American Academy of Pediatrics Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents with Obesity: What we can learn versus what we can apply in clinical practice.

Carole Wehbe Chidiac, MD

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Abstract

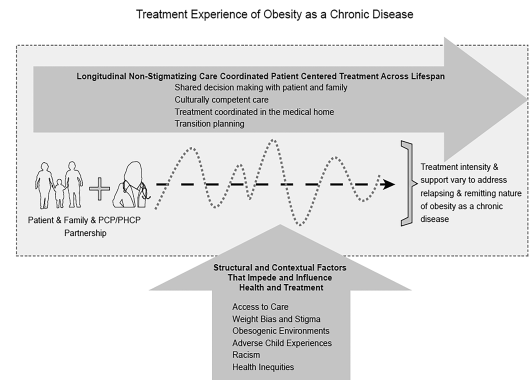
The American Academy of Pediatrics released its first guideline for the evaluation and treatment of children and adolescents with obesity, which was negatively received by eating disorders experts and anti weight stigma activists around the world.

A large section was dedicated to the complexity of the problem at hand, from the multifactorial causes, to the long list of obstacles to treatment including the significant harm caused by weight stigma in healthcare.

The main proposed management, Intensive Health Behavior and Lifestyle Treatment seemed inclusive of multifaceted components needed by kids and their families, unfortunately the feasibility, availability and affordability of such treatment are very problematic.

On the other hand, the benefit-harm assessment used was quite confusing especially when it comes to eating disorders risk, and the evidence used to back up the strategies proposed was very weak.

While we can learn a lot from AAP clinical practice guideline for the evaluation and treatment of children and adolescents with Obesity, there is very little we can apply in clinical practice because of lack in resources and risk of doing harm



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What we can learn

1. Most causes of abnormal weight gain are not linked to individual choices (adversity, food insecurity, unsafe environment, politics&policies, mental health disorders, lack of social support, medications, discrimination, fatphobia and weight stigma especially in healthcare…)
2. The assessment needs to be comprehensive and thorough and should be started only after taking child/ parents permission, starting with BMI calculation
3. The treatment IHBLT is intensive, multidisciplinary, non judgmental, kid and family centered and life long
4. We need intensive training and patients need to find/ afford IHLBLT
5. There are no long term studies backing AAP recommendations

What's confusing

The benefit _harm assessment.

Examples:

1. As per AAP, BMI is an easy to use tool to identify obesity but has false negatives and false positives, its interpretation might be challenging and it may contribute to weight stigma in health care, nevertheless, the benefits of calculating it and using it outweigh any harm???

2. AAP finds IHBLT doesn't increase risk of eating disorders since it focuses on general wellbeing and improving self-esteem/ body image, and based on a review with the following conclusion: "further research is needed to better understand the relationship between dieting and eating disorders risk in the context of obesity treatment for children and adolescents"

What we can apply

1. Acknowledging our weight bias and working on it
2. Stop recommending weight loss before a thorough physical. emotional, social, financial… assessment
3. Stop making assumptions
4. Stop discussing weight before taking a permission from kids, teens and family
5. Getting trained in non judgmental approaches
6. Building teams with trained nutritionists and psychologists to help children who are suffering feel better and not necessarily lose weight
7. Empathy and Humility
8. First do no harm