AAP OBESITY CLINICAL PRACTICE GUIDELINES 2023

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Disclosures

- Currax Pharmaceuticals- Speaker
- Nestle Nutrition- Co-Medical Director
- Pri-Med CME- Speaker
- Gelesis – Advisory Board Member

Objectives:

Describe and illustrate person-first language

High level overview of the new AAP Obesity Guideline (2023)

Obesity Terminology

“People-first” language recognizes the potential hazards of referring to or labeling individuals by their disease. Thus, **“patient who has pre-obesity or obesity”** or **“patient with overweight or obesity”** are preferred over “obese patient.” This is similar to the standard with other diseases, such as cancer, wherein “patient with cancer” is preferred over “cancerous patient.”

Encouraged Terms

- Weight
- Excess weight
- Unhealthy weight
- Overweight
- Body mass index
- Affected by obesity

Discouraged Terms

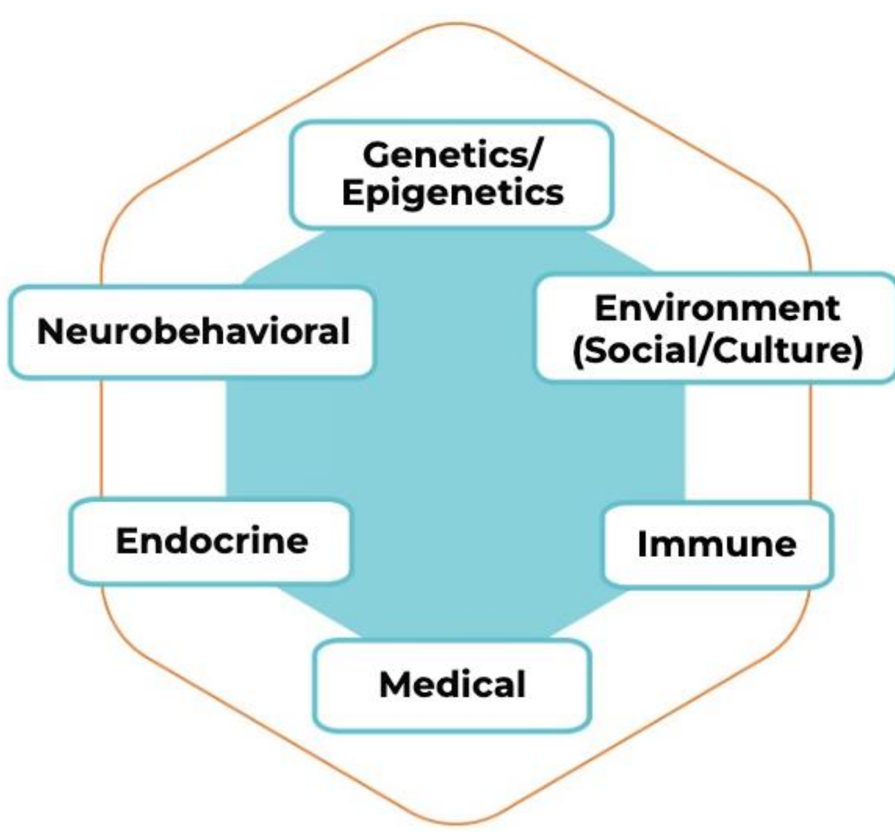
- Morbidly obese
- Obese
- Fat
- Heaviness
- Large size

The Obesity Medicine Association's Definition of Obesity

"Obesity is defined as a chronic, progressive, relapsing, and treatable multi-factorial, neurobehavioral disease, wherein an increase in body fat promotes adipose tissue dysfunction and abnormal fat mass physical forces, resulting in adverse metabolic, biomechanical, and psychosocial health consequences."

DEFINING OBESITY- OMA

Obesity is a Multifactorial Disease



Since Last Guidelines… AMA 2013

- Obesity is a disease state with multiple pathophysiological aspects requiring a range of interventions to advance obesity treatment and prevention

Clinical Practice Guideline(CPG) Feb 2023

CLINICAL PRACTICE GUIDELINE Guidance for the Clinician in Rendering Pediatric Care

Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents With Obesity

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Introduction

Obesity is a common, complex, and often persistent chronic disease associated with serious health and social consequences

14.4 million children and adolescents are affected

It has been **stigmatized** as a reversible consequence of personal choices but has, in reality, complex genetic, physiologic, socioeconomic, and environmental contributors

Goal of the CPG: inform pediatricians and other PHCPs, about the standard of care for evaluating and treating children with overweight and obesity and related comorbidities

Pediatrics vol 151, Number 2, Feb 2023;e202206041

CPG Summary

13 Key Action Statements (KAS)

11 Consensus Recommendations

4 Implementation Consensus Recommendations

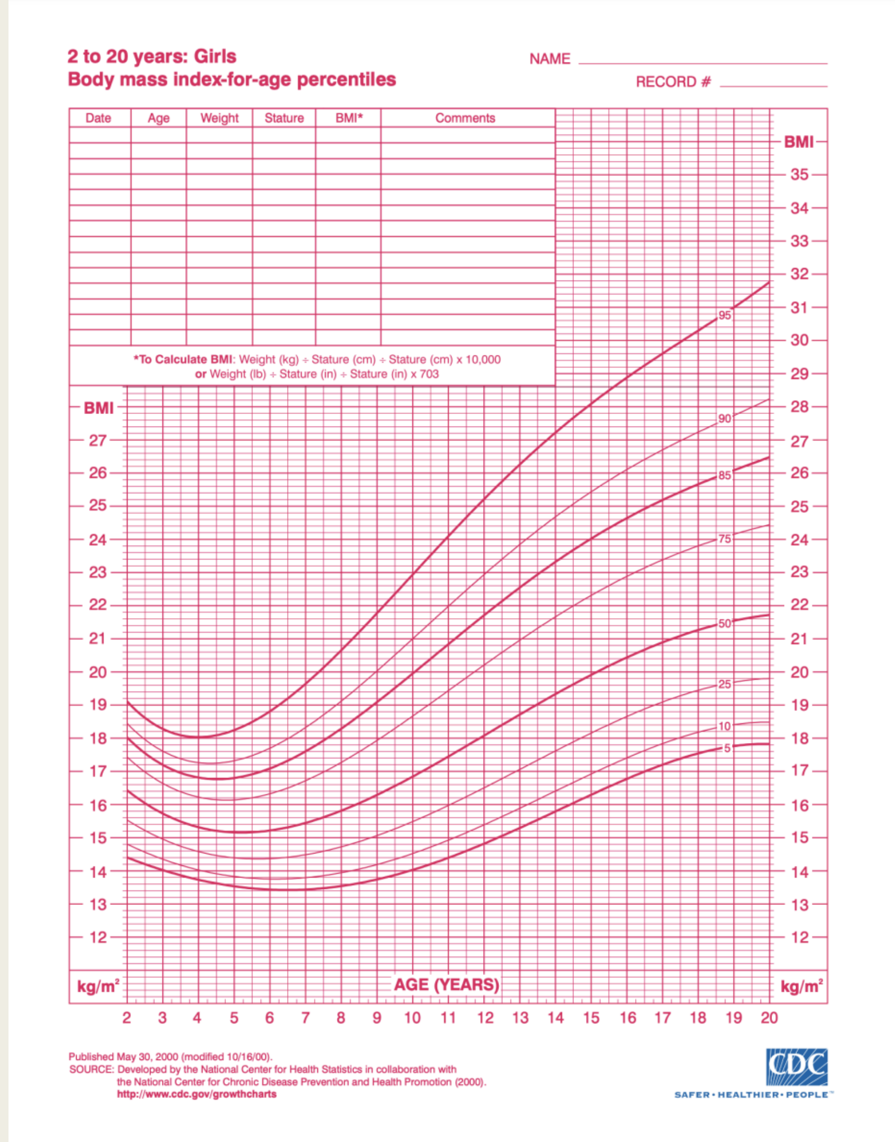
Focus:

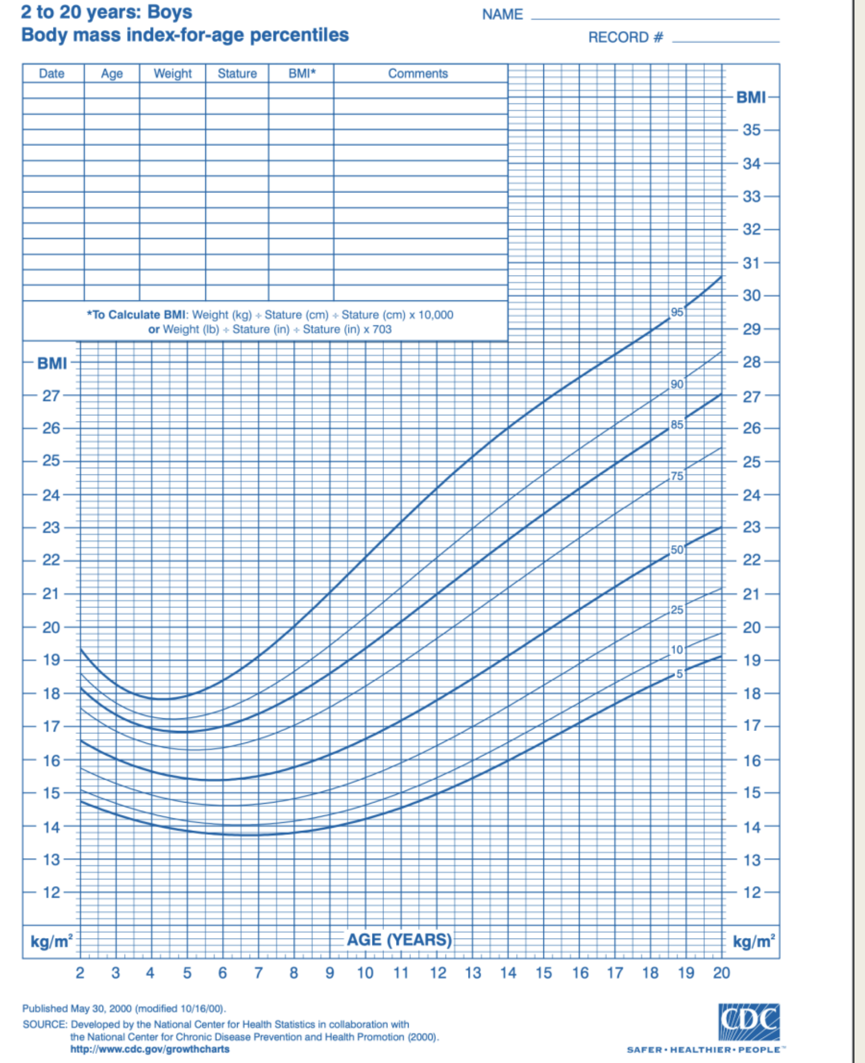
- Assessment and Evaluation
- Comorbidity Diagnosis
- Evidence Based Treatment Options

What it is not:

- Not for children younger than 2
- Doesn't discuss primary obesity prevention (will be forthcoming)

Classifying Obesity





- Expanded definition of severe obesity includes Class I, II, and III obesity
  - Class I obesity (≥95th percentile to <120% of the 95th percentile)
  - Class II obesity (≥120% to <140% of the 95th percentile) or a BMI ≥35 to ≤39, whichever is lower
  - Class III obesity (≥140% of the 95th percentile) or BMI ≥40, whichever is lower
  - Class I obesity = 95-99th percentile or Obesity
  - Class II & III = > 99th percentile or Severe Obesity

Key Action Statements (KAS 1)

Pediatricians and other PHCPs should:

1. Measure height and wt,
2. Calculate BMI, and
3. Assess BMI percentile using age- and sex-specific CDC growth charts or growth charts for children with severe obesity

❖ at least annually for all children 2 to 18 y of age to screen for:
   - overweight (BMI ≥85th percentile to <95th percentile),
   - obesity (BMI ≥95th percentile), and
   - severe obesity (BMI ≥120% of the 95th percentile for age and sex)

- Grade B, Moderate
- Diagnosis and Measurement

KAS2

Evaluate children 2 to 18 y of age with overweight (BMI ≥85th percentile to <95th percentile) and obesity (BMI ≥95th percentile) for obesity-related comorbidities by using:

1. A comprehensive patient history,
2. Mental and behavioral health screening,
3. SDoH evaluation,
4. Physical examination, and
5. Diagnostic studies.

- Grade B, Strong
- Evaluation

KAS3

In children 10 y and older with Obesity:

- Evaluate for:
    1. lipid abnormalities,
    2. abnormal glucose metabolism, and
    3. abnormal liver function

In children and adolescents with overweight (BMI ≥85th percentile to <95th percentile)

1. Lipid abnormalities

- Grade b, Strong
- Comorbidities

KAS4

- Should <u>treat</u> children and adolescents for overweight or obesity and comorbidities concurrently

KAS 5/6/7/8

- Should evaluate for Dyslipidemia by obtaining a fasting lipid panel in kids 10y and older with overweight and obesity
  - *May evaluate if 2-9 years old*
- Evaluate for prediabetes and diabetes with fasting plasma glucose, 2-h plasma glucose after 75g oral glucose tolerance test or HgA1c
- Evaluate for NAFLD by obtaining an ALT test
- Evaluate for hypertension by obtaining a BP starting at age 3 in those with overweight or obesity

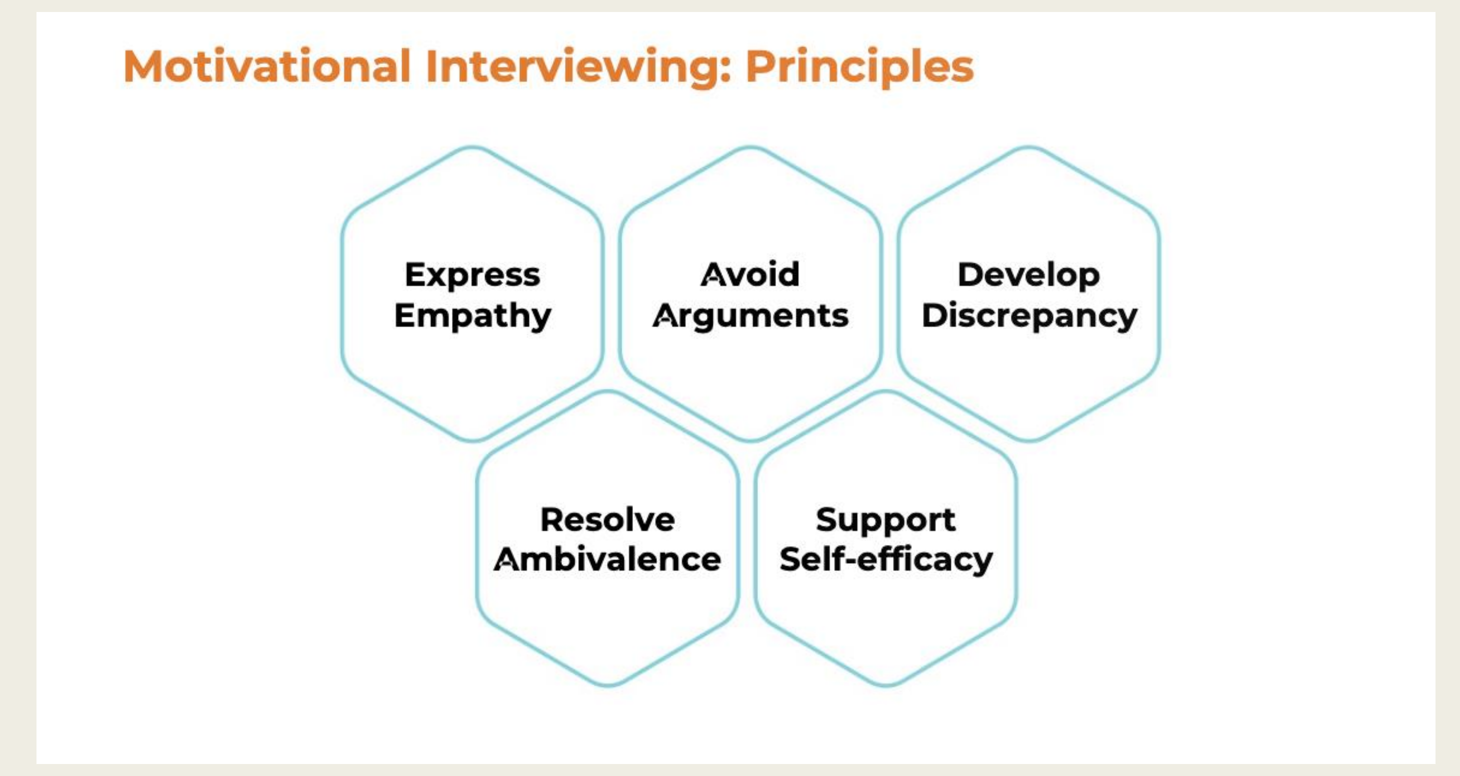
- Summary: If has overweight or obesity

❖ Check BP

❖ DO CMP, Lipid Panel and HgA1c (fasting)

KAS 9/10

- Should treat overweight and obesity following the principles of the medical home and chronic care model, using a family centered and nonstigmatizing approach that acknowledges obesity's biologic, social and structural drivers
- Should use Motivational Interviewing to engage patients and families
  - *Motivational Inteviewing by Miller and Rollnick*


Motivational Interviewing: Principles
Express Empathy
Avoid Arguments
Develop Discrepancy
Resolve Ambivalence
Support Self-efficacy

KAS 11

- Should <u>provide or refer</u> children 6 or older (grade B) (“may” for children 2-5 (grade C) to INTENSIVE HEALTH BEHAVIOR and LIFESTYLE TREATMENT
- IHBLT is more effective with greater contact hours
  - *The most effective includes 26 or more hours of face-to-face, family based, multi-component treatment over a 3–12-month period*

KAS 12

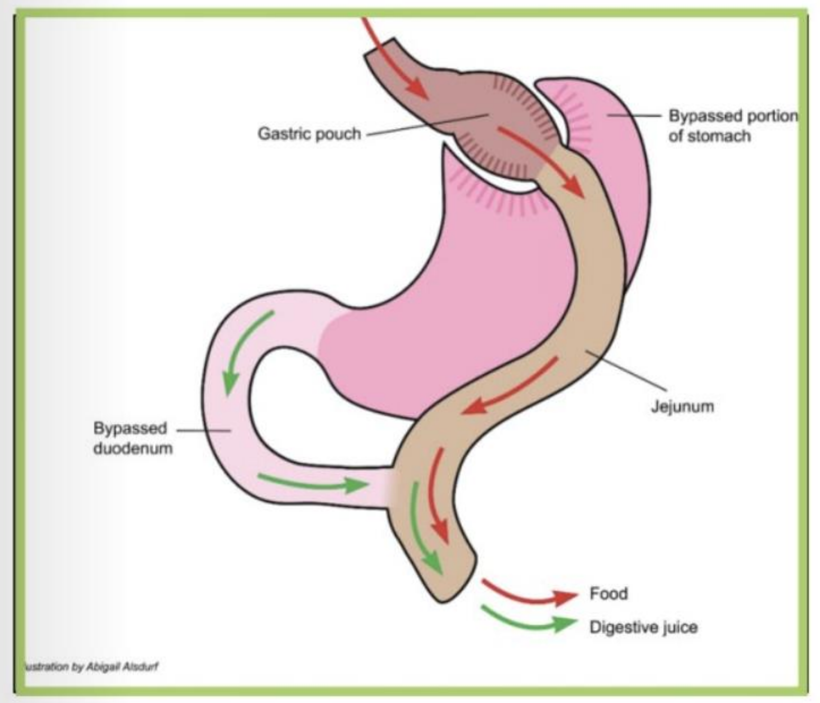
Offer Adolescents 12 years and older with Obesity:

- ❖ Weight Loss Pharmacotherapy (AOMs) according to medication indications, risks, and benefits and as an adjunct to health behavior and lifestyle treatment

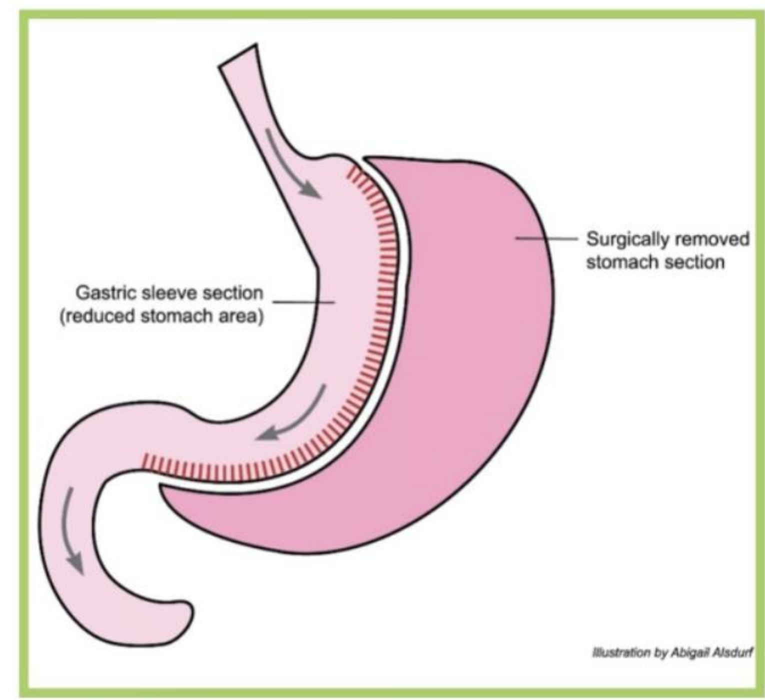
KAS 13

- Offer adolescents 13y and older with severe obesity (BMI >120%ile) evaluation for metabolic and bariatric surgery

MBS Procedures



Roux-en-Y Bypass



Vertical Sleeve Gastrectomy

References: [1]

Consensus Recommendations

- 2 Obtain a sleep history including sxs of snoring, daytime somnolence, nocturnal enuresis, morning HA, and inattention to evaluate for OSA
- 3 Obtain a polysomnogram if obesity and 1 symptom of disordered breathing
- 4 Evaluate for menstrual irregularities and signs of hyperandrogenism (hirsutism and acne) to assess for PCOS
- 5 Monitor for sxs of depression and for those 12 or older, use a formal self-report tool
- 6 Perform a musculoskeletal ROS and PEx

Consensus Recommendations

- 8 Maintain high index of suspicion for IIH with new-onset progressive headaches in the context of significant weight gain, esp. for females
- 11 May offer children ages 8-11--Anti-obesity pharmacotherapy

Summary of Guidelines

- Offer treatment early and immediately- there is no benefit to watchful waiting
- Treat obesity and comorbid conditions concurrently
- There are multiple evidence-based strategies that can be used together to deliver intensive and individualized obesity treatment
- Structured, supervised weight management interventions <u>decrease</u> current and future eating disorder symptoms

Summary Takeaways

Obesity is a serious, complex chronic and <u>**treatable**</u> disease!

Comprehensive whole person evaluations are important

Obesity treatment can be safe and effective

Treatments can be evidence-based

Treating obesity is also treating its comorbidities

Children with overweight and obesity should be offered treatment upon diagnosis

Treat or Refer!

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Adult algorithm citation

Tondt J, Freshwater M, Christensen S, Iliakova M, Weaver E, Benson-Davies S, Younglove C, Afreen S, KarjooS, Khan N, Thiara D, Whittle C. Obesity Algorithm eBook, presented by the Obesity Medicine Association. www.obesityalgorithm.org. 2023. https://obesitymedicine.org/obesity-algorithm/ (Accessed = Insert date)