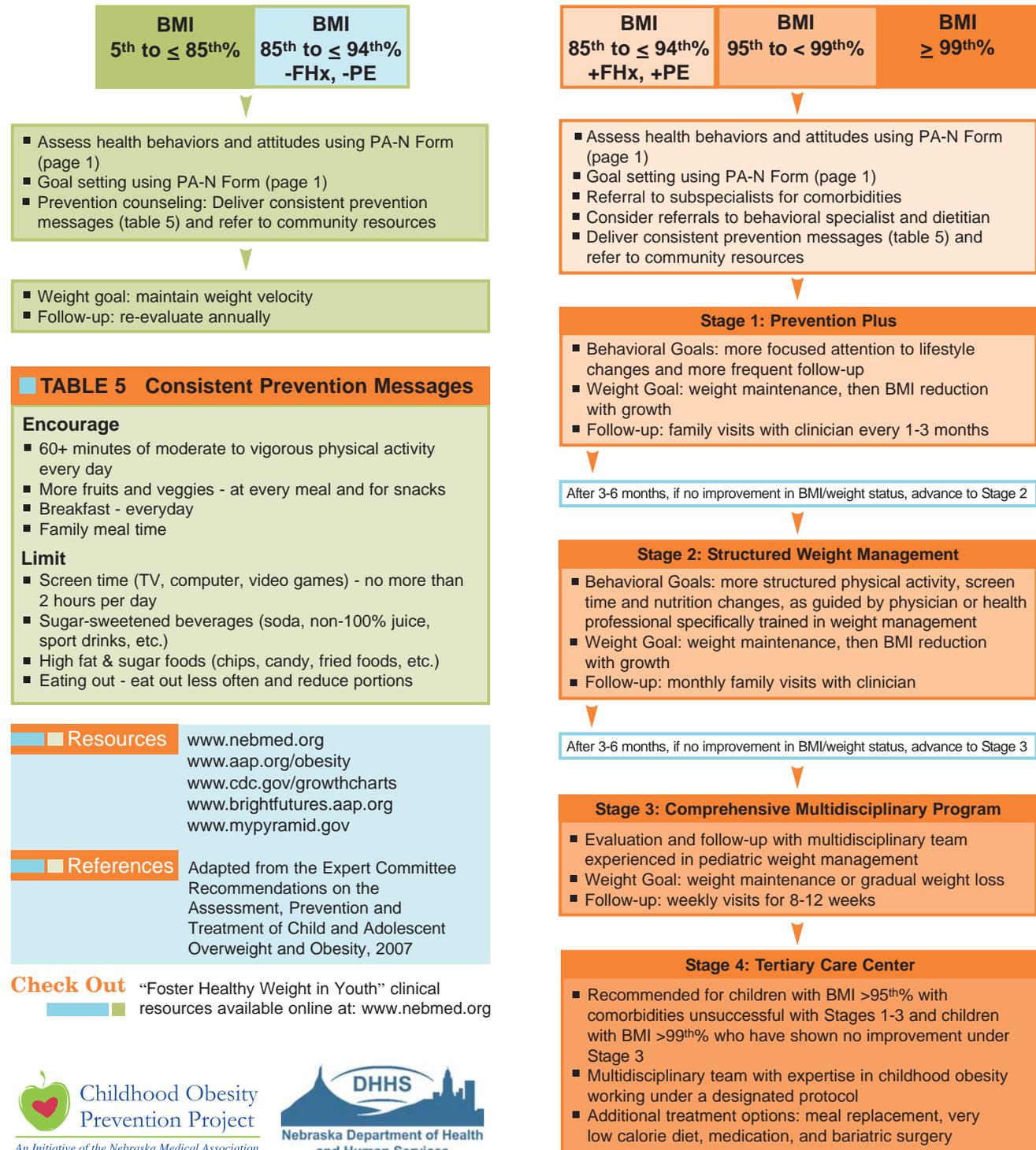


TABLE 5 Consistent Prevention Messages

- Encourage**
- 60+ minutes of moderate to vigorous physical activity every day
 - More fruits and veggies - at every meal and for snacks
 - Breakfast - everyday
 - Family meal time
- Limit**
- Screen time (TV, computer, video games) - no more than 2 hours per day
 - Sugar-sweetened beverages (soda, non-100% juice, sport drinks, etc.)
 - High fat & sugar foods (chips, candy, fried foods, etc.)
 - Eating out - eat out less often and reduce portions

Resources www.nebmed.org
www.aap.org/obesity
www.cdc.gov/growthcharts
www.brightfutures.aap.org
www.mypyramid.gov

References Adapted from the Expert Committee Recommendations on the Assessment, Prevention and Treatment of Child and Adolescent Overweight and Obesity, 2007

Check Out "Foster Healthy Weight in Youth" clinical resources available online at: www.nebmed.org

